

MISSOURI STATEWIDE COMMUNICATIONS ASSISTANCE PROGRAM (MOSCAP) APPLICATION

INSTRUCTIONS

All information must be completed utilizing the provided, fill-able portable document format (PDF) or typewritten on this form.

Applicant Agency

Enter the legal name of the organization that has the authority to legally bind the agency in a contract.

- For an agency within a city government system (i.e. Police Department), the **city** is the applicant agency.
- For an agency within a county government system (i.e. Sheriff's Office), the **county** is the applicant agency.
- For an agency within a college/university (i.e. Office of Homeland Security), the **university/college** is the applicant agency.
- For an agency within a state department, the **department** is the applicant.
- The Regional Planning Commission (**RPC**) is an **applicant** agency under the homeland security regionalization program.

Applicant Authorized Official

Provide the name, title, address, telephone, fax, and email address for the individual who has the authority to legally bind the applicant agency in a contract. **The Applicant Authorized Official is required to sign this application.**

- **City Government** – If the applicant agency is a city, the mayor/city administrator shall be the Authorized Official. Where both persons exist, the mayor shall be the Authorized Official.
- **County Government** – If the applicant agency is a county, the county presiding commissioner shall be the Authorized Official.
- **University/College** – If the applicant agency is a university/college, the president shall be the Authorized Official.
- **State Government** – If the applicant agency is a state department, the director shall be the Authorized Official.
- **RPC** - If the applicant agency is an **RPC**, the RHSOC Chair is the Authorized Official

Applicant Project Director

Enter the name, title, address, telephone, fax, and email of the person who will have direct oversight of the proposed project (This person must be different than the Authorized Official). **The Applicant Project Director is required to sign this application.**

Applicant Information

Enter the information requested pertaining to your agencies frequency pairs or other assets to be considered, existing coverage, and number of radios within your jurisdiction with P25 trunked capability.

Justification

Please provide a brief justification explaining how this grant will benefit the communications capabilities for your agency.

Grant Amount Requested and Items to be Purchased (attach additional sheet if necessary)

Enter items to be considered for purchase with a "per item" cost. Provide a total cost of all items requested. Use model numbers and brands of equipment if possible. *(For example: Two (2) Motorola, model #555555 Radios @ \$2,000 each = \$4,000. Be as specific as possible. Double-check your calculations.*

Signatures

The Applicant Authorized Official and Project Director must sign this application before submitting to:

Missouri Department of Public Safety, Office of Homeland Security
Grants and Training – State and Local Assistance Division
301 W. High Street, PO Box 749, Jefferson City, MO 65102

For questions regarding this application, please call:

Matt Nutt, Grant Programs Specialist
(573) 526-9018
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