

# Interoperable Emergency Communications Equipment Application Form

Alaska Division of Homeland Security and Emergency Management

## Application for Conventional VHF Communications Equipment (IOP-R Zone) Completed Application Due: Open Continuous

**Note to Applicants:**

**To be eligible to receive interoperable communications equipment, applicants must meet National Incident Management System (NIMS) compliance requirements. Applicants are required to show compliance with NIMS through the NIMS Compliance Assistance Support Tool (NIMSCAST). If you are uncertain about being NIMS compliant or need assistance please contact Ronald (DJ) DesJardin at 907-428-7021 or [ronald.desjardin@alaska.gov](mailto:ronald.desjardin@alaska.gov).**

**Before completing application:** Please contact Leon Morgan ([leon.morgan@alaska.gov](mailto:leon.morgan@alaska.gov)) 907-428-7013 to ascertain what your equipment needs and compatibility requirements are.

Jurisdiction:	
Responsible Borough: (if applicable)	

Listed below are eligible equipment projects. Please check equipment jurisdiction is requesting.

	Equipment Type	Quantity
<input type="checkbox"/>	Conventional VHF Portable Hand-Held Radio(s)	
<input type="checkbox"/>	Conventional VHF Mobile Radio(s)	
<input type="checkbox"/>	Conventional VHF Band Base Station Radio(s)	
<input type="checkbox"/>	Base Station Installation Kit (s)	
<input type="checkbox"/>	Vehicle / Watercraft Installation Kit (s)	
<input type="checkbox"/>	Handheld Radio External Microphones (s)	
<input type="checkbox"/>	Radio Programming/Reprogramming	
<input type="checkbox"/>	Spare Batteries (Handheld Radios)	
<input type="checkbox"/>	Spare Antennas (Handheld Radios)	
<input type="checkbox"/>	Communications Asset Survey and Management (CASM)	
<input type="checkbox"/>	Communications Training (Leader, General, Vendor Specific)	
<input type="checkbox"/>	Radio Communications Basic Training	

**1. Provide a brief project description including why this equipment is important to your community?**

2. Please explain how your community plans to maintain this equipment in good working order?

3. Please explain how your community plans to keep track of the equipment?

**Community Point of Contact:**

1. Name:
2. Address:
3. Telephone Number:
4. Fax Number:
5. Email Address:

**Authorization to Submit Application:**

Once equipment awards are determined a Memorandum of Understanding will be provided outlining jurisdictional requirements to receive the equipment purchased by the State, on behalf of the jurisdiction. An annual inventory submission is required per acceptance of equipment through this grant program. This will require jurisdictional signatures to accept the equipment and requirements.

**Community Financial Officer:**

Printed Name:

\_\_\_\_\_  
Signature

**Community Leader/Manager:**

Printed Name:

\_\_\_\_\_  
Signature

Submit applications to: DMVA/DHS&EM, PO Box 5750, Fort Richardson, AK 99505  
or fax 907-428-7009  
Attn: Jim King, Grants Administrator