



State of Wisconsin
Department of Military Affairs
Office of Emergency Communications
DMA- 2302 (C.9/2024)

Interoperable Radio Grant Program Application



Department of Military Affairs
2400 Wright Street
Madison, WI 53708
Phone: 608-888-5501

Application complies with Wis. Stat. §323.29(2) and 323.29(5). Completion of the form is voluntary; however, lack thereof will prevent grant processing.

INSTRUCTIONS: Submit completed form with required documentation to interop@widma.gov by the deadline specified in the grant announcement. If you are experiencing issues submitting your application, call (608) 888-5501 for assistance.

SECTION 1 Applicant Information	
AGENCY NAME	
PHYSICAL ADDRESS	MAILING ADDRESS (Leave blank if same as physical address)
Main Point of Contact	
NAME	TITLE
EMAIL	PHONE NUMBER
Secondary Point of Contact (must be different from above)	
NAME	TITLE
EMAIL	PHONE NUMBER
Signatory Official	
NAME	TITLE
EMAIL	PHONE NUMBER

SECTION 2 Project Narrative

A. *Provide a summary of the proposed expenses to be funded during the grant period.*

B. *Provide a proposed timeline for your project(s), including proposed start/end date, anticipated purchasing process plan and implementation schedule. Timeline should not exceed May 1, 2027.*

SECTION 3 Background Information

A. Please describe how WISCOM is used by your agency/county today.

B. Please describe any activities undertaken to consolidate equipment needs and requirements with other agencies to leverage volume discounts and maximize the purchasing power of grant funds.

C. Please describe and/or provide evidence of investment in increased local WISCOM coverage and/or usage.

SECTION 4 Standards Compliance Certification

By signing this application form, the applicant certifies, to the best of their ability, that the information provided below is true and accurate at the time of this grant application. The applicant also certifies that the below requirements and criteria have been met or will be met within the grant period.

Review the statements carefully and check "yes" if the requirement has been met/will be maintained during the grant period and "no" if the requirements have not been met or cannot be maintained during the grant period.

Yes No	1. The grant applicant agrees to program a minimum prescribed set of state, national, and federal interoperability channels in all radios replaced or upgraded with grant funds.
Yes No	2. The grant applicant is submitting a copy of fully executed WISCOM User Agreements for the applying agency(ies)/unit(s) of government with this application.
Yes No	3. The grant applicant will financially plan for each replaced or upgraded radio's future replacement.
Yes No	4. The grant applicant has or will develop a maintenance plan to keep radios purchased with grant funds in good operational order.
Yes No	5. The grant applicant understands and will complete any regular maintenance and/or calibration in accordance with the manufacturer's recommendations and specifications.
Yes No	6. The grant applicant has completed the attached budget spreadsheet to the best of their ability.
Yes No	7. The grant applicant understands the 20% match requirements and has included the source of required matching funds below.

Other (please explain)

SECTION 5 Additional Applicant Data

Applicants are required to submit interoperability readiness data, including (but not limited to) information on:

Please list any existing interoperability repeaters/systems and their location (GPS or ASR preferred) such as MARC, VTAC, UCALL/UTAC, and 8CALL/8TAC repeaters (stationary or deployable) owned or maintained by the applicant or other daily users in the county.

Please describe any radio caches maintained by the applicant or other daily users in the county that may be available to other counties.

Please describe any current LTE integrations being used, such as push-to-talk over cellular services.

Please list the current lineup of interoperability frequencies/channels/talk groups currently programmed in agency radios.

SECTION 6 Authorized Signature

Signatory Official Printed Name

Date

Signatory Official Signature