

## **MUNICIPAL ORDER 9-2019**

**A MUNICIPAL ORDER AUTHORIZING AND DIRECTING THE MAYOR TO EXECUTE AN APPLICATION FOR A FY2019 COMPETITIVE GRANT THROUGH THE KENTUCKY 911 SERVICE BOARDS IN AN AMOUNT NOT TO EXCEED \$35,000.00, THE PROCEEDS OF WHICH WILL BE UTILIZED BY THE CITY OF OWENSBORO TO PURCHASE AN INTERFACE TO COMMUNICATE BETWEEN THE CAD AND THE NECESSARY SOFTWARE FOR USE BY THE OWENSBORO-DAVISS COUNTY CENTRALIZED 911 COMMUNICATIONS CENTER; A TEN PERCENT (10%) MATCH BEING REQUIRED BY THE CITY.**

**WHEREAS**, the Owensboro-Daviess County Centralized 911 Communications seeks to file an application for a FY2019 Competitive Grant through the Kentucky 911 Service Boards in an amount not to exceed \$35,000.00, the proceeds of which the City of Owensboro will purchase an interface to communicate between the CAD and the necessary software; and

**WHEREAS**, the text to speech program will improve the incoming calls to 911 dispatch by allowing the call taker to initiate an immediate dispatch prior to the dispatcher viewing and dispatching the incident; and

**WHEREAS**, a ten percent (10%) match is required of applicants for this grant.

**NOW, THEREFORE, BE IT ORDERED BY THE CITY OF OWENSBORO, KENTUCKY, AS FOLLOWS:**

**Section 1.** That the Mayor be, and he hereby is, authorized and directed to execute a grant application to be filed with the 911 Emergency Service Boards for the FY2019 State 911 Emergency Service Board Program for grant funds in the amount of

not to exceed \$35,000.00, the proceeds of which the City of Owensboro will purchase an interface to communicate between the CAD and the necessary software, for which a ten percent (10%) match shall be required from the City.

**Section 2.** That the Mayor, City Manager and appropriate staff members are hereby authorized and directed to execute any and all other agreements, instruments or documents necessary and appropriate to effectuate and implement any grants awarded to the City.

**INTRODUCED, PUBLICLY READ AND FINALLY APPROVED ON ONE READING,** this the 7th day of May, 2019.

---

Thomas H. Watson, Mayor

ATTEST:

---

Beth Cecil, City Clerk



## 2019 Kentucky 911 Services Board grant application cover sheet

Lead applicant agency Owensboro-Daviess County Central Dispatch

*Example: 911 Board, City, County Fiscal Court, State Agency*

Application number 19-037

Project title Text to Speech Owensboro-Daviess County

**Qualifying Funding Category (check one):**

- ☐ 1. Connection to existing Host/Remote configuration approved by the Board
- ☐ 2. New or improved 911 support equipment
- ☐ 3. Regional Host/Remote proposals outside of current Board approved deployments
- ☒ 4. Other projects that meet the spending criteria outlined in 202 KAR 6:090

**Budget Summary:** (Budget costs should match any requested vendor quotes. Local match must be subtracted from the subtotal and not included in the total amount requested)

\$ _____	Equipment
\$ _____	Management & Administration
\$ <u>10,000.00</u>	Other:
\$ <u>1,000.00</u>	Local Match (this amount should be subtracted from subtotal)
\$ <u>9,000.00</u>	Total Amount Requested

**Program Officials:**

	<b>Authorizing Official</b> <i>Judge/Executive, Mayor, etc.</i>	<b>Project Manager</b> <i>Day-to-day grant manager</i>	<b>Financial Officer</b> <i>Treasurer, City Clerk, etc.</i>
Name	<u>Thomas H. Watson</u>	<u>Paul E. Nave</u>	<u>Angela M. Hamric</u>
Title	<u>Mayor</u>	<u>911 Director</u>	<u>Director of Finance and Support Services</u>
Signature	_____	_____	_____
Date	<u>April 18, 2019</u>	<u>April 18, 2019</u>	<u>April 18, 2019</u>



Include this Page in your Application

(A) Cover Sheet  
Page: 9

---

## Project Description and justification

Describe the details of your project. What is the purpose and end goal of the project; the specific utilization of grant funds; and the impact on and improvement to your current 911 operations? Refer to "2019 Application Guidelines" (page 7 of this document) for guidance on information to include in the project description. Add additional typed pages as needed. (Recommended: 1-3 pages)

\*Please see attached Project Description and Justification page.



Include this Page in your Application

**(C) Project Description**  
Page: 10

Owensboro-Daviess County Central Dispatch is in need of an interface to communicate between the CAD and \_\_\_\_ software (Project#19-037). Owensboro-Daviess County Central Dispatch is in the process of contracting with \_\_\_\_\_ for text to speech capabilities. The text to speech program will improve our incoming to dispatch times by allowing the call taker to initiate an immediate dispatch prior to the dispatcher viewing and dispatching the incident to the Owensboro's six (6) paid stations, Daviess County (2) paid stations and the Daviess County twelve (12) volunteer fire departments. The dispatcher will then relay needed information such as patient history, number of patients and type of structure once the engine company calls responding. The interface requested is critical to Owensboro-Daviess County Central Dispatch implementing the project. The interface we currently use for the CAD sending out the tones to the fire departments is not capable of extrapolating the CAD data and sending it to the text to speech program for dispatching. Owensboro-Daviess County Central Dispatch is investing and maintaining the text to speech by budgeting maintenance to sustain the program for many years to come. However, we are not able to proceed with this project without the CAD interface in place. We are respectfully requesting funding approval of the CAD interface so that we can implement this project, improve our dispatch times, relay required information to the first responders and the ultimate goal is to increase response times to save lives. The maintenance cost to maintain the interface will be added to the CAD yearly budgeted maintenance we are currently contracted with our CAD vendor to sustain our system. The interface quote is estimated to be \$10,000. We are contributing the required 10% of \$1,000 for a total request of \$9,000.

---

## Assurances

### ***Acceptance of terms and conditions***

The grantee accepts and agrees to comply with all grant terms and conditions. The grantee understands that grants are contingent upon Board review and approval, the availability of funds and an application may only receive partial funding.

### ***Disclaimer***

The grantee certifies that the facts and information contained in this application and any attached documents are true and correct. A violation of this requirement may result in revocation of the grant, return of all funds and interest accrued (if any), to the Kentucky 911 Services Board and any other remedy provided by law.

### ***Notification of Awards***

The Kentucky 911 Services Board will announce awards upon approval.

### ***Changes***

No changes or departures from the original proposal shall be permitted unless the Kentucky 911 Services Board gives prior written authorization. Any unauthorized change will necessitate the return of grant funds.

Failure to utilize grant funds as represented may jeopardize eligibility for future funding.

## Authority

I hereby affirm my authority and responsibility for the use of funds requested and further certify that all statements and supporting data in the grant application are true and correct.

---

Authorizing Official's Signature

---

Date

**Thomas H. Watson**

---

Printed Name

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

---

Notary Public



**Include this Page in your Application**

**(D) Assurances**  
**Page: 11**





## 2019 Kentucky 911 Services Board Grant

### Proper Procurement Declaration

Grant applicant name: Owensboro-Daviess County Central Dispatch

Application number: 19-037

Project title: Text to Speech Owensboro-Daviess County

*All grant applicants must complete the procurement process in advance of submission of the application.*

Please check the box to identify the procurement method followed. The documentation provided **MUST** match the amount requested.

- ☐ A) Official Request for Proposal (RFP) Completed
- ☐ B) Items to be purchased on State Price Contract
- ☐ C) Items to be purchased qualify for sole source exemption
- ☒ D) Items to be purchased do not exceed \$20,000

Requirements for each of the above selections are identified below:

**A) Official Request for Proposal (RFP) completed**

Vendor Selected: \_\_\_\_\_

Other vendors that Responded: \_\_\_\_\_

Please include the following documentation if Option A was selected:

- A copy of the official RFP (should include the scoring criteria).
- A copy of the RFP advertisement.
- A copy of each response to the RFP (a few important pages including quote and description of services to be provided is sufficient).
- A narrative describing why the winning bid was chosen.



Include this Page in your Application

(F) Procurement Dec.  
Page: 15

---

***B) Items to be purchased on State Price Contract***

Vendor selected: \_\_\_\_\_

Master agreement (MA) #: \_\_\_\_\_

Item #(s): \_\_\_\_\_

Please include the following documentation if Option B was selected:

- A copy of the vendor quote and description of services to be provided.

***C) Items to be purchased qualify for sole source exemption***

Vendor selected: \_\_\_\_\_

Please include the following documentation if Option C was selected:

- A copy of the vendor quote and description of services to be provided.
- A narrative signed by your purchasing official (County/City Treasurer or the equivalent) justifying the Sole Source Exemption.

***D) Items to be purchased do not exceed \$20,000***

Vendor selected: Interact

Please include the following documentation if Option D was selected:

- A copy of the vendor quote and description of services to be provided.

This form **MUST** be signed by your purchasing official (county/city treasurer or the equivalent).

*"I certify that the information reported in this document is true and the Kentucky Model Procurement Code (KRS 45A) was followed in deciding how to purchase the items requested in this grant application."*

\_\_\_\_\_  
Signature

Director of Finances and Support Services  
\_\_\_\_\_  
Title

**April 18, 2019**  
\_\_\_\_\_  
Date



Include this Page in your Application

**(F) Procurement Dec.**  
**Page: 16**





# PSAP REVENUE/EXPENDITURE REPORT

For the period July 1, 2017 - June 30, 2018

KENTUCKY Office of Homeland Security, Kentucky 911 Services BOARD

PSAP NAME: City of Owensboro

## REVENUE (Amounts received July 1, 2017-June 30, 2018)

(1) Balance of all 911 funds at the beginning of the reporting period.	\$ 547,431.00
(2) Total Amount of CMRS funds received from CMRS Board	\$ 294,626.00
(3) Total Amount of Local 911 fee revenues	\$ 186,894.00
(4) Total Amount of County or City General Funds received in current fiscal year	\$ 2,328,096.00
(5) Total Amount of CMRS Grant Funds received in current fiscal year	
(6) Total Amount of Other Grant Funds received in current fiscal year	
(7) Total Amount of Interest received in current fiscal year	\$ 14,347.00
(8) Total Amount of Other Funds received in current fiscal year	\$ 5.00
(9) Total 911 funds available	\$ 3,371,399.00

## EXPENDITURES

### Personnel Cost

(10) Dispatch Supervisor/Director Salary	\$ 66,908.00
(11) Dispatcher Salaries	\$ 1,038,501.00
(12) Mapping/Addressing Salaries	Included in dispatcher salaries
(13) Other Salaries	\$ -
(14) Retirement Contribution	\$ -
(15) Health Insurance	\$ 203,563.00
(15a) Unemployment Insurance	\$ 255,401.00
(16) Other Fringe Benefits	\$ 3,349.00
(16a) Sick Leave Payout	SS, Workers Comp
	\$ 93,638.00
	\$ 11,406.00

### Facility Costs

(17) Capital improvements	\$ -
(18) Lease or rental payments	\$ -
(19) Utilities	\$ 1,467.00
(20) Telephone Service/911 Trunks	\$ 119,109.00
(21) Maintenance	\$ 4,625.00
(22) Emergency Power Equipment	\$ 12,266.00
(23) Insurance	\$ 9,609.00
(24) Furniture and Fixtures	\$ 1,849.00
(25) Office Supplies	\$ 7,283.00
(26) Other Facility Costs	\$ 4,222.00

### Training and Memberships

(27) On -Site Training	\$ 2,908.00
(28) Conferences	\$ 3,725.00
(29) Training Related Travel	\$ 6,654.00
(30) Membership Dues	\$ 468.00

### Equipment/Software

(31) 911 Controllers	\$ 20,218.00
(32) Telephone Equipment	\$ 10,401.00
(33) Remote 911 Hardware, Modems etc.	\$ 31.00
(34) Computer workstations	\$ 27,358.00
(35) Radio Systems	\$ 33,171.00
(36) CAD System	\$ -
(37) GIS/ Mapping System	\$ -
(38) Software licenses	\$ 4,233.00
(39) Maintenance/Service Agreements	\$ 141,043.00
(40) Other Equipment and Software	\$ 2,283.00

### Vehicle Expenses

(41) MSAG development and Maintenance	\$ 274.00
(42) GIS Verification & Testing	\$ -
(43) Other	\$ 4,586.00

### Professional Services

(44) Legal	
(45) Auditing	
(46) Mapping/Addressing	
(47) Other	\$ 64,281.00
(48) Total Expenditures	\$ 2,154,830.00

Report Prepared By:	Dane' Galloway
Title:	Deputy Director of Finance & Support Services
Phone:	(270)684-8523
Email:	<a href="mailto:gallowayds@owensboro.org">gallowayds@owensboro.org</a>



# PSAP BUDGET

For the period July 1, 2018 - June 30, 2019

Kentucky 911 Services Board

PSAP NAME: City of Owensboro  
APPLICATION #: \_\_\_\_\_

## REVENUE (Amounts expected to be received July 1, 2018-June 30, 2019)

(2) Total Amount of CMRS funds received from CMRS Board	\$ 274,000.00
(3) Total Amount of Local 911 fee revenues	\$ 175,000.00
(4) Total Amount of County or City General Funds received in current fiscal year	\$ 2,549,175.00
(5) Total Amount of CMRS Grant Funds received in current fiscal year	
(6) Total Amount of Other Grant Funds received in current fiscal year	\$ 27,871.00
(7) Total Amount of Interest received in current fiscal year	\$ 38,000.00
(8) Total Amount of Other Funds received in current fiscal year	\$ -
(9) Total 911 funds available	<b>\$3,064,046.00</b>

## EXPENDITURES

### Personnel Cost

(10) Dispatch Supervisor/Director Salary	\$ 84,665.00
(11) Dispatcher Salaries	\$ 1,203,421.00
(12) Mapping/Addressing Salaries	
(13) Other Salaries	\$ 14,249.00
(14) Retirement Contribution	\$ 292,877.00
(15) Health Insurance	\$ 257,652.00
(16) Other Fringe Benefits	\$ 115,319.00

### Facility Costs

(17) Capital improvements	
(18) Lease or rental payments	
(19) Utilities	\$ 1,600.00
(20) Telephone Service/911 Trunks	\$ 109,292.00
(21) Maintenance	\$ 11,789.00
(22) Emergency Power Equipment	\$ 21,780.00
(23) Insurance	\$ 9,778.00
(24) Furniture and Fixtures	
(25) Office Supplies	\$ 6,650.00
(26) Other Facility Costs	\$ 600.00

### Training and Memberships

(27) On -Site Training	\$ 1,500.00
(28) Conferences	\$ 9,047.00
(29) Training Related Travel	
(30) Membership Dues	\$ 888.00

### Equipment/Software

(31) 911 Controllers	\$ 6,300.00
(32) Telephone Equipment	\$ 2,800.00
(33) Remote 911 Hardware, Modems etc.	
(34) Computer workstations	\$ 8,550.00
(35) Radio Systems	\$ 46,663.00
(36) CAD System	\$ 200,000.00
(37) GIS/ Mapping System	
(38) Software licenses	\$ 29,600.00
(39) Maintenance/Service Agreements	\$ 336,553.00
(40) Other Equipment and Software	\$ 5,489.00

### Vehicle Expenses

(41) MSAG development and Maintenance	\$ 624.00
(42) GIS Verification & Testing	
(43) Other	\$ 2,250.00

### Professional Services

(44) Legal	
(45) Auditing	
(46) Mapping/Addressing	
(47) Other	\$ 118,913.00
(48) Total Expenditures	<b>\$2,898,849.00</b>

I, Dane' Galloway  
(Typed Name of Report Preparer/Reviewer)

Certify that I have written or reviewed this report and that all the information in the report is true and correct as of this date.



Include this Page in your Application

(F) Financial Reports