

American Recovery and Reinvestment Act 2009 (ARRA) Justice Assistance Grants (JAG) StarCom21 Network Communications Equipment

Page 1

COVER PAGE

DO NOT use the "enter" button to change text fields. Use the TAB key ONLY.

* The asterisk indicates required fields to be answered.

PROGRAM TITLE: Star Com 21 Equipment

Agreement Number:

Previous Agreement Number(s):

Estimated Start Date: *

Sources of Program Funding *

	Dollar Amount *
--	-----------------

ARRA JAG FUND FFY09 Federal Funds: *	<input type="text"/>
Matching Funds: *	<input type="text"/>
Over-match Funds: *	<input type="text"/>
Total: *	<input type="text"/>

DO NOT use the "enter" button to change text fields. Use the TAB key ONLY.

IMPLEMENTING AGENCY

Name *

Street Address (This must be the physical address that is registered with CCR & include the nine digit zip code) *

City *

State *

9-digit ZIP CODE *

Telephone Number (XXX) XXX-XXXX *

Authorized Officials Name *

Authorized Officials Title *

Federal Employer Identification Number (9 digit number) *

DUNS Number *

CCR Registration Expiration Date (MM/DD/YY) *

CAGE Code *

Name of Financial Officer *

Financial Officers Title *

Financial Officer Telephone (XXX) XXX-XXXX *

DO NOT use the "enter" button to change text fields. Use the **TAB** key **ONLY**.

PROGRAM AGENCY

Name of Program Financial Officer *

Title of Program Financial Officer *

Program Financial Officer Telephone (XXX) XXX-XXXX *

Program Agency's Name *

Program Agency's Address (This must be the physical address that is registered with CCR & include the nine digit zip code) *

9-digit ZIP CODE (9 digit zip is required information) *

PROGRAM AGENCY'S MAILING ADDRESS (If the same as above mark "N/A"): *

Program Agency's Authorized Official Name *

Program Agency's Authorized Official Title *

Program Agency's DUNS Number (9 digit number) *

CCR Registration Expiration Date MM/DD/YY *

Program Agency's CAGE Code *

Fiscal Contact Person Name *

Fiscal Contact Person Title *

Telephone Number (XXX) XXX-XXXX *

Fax

E-mail *

Program Contact Person *

Program Contact Person Title *

Telephone (XXX) XXX-XXXX *

Fax

Email *



Congressional Districts (CD) *

Congressional Districts can be located using this link, http://gis.elections.il.gov/map_viewer_update/default.aspx

	Response
Program Agency's Congressional District: The Program Agency's Congressional District must be based on the nine-digit zip code registered with the Program Agency's CCR. *	<input type="text"/>
Primary Area of Performance: The Primary Area of Performance should be identified only if the grant activities are taking place in a location other than the Program Agency's office as registered with CCR. This needs to be identified as an address with a nine-digit zip code. If the primary area of performance is the same location as the program agency, please mark "N/A".	<input type="text"/>
Primary Area of Performance Congressional District: The Primary Area of Performance Congressional District must be based on the nine-digit zip code listed above. If the place of performance is the same as the Program Agency's address listed in CCR, please mark "N/A".	<input type="text"/>

Question 1) Are more than 80% of the Program Agency's revenue from the federal government? *

- Yes
- No

Question 2) Are the Program Agency's federal revenue more than \$25,000,000? *

- Yes
- No

Question 3) Are the Program Agency's top five compensated officers' compensation not available through the Securities and Exchange Commission or the Internal Revenue Service? *

- Yes
- No

If the answer to all of the three above questions is yes, then please list the five highest compensated officers and their compensation.

	Name	Compensation
1	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>
6	<input type="text"/>	<input type="text"/>

7	<input type="text"/>	<input type="text"/>
8	<input type="text"/>	<input type="text"/>
9	<input type="text"/>	<input type="text"/>
10	<input type="text"/>	<input type="text"/>



Please review your answers on this page to make sure they are correct before you continue to the next page.

Page 2

Request for Proposals

American Recovery and Reinvestment Act 2009 (ARRA) Justice Assistance Grants (JAG) StarCom21 Network Communications Equipment

Deadline to Submit: No applications will be accepted after 11:59 P.M. on March 30, 2013. All questions must be answered. If the question does not apply, please mark N/A and explain the reason it does not apply. Applications submitted with unanswered questions will be considered "Incomplete." Incomplete applications will be reason for disqualification.

This funding will pay only for the following:

- Mobile/portable radio,;
- Battery;
- Belt clip;
- Charger;
- Antenna;
- Microphone, and;
- Dash mount (including cabling).

The cost of installation and shipping and handling are also allowable.

Unallowable Expenses: Funding may not be used to purchase accessories or pay for any related infrastructure, accessories (not listed above), upgrades, or user service fees. Additionally funding may not be used for the inclusion of optional additions such as software encryption or over-the-air software purchase by the grantee.

Award announcements will be made on or before April 15, 2013. Program start date will be on or about May 1, 2013. Awarded agencies will need to make all funded purchases no later than September 30, 2013. A purchase will be considered made if the purchase order is issued on or before September 30, 2013, but only if the radio(s) are received and payment is tendered within 30 days thereafter. Only agencies that can meet this purchase deadline should apply.

DO NOT use the "enter" button to change text fields. Use the TAB key ONLY.

1. Implementing Agency Name (city, village, town or county): *

2. Program Agency Name (department or sheriff's office): *

3. County: *

4. Is your local unit of government prepared and capable of reviewing and approving an ICJIA funding agreement within a time period that would allow you to make purchases by September 30, 2013? *

Yes

No

5. Is your agency prepared and able to purchase StarCom21 Network Equipment prior to September 30, 2013? *

Yes

No

6. Is your jurisdiction located in a County that is currently on the STarCom 21 Network? *

Yes

No

7. Does your agency currently use StarCom21 Network? *

Yes

No

8. Is your agency dispatched by an agency that is on the StarCom21 Network? *

Yes

No

If Yes, please name the agency that provides your dispatching service:

9. For StarCom21 Network Communications Equipment to be operational, users must pay a monthly user service fee for each radio. Currently, there are 3 user service categories approved through this program. Please indicate which monthly service fee your agency requires: *

- \$34 for citywide use
- \$39 for countywide use
- \$53 for statewide use
- Other

10. Does your agency/local government understand that they are committing to dedicating funding for 2 years worth of monthly service fees for each radio purchased? *

- Yes
- No

The StarCom 21 Network transmission and reception can vary dramatically depending on many factors including terrain and other geographical features, areas of intended use, tree foliage, or interior/exterior barriers such as buildings, vehicles, tunnels, etc. In order to ensure that grant funding will be used to purchase equipment in areas where transmission and reception is sufficient, ICJIA encourages only agencies that have tested or have working knowledge that the StarCom21 Network meets all of its service needs under normal working conditions to apply. Some Motorola Service Centers can provide demonstration radios for testing purposes. **NOTE: ICJIA is not endorsing or recommending the purchase of Motorola products. Recipients may purchase StarCom21 Network Communications Equipment from any manufacturer of their choice.**

11. Has your agency tested the StarCom 21 Network coverage area within your jurisdiction within the past 24 months? *

Yes

No

12. What date(s) was validation performed? *

Please describe the details of validation. Are there any weak pockets of coverage? If so, has anything or will anything been done to address this? *

DO NOT use the "enter" button to change text fields. Use the TAB key ONLY.

If yes, during which season(s)

Summer

Fall

Spring

Winter

13. Describe why interoperability is important in and around your jurisdiction:

Interoperability means the sharing of data (through communication equipment) across your jurisdiction. *

14. Population served by Police Agency: *

15. Coverage area in square miles, of Police Agency: *

16. Does your agency provide 24 hour patrol service? *

Yes

No

17. Only answer if you are requesting funding for Portable (wearable) radios:

How many portable (wearable) StarCom21 Network radios will you purchase with this funding? *

How many portable (wearable) StarCom21 Network radios does your agency currently use? *

How many police officers does your agency employ? *

How many police officers are on duty, on average, per shift? *

18. Only answer if you are requesting funding for Mobile (in-car) radios:

How many Mobile (in-car) StarCom21 Network radios will you purchase with this funding? *

How many Mobile (in-car) StarCom21 Network radios does your agency currently use? *

How many police patrol vehicles does your police agency have in operation? *

How many police vehicles are in operation, on average, per shift? *

19. Name and Title of Person(s) and title(s) that completed this application: *

20. Date of Completion: *

21. Name and Title of Person authorizing submission of this application: *

Please review your answers on this page to make sure they are correct before you continue to the next page.

Page 3

**American Recovery and Reinvestment Act 2009
Justice Assistance Grants (JAG)
STARCOM21 Network Communications Equipment Budget Detail**

Implementing Agency

Village/City/County/Town of: *

Federal Employee Identification Number (FEIN) (i.e. 36-000000): *

Anticipated funding source for User Service Fees: *

DO NOT use the "enter" button to change text fields. Use the TAB key ONLY.

The purpose of this form is to summarize, by item, the total budget of the program to be funded in whole or in part with grant funds. This is a preliminary budget and is not binding. The final budget will be determined if an award is made.

NO BUDGET CHANGES CAN BE MADE WITHOUT PRIOR AUTHORITY APPROVAL

Note: Round all numbers to the nearest dollar.

	Equipment Item(s)	Per Unit Cost	# of Units	Total Cost	Federal Amount	Agency Match Amount (not required)

1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
DO NOT include user service fees. These expenses are not covered under this funding.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Totals:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

This Budget Detail Report was Prepared By: *

22. Date Prepared: *

Application was submitted by (Name, Title, and Agency Name): *

Email *

Please review your answers on this page to make sure they are correct before you submit your application.

Confirmation of Completed Application

This is confirmation that you successfully submitted an application for the American Recovery and Reinvestment Act 2009 (ARRA) Justice Assistance Grants (JAG) StarCom21 Network Communications Equipment funding opportunity.

Thank you,
ICJIA Grants Unit

If you submitted an application without completing it, you may submit a new application; however, you must then send notification to cja.grantsunit@illinois.gov advising of the date & time of the application(s) which you DO NOT want scored. Failure to make this notification will result in ALL submissions being disqualified.
