



# School Communications Interoperability Grant Program (SCIGP) Application

## Section I. Applicant Information (Not Scored)

Legal Name of the School

Physical Address of Project(s) Location

Mailing Address, if different

Telephone Number of the School

Email Address of the School

Website/URL of the School

Primary Point of Contact  
Name, Title/Role  
Telephone Number  
Email Address

Secondary Point of Contact  
Name, Title/Role  
Telephone Number  
Email Address

School Enrollment Population:  
Provide the school's current enrollment  
population data.

Funding Requested (Maximum of \$100,000)

## **Section II. Risk Factors (15 Possible Points)**

The Applicant should thoroughly describe threats, vulnerabilities, and potential consequences, which necessitate funding for the proposed project(s). Explain how the funding would be utilized to enhance the school's ability to enable their systems of communication to be connected to, and coordinate with, first responders.

A) Threats: In considering threats, the Applicant should discuss the identification and substantiation of specific threats or attacks against the school. The Applicant should also discuss findings from risk assessments, police findings, and/or insurance claims specific to the location being applied for, including dates and specific threats.  
(2,200 character max with spaces)

B) Vulnerabilities: In considering vulnerabilities, the Applicant should discuss the school's susceptibility to an active shooter event.  
(2,200 character max with spaces)

C) Potential Consequences: In considering potential consequences, the Applicant should discuss potential negative effects on the school's population due to lack of funding for the proposed project(s).  
(2200 character max with spaces)

### **Section III. Budget Detail (5 Possible Points)**

Provide a breakdown of all allowable costs, to include an itemized list of activities. The Applicant should provide cost-effective solutions in acquiring interoperable communications systems. Providing an analysis of alternatives for achieving the same results, and concluding that the proposed alternative is more cost effective, or if it is the only solution, is encouraged. Costs must be reasonable and/or be supported with vendor price quotes, examples of similar projects from other organizations, hyperlinks to product web sites, etc. The budget should include detailed costs, outlined to provide line-item detail, and be equal to the total amount of funding being requested in the proposal. (2,200 character max with spaces)

**Quantity and Description of Proposed  
Equipment to be Purchased**

**Vulnerability to be Addressed**

**Funding  
Requested**

### Section III. Budget Detail (continued)

In this section, select Yes or No regarding applicable non-equipment related activities the school plans to expend with award funds. Describe the activity and provide the cost estimate related to physical security enhancements of the organization.

**NOTE:** In regard to changes to scope of work, due to the competitive process, changes to the scope of work may not be allowed without Cal OES prior written approval. Ensure the projects being proposed are well planned, as any funds that remain at the end of the period of performance will be disencumbered.

<b>Activity</b>	<b>Description</b>	<b>Cost</b>
Training		
Planning		
Management & Administration		
		TOTAL COST

### Section IV. Milestones (5 Possible Points)

Provide description and associated key activities that lead to the milestone event over the SCIGP period of performance. Start dates should reflect the start of the associated key activities, and end dates should reflect when the milestone event will be completed. Applicants should provide no more than 10 milestones.

	<b>Milestone</b>	<b>Start Date</b>	<b>Completion Date</b>
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

## Applicant Certification Information

Check this box if the organization is willing to accept less than the full amount requested based on scoring and available funding. If the box is not checked, partial funding may not be given in the event that the full amount funding is not available for the project(s).

I certify that I am an employee, a volunteer, or have been hired by the aforementioned nonprofit organization to apply on their behalf for the SCIGP.

Name, Title/Role

E-Mail Address

Phone Number