



STATE OF CONNECTICUT
DEPARTMENT OF EMERGENCY SERVICES & PUBLIC PROTECTION
DIVISION OF EMERGENCY MANAGEMENT & HOMELAND SECURITY



Interoperable Communications & Emergency Management Systems/Software
Review Request Form

(Revised November 2022)

(For use by State Agencies and All DEMHS Sub-Grantees)

Municipality/Agency/COG:

Address:

Point of Contact Name:

Point of Contact Phone:

Signature Required

Originals should be retained following records retention procedures

Does the requesting agency have a written policy specifying the use of plain language in communications as outlined in the National Incident Management System (NIMS)? Yes: No: If Yes please attach a copy.

Proposed funding source supporting activity:

A. Individual Equipment Only "Single Unit Type" purchase (Requestor should attach a quote from a vendor identifying specifics of equipment purchase)

Portable Radio Qty: Mobile Radio Qty: Control Station Qty:
 Single Base Transmitter Repeater: Portable Cross Band Repeater Unit:
 Internet Connectivity Systems: Satellite Service/Access:
 Emergency Management Information Systems: Video conferencing or downlink:

Estimated Cost of Equipment:

Describe how equipment will be used below. (Attach a list of the frequencies that will be programmed in and the channel template)

Frequency	Name of Licensee	FCC Call Sign	Written Authorization to Use on File (Yes/No)
			Click Here

B. Total "System" Purchases Proposal (See Information on System Purchases in attached guidance documents)

Please provide a brief synopsis of the proposed system [Attach proposed equipment technical specifications and vendor(s)]:

C. Emergency Management Systems/Software

Describe the operating platform for the system.

Describe how the system and data interfaces with existing systems (i.e. WebEOC, GEMS)

D. Sustainment Plan

Describe what ongoing costs are anticipated and how the applicant will financially sustain the equipment for the short term and long term.

E. ESF #2 and CTS Interaction

Supply confirmation this proposal has been reviewed by the Regional ESF #2 and provide proof of their recommendation. If this proposal involves use of the Connecticut Land Mobile Radio System (CLMRS) provide proof of their recommendation.

Chief Elected Official or Sub-Grant Financial Officer
(Sign & Date)

Point of Contact or Requestor
(Sign & Date)

Signatures required:

Please email this form with signatures to [your DEMHS Regional Coordinator](#)

Program Manager/EMPS Signature (Sign & Date)

I certify that funding has been budgeted and is available for the stated project.

Statewide Interoperability Executive Committee Technological Review (Sign & Date)

I certify that this meets technological standards in compliance with the State of Connecticut Communications Interoperability Plan

DEMHS Operations and Logistics Manager Signature (Sign & Date)

I certify that this project is in compliance with the State of Connecticut Communications Interoperability Plan and the standards established by the State of Connecticut Interoperable Communications Committee and recommend procurement.

The State of Connecticut Interoperable Communications Committee has denied the request and does not recommend procurement as requested for the following reason:

DEMHS Operations and Logistics Manager Signature (Sign & Date)