



RADIO QUESTIONNAIRE

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Glen Allen, VA 23059
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804-888-9100
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APPLICANT INFORMATION

AGENCY NAME: _____ DATE: _____

FCC CALL SIGN: _____

FCC LICENSE EXPIRATION DATE: _____

PROJECT TITLE: _____

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1. PLEASE GIVE A BRIEF, BUT CONCISE DESCRIPTION OF THE PROJECT, (Please include Specific Objectives of this Project)
 2. WHAT IS THE AGE OF THE EQUIPMENT BEING ADDED AND/OR REPLACED? IF BEING REPLACED, CAN THE EQUIPMENT (RADIOS) BE UPGRADED TO NARROWBAND COMPLIANCE? IF NOT, WHY?
 3. HOW WILL THIS REQUEST ASSIST WITH COMPLIANCE WITH THE FCC NARROWBANDING MANDATE EFFECTIVE JANUARY 1st, 2013? (IF APPLICABLE). **NEW!** IS THIS EQUIPMENT P25 COMPLIANT (Required) (<http://www.apco911.org/frequency/project25.php>)
 4. HOW WILL THIS REQUEST ASSIST WITH COMMUNICATIONS INTEROPERABILITY AS DESCRIBED IN THE STATE COMMUNICATIONS INTEROPERABILITY PLAN PROVIDED BY THE COMMONWEALTH INTEROPERABILITY COORDINATORS OFFICE (<http://www.interoperability.virginia.gov/>)?
 5. IS THIS REQUEST SPECIFIC TO EMERGENCY MEDICAL SERVICES COMMUNICATIONS OR IS IT A MULTI-DISCIPLINE COMMUNICATIONS SYSTEM? (Please describe and identify other users)
 6. IF MULTI-DISCIPLINE (FIRE, RESCUE, POLICE, ETC.) COMMUNICATIONS SYSTEM, DESCRIBE HOW THE COSTS WILL BE SHARED BETWEEN THOSE DISCIPLINES.
 7. DESCRIBE THE EQUIPMENT TO BE PURCHASED (To include make and model) AND PROVIDE AN ITEMIZED PRICE QUOTE FROM THE TELECOMMUNICATIONS/RADIO VENDOR

IMPORTANT NOTICE

IF YOU SUBMIT YOUR GRANT APPLICATION OUTLINING ONE OF THE GRANT PRIORITIES YOU MUST ALSO SUBMIT THIS QUESTIONNAIRE. YOUR APPLICATION WILL NOT BE CONSIDERED FOR A PRIORITY IF THE RSAF PRIORITIES QUESTIONNAIRE DOES NOT ACCOMPANY YOUR APPLICATION.