FY27 PSAP One-Time Payment (POP) Grant
EMGrants Application Instructions

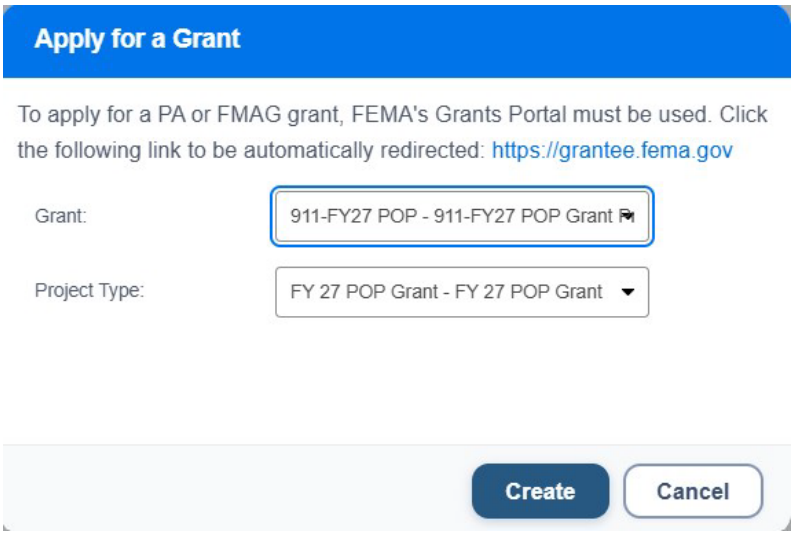
This document provides instructions for filling out the PSAP One-Time Payment (POP) Grant application in EMGrants. Applications will ONLY be accepted when submitted through *EMGrants*, the online grant application system at https://ok.emgrants.com/.

FY27 PSAP ONE-TIME PAYMENT (POP) GRANT APPLICATION *TO-DO* CHECKLIST

- ☐ Be sure your PSAP's SAM.gov registration is current;
- ☐ Register for an *EMGrants* login/password at: https://ok.emgrants.com/
- ☐ Create a list (PDF or Word Document) of items showing how you will use the funding with amount(s).
- ☐ Have a copy of your most recent FY PSAP budget handy to upload in EMGrants.
- ☐ Have your PSAP's nine-digit FEI number handy.

Log in to EMGrants – Click "Home" (top left hand corner of the screen) – From your Home Screen click "Apply Now" (top right hand of the screen)

- **GRANT:** Select "911-FY27 POP – 911 – FY27 POP Grant Program" from the pull-down menu
- **PROJECT TYPE:** Select "FY27 POP Grant – FY 27 POP Grant" – hit CREATE



INTRODUCTION SECTION - Left hand side bar – Under FORM, click on "Introduction"

Summary Information

- **PROJECT TITLE:** [Enter, "PSAP Name – Project Name"] example [Oklahoma City 911 – FY27 POP Grant]

Contact Assignment

- **PRIMARY CONTACT:** [Choose the name of the person submitting the grant application]
- **AUTHORIZED CONTACT:** [Choose the name of the person authorized to sign legal documents on behalf of the PSAP such as Mayor, County Commissioner Chair, City Manager, Tribal Chair, etc.] If Authorized Contact is not listed, choose the Primary Contact.

- **FEDERAL TAX ID (FTID):** Enter your PSAP's nine-digit FEI number (no dashes).
- **STATE VENDOR NUMBER:** Is your Vendor Number correct? Choose Yes or No. (The Vendor Number is used to process payments. For Vendor Number set up assistance call the Office of Management & Enterprise Services (OMES) at 405-521-2930).
- **PROJECT CATEGORY:** Select "FY27 POP Grant"
- **BRIEF PROJECT DESCRIPTION:** Enter "FY27 POP Grant"
- **PROJECT START DATE:** Enter 07/01/2026
- **PROJECT END DATE:** Enter 06/30/2027
- **LIST OF PSAPs AFFECTED:** Skip

CLICK SAVE - Introduction Section now complete

PROJECT DESCRIPTION SECTION - Click "Project Description" on the left hand side bar

- **NEEDS STATEMENT:** Enter "N/A"
- **PURPOSE:** Enter "N/A"
- **DETAILED PROJECT DESCRIPTION/JUSTIFICATION:** Provide a list of items you're requesting with the amount you're requesting for each item.
- **EXPLAIN HOW THIS PROJECT WILL BE SUSTAINED:** Enter N/A

CLICK SAVE – Project Description Section now complete

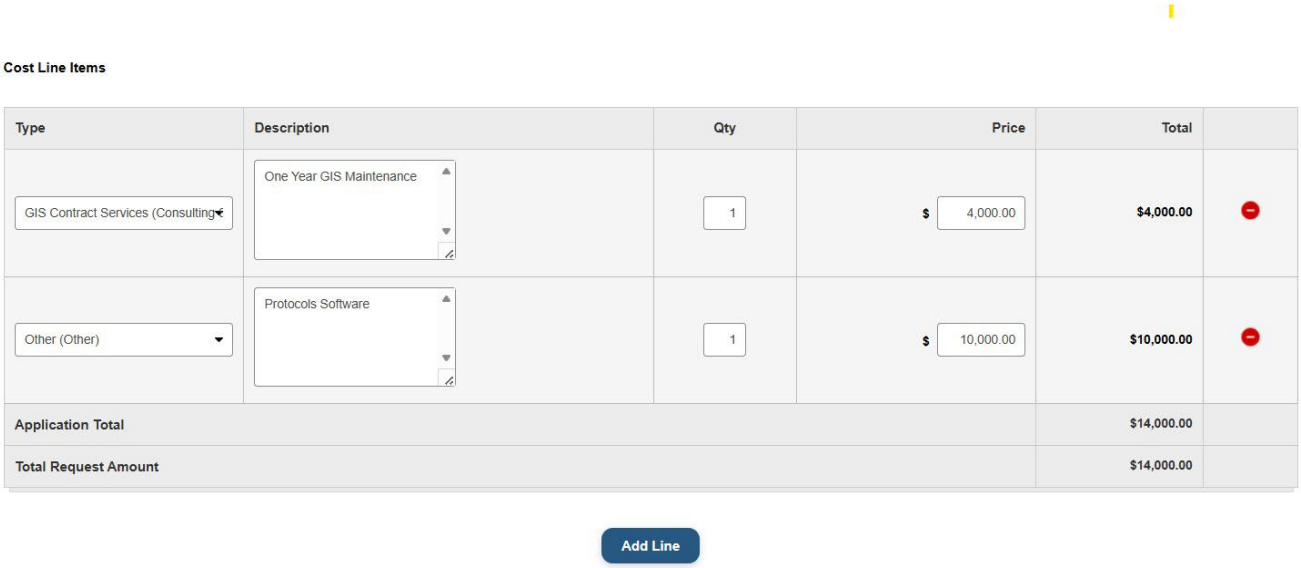
COSTS SECTION - Click “Costs” on the left hand side bar

Cost Line Items – Click ‘Add Line’ – Add Lines as Needed

- **TYPE:** Select the “Project Type” you’re applying for from the pull-down menu
- **DESCRIPTION:** Enter description of item you’re requesting (see example screenshot below)
- **QTY:** Enter the Quantity of the Item (see example screenshot below)
- **PRICE:** Enter the price of the Item – the Total Request Amount should equal the Total Award Amount found in the POP Grant Guidelines. (The red minus signs at the end of the Cost Lines are used to delete a line). Call the 9-1-1 grants office at 405.833.4959 if you need help filling out this section.]

COST LINE ITEMS EXAMPLES

EXAMPLE #1 – This PSAP has a $14,000 award and is requesting - $4,000 for GIS Maintenance; $10,000 for Protocols Software. (If you don’t see a correct ‘Type’ for your project, use ‘Other’).



COST LINE ITEMS – EXAMPLE #2 – This PSAP has a $3,400 award and is requesting two ADA Compliant chairs.

ATTACHMENTS

Supporting Documentation must be attached, such as Vendor Quotes, State Contracts Scope of Work, etc – **Skip (Do Not attach anything here)**

Attach official approved budget for your agency, confirming Local Match. – Click Attach Files and upload your most recent FY PSAP budget.
You must attach your PSAP budget here or your application won't submit.

EXPLAIN HOW FUNDS WILL BE MATCHED: Enter "N/A" - **CLICK SAVE – Costs Section now complete**

TIMELINE SECTION - Click "Timeline" on the left hand side bar

Total # of days for the entire project: Enter "365"

CLICK SAVE – Timeline Section now complete

CERTIFICATIONS SECTION - Click "Certifications" on the left hand side bar

COMPLIANCE CERTIFICATION – *Please check all the boxes that apply.*

As a recipient of OK 9-1-1 Management Authority grant funds:

- ☐ I certify that [PSAP Name] has not diverted and will not divert any portion of designated 9-1-1 Wireless or Wireline fees for any purpose other than the purposes for which such fees are designated from July 1, 2021 and continuing through the time period during which grant funds are available. [63 OK Stat § 63-2812 et seq; 63-2861 et seq]
- ☐ I further certify that [PSAP Name] will comply with all the required Federal and State statutory and programmatic grant conditions.
- ☐ I further certify that if [PSAP Name] diverts any grant funds awarded through the State 9-1-1 Management Authority, [PSAP Name] will become ineligible for grant payments for the term of the grant and [PSAP Name] must repay all grant funds awarded.
- ☐ I understand that prohibited diversion of 9-1-1 fees includes elimination of fees as well as re-designation of fees for purposes other than implementation or operation of 9-1-1 services, E-9-1-1 services, or NG9-1-1 services during the term of the grant. [47 CFR Part 400]
- ☐ I hereby declare that I am the Authorized Contact for [PSAP Name].

CLICK SAVE – Certifications Section now complete

HOW TO REVISE and/or SUBMIT – Top of Screen

You may go back through and check each section for accuracy and make any needed corrections and click save or hit "Submit or Advance" when your application is complete.

For questions or assistance, please contact:

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405.833.4959