



COLORADO

Division of Homeland Security
& Emergency Management

Department of Public Safety

SFY 2019 SCHOOL ACCESS FOR EMERGENCY RESPONSE (SAFER) GRANT PROGRAM APPLICATION for Public Safety Communication Systems Owners

General Instructions

Application Submission Deadline: December 3, 2018, 5:00 PM MST

Grant Requirements

1. Annual performance and financial reports are due on or before 01/15/20 and each year thereafter for the duration of the grant.
2. Further grant requirements and clarifications will be provided in the grant agreement.
3. Forms for the reports will be provided.

Instructions

1. Enter applicant information in the [Applicant Info_Signatures](#) section.
2. Enter project narrative information in the [Project Narrative](#) section.
3. Attach any required documents, and attach any additional answer text that could not fit in the form. (include Question number reference on each attached page)
4. Enter project budget information in the [Project Budget](#) section.
5. Print out [Applicant Info-Signatures](#) and obtain hard signatures.
6. Submitting the signed application:
 - a. Please submit one signed electronic copy of the application to:
CDPS_DHSEM_SER@state.co.us
 - ~ Or ~
 - b. Mail one signed hard copy to:
Division of Homeland Security and Emergency Management
Attn: School Emergency Response Program
9195 E. Mineral Avenue, Suite 200
Centennial, CO 80112-3549



SFY 2019
**SCHOOL ACCESS FOR EMERGENCY RESPONSE (SAFER)
 GRANT PROGRAM
 APPLICATION**

SIGNATURE PAGE

The Recipient and responsible signatories certify by signing that they have read the Application including the Grant Requirements, and are fully cognizant of their duties and responsibilities for this grant and will comply with, and follow, all requirements. The Recipient understands and agrees that any subgrant award received as a result of this application shall incorporate by reference the information contained herein.

APPLICANT INFORMATION

Network Owner Name	<input type="text"/>
Applicant Agency Type	<input type="text"/>

Primary Point of Contact (POC)

Primary POC Name	<input type="text"/>		
Title	<input type="text"/>		
Agency	<input type="text"/>		
Mailing Address	<input type="text"/>	State <input type="text"/>	Zip Code <input type="text"/>
Physical Address	<input type="text"/>	State <input type="text"/>	Zip Code <input type="text"/>
Primary Phone Number	<input type="text"/>		
Secondary Phone Number	<input type="text"/>		
Email Address	<input type="text"/>		
Signature (on Hard Copy Only)	<input type="text"/>	Date	<input type="text"/>

Secondary Point of Contact (POC2)

Secondary POC Name	<input type="text"/>		
Title	<input type="text"/>		
Agency	<input type="text"/>		
Mailing Address	<input type="text"/>	State <input type="text"/>	Zip Code <input type="text"/>
Physical Address	<input type="text"/>	State <input type="text"/>	Zip Code <input type="text"/>
Primary Phone Number	<input type="text"/>		
Secondary Phone Number	<input type="text"/>		
Email Address	<input type="text"/>		
Signature (on Hard Copy Only)	<input type="text"/>	Date	<input type="text"/>

OFFICIAL AUTHORIZED TO SIGN THE APPLICATION and GRANT AGREEMENT

Official Authorized POC Name	<input type="text"/>		
Title	<input type="text"/>		
Agency	<input type="text"/>		
Mailing Address	<input type="text"/>	State <input type="text"/>	Zip Code <input type="text"/>
Physical Address	<input type="text"/>	State <input type="text"/>	Zip Code <input type="text"/>
Primary Phone Number	<input type="text"/>		
Secondary Phone Number	<input type="text"/>		
Email Address	<input type="text"/>		
Signature (on Hard Copy Only)	<input type="text"/>	Date	<input type="text"/>

Fiscal Agent / Officer

Fiscal Agent / Officer Name	<input type="text"/>		
Title	<input type="text"/>		
Agency	<input type="text"/>		
Mailing Address	<input type="text"/>	State <input type="text"/>	Zip Code <input type="text"/>
Physical Address	<input type="text"/>	State <input type="text"/>	Zip Code <input type="text"/>
Primary Phone Number	<input type="text"/>		
Secondary Phone Number	<input type="text"/>		
Email Address	<input type="text"/>		
Signature (on Hard Copy Only)	<input type="text"/>	Date	<input type="text"/>



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Grant Application - Project Narrative (Public safety communications system owners ONLY)

1. Is this application submitted on behalf of a public safety communications system owner?

Yes

No

2. Please provide a description of the plan for which the public safety communications system owner would use the grant money, including the proposed training program, joint exercise plan, and interoperability technology solution. (2,000 character limit including spaces)

3. Which school districts are covered by your radio system, or schools if a whole school district is not covered? (2,000 character limit including spaces)



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4. Which school districts will be affected by your proposed upgrade, or schools, if a whole school district is not covered? (1,000 character limit including spaces)

5. Please describe your cyber security plan to protect the proposed system or system upgrade.
(1,000 character limit including spaces)

6. Has the applicant received approval to access all covered school safety networks?

Yes No

7. What is your plan to maintain the equipment purchased with grant funds?
(2,000 character limit including spaces)



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8. Does the public safety communications system owner have a Memorandum of Understanding (MOU) with the local law enforcement agency(s) and 911 dispatch center?

Yes No

9. Does the proposed school safety solution comply with FCC regulations?

Yes No

10. Does the proposed school safety solution create a need for a new FCC license?

Yes No

11. What other technologies and/or solutions have been considered for this application?

(1,000 character limit including spaces)

12. Please provide a budget narrative. (2,000 character limit including spaces. Attach additional pages if needed)

13. Please enter the total requested amount:

