



Federal Communications Commission  
Washington, D.C. 20554

Approved by OMB  
3060-1122  
Expires: March 31, 2021  
Estimated time per response: 10-55 hours

Annual Collection of Information

Related to the Collection and Use of 911 and E911 Fees by States and Other Jurisdictions

Pursuant to OMB authorization 3060-1122, the FCC's Public Safety and Homeland Security Bureau seeks the following specific information in order to fulfill the Commission's obligations under Section 6(f)(2) of the NET 911 Act:

**A. Filing Information**

**1. Name of State or Jurisdiction**

State or Jurisdiction

**2. Name, Title and Organization of Individual Filing Report**

Name	Title	Organization

Addendum Section A

**B. Overview of State or Jurisdiction 911 System**



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1. Please provide the total number of active Public Safety Answering Points (PSAPs) in your state or jurisdiction that receive funding derived from the collection of 911/E911 fees during the annual period ending December 31, 2019:

PSAP Type <sup>1</sup>	Total
Primary	█
Secondary	█
<b>Total</b>	█

**Addendum Section B1**

█

2. Please provide the total number of active telecommunicators<sup>2</sup> in your state or jurisdiction that were funded through the collection of 911 and E911 fees during the annual period ending December 31, 2019:

Number of Active Telecommunicators	Total
Full-Time	█
Part-time	█

**Addendum Section B2**

<sup>1</sup> A Primary PSAP is one to which 911 calls are routed directly from the 911 Control office. A secondary PSAP is one to which 911 calls are transferred from a Primary PSAP. See National Emergency Number Association, Master Glossary of 9-1-1 Terminology (*Master Glossary*), Apr. 13, 2018, at 162, available at [https://cdn.ymaws.com/www.nena.org/resource/resmgr/standards/NENA-ADM-000.22-2018\\_FINAL\\_2.pdf](https://cdn.ymaws.com/www.nena.org/resource/resmgr/standards/NENA-ADM-000.22-2018_FINAL_2.pdf).

<sup>2</sup> A telecommunicator, also known as a call taker or a dispatcher, is a person employed by a PSAP who is qualified to answer incoming emergency telephone calls and/or who provides for the appropriate emergency response either directly or through communication with the appropriate PSAP. See *Master Glossary* at 192.



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**3. For the annual period ending December 31, 2019, please provide an estimate of the total cost to provide 911/E911 service in your state or jurisdiction.**

<b>Amount (\$)</b>	█
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**3a. If an amount cannot be provided, please explain why.**

**Addendum Section B3**

**4. Please provide the total number of 911 calls your state or jurisdiction received during the period January 1, 2019 to December 31, 2019.**

Type of Service	Total 911 Calls
Wireline	█
Wireless	█
VoIP	█
Other	█
<b>Total</b>	█

**Addendum Section B4**



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[Redacted]

**C. Description of Authority Enabling Establishment of 911/E911 Funding Mechanisms**

**1. Has your State, or any political subdivision, Indian tribe, village or regional corporation therein as defined by Section 6(f)(1) of the NET 911 Act, established a funding mechanism designated for or imposed for the purposes of 911 or E911 support or implementation (please include a citation to the legal authority for such mechanism)? *Check one.***

- Yes .....
- No .....

**1a. If YES, provide a citation to the legal authority for such a mechanism.**

[Redacted]

**1b. If YES, during the annual period January 1, 2019 to December 31, 2019, did your state or jurisdiction amend, enlarge, or in any way alter the funding mechanism.**

[Redacted]

**Addendum Section C1**

[Redacted]

**2. Which of the following best describes the type of authority arrangement for the collection of 911/E911 fees? *Check one.***

- The State collects the fees .....



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- A Local Authority collects the fees .....
- A hybrid approach where two or more governing bodies  
 (e.g., state and local authority) collect the fees .....

**Addendum Section C2**



**3. Describe how the funds collected are made available to localities.**



**D. Description of State or Jurisdictional Authority That Determines How 911/E911 Fees are Spent**

**1. Indicate which entities in your state have the authority to approve the expenditure of funds collected for 911 or E911 purposes.**

Jurisdiction	Authority to Approve Expenditure of Funds (Check one)	
	Yes	No
State	<input type="checkbox"/>	<input type="checkbox"/>
Local (e.g., county, city, municipality)	<input type="checkbox"/>	<input type="checkbox"/>

**1b. Please briefly describe any limitations on the approval authority per jurisdiction (e.g., limited to fees collected by the entity, limited to wireline or wireless service, etc.)**





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**Addendum Section D1**



2. Has your state established a funding mechanism that mandates *how* collected funds can be used?  
*Check one.*

- Yes .....
- No .....

2a. If you checked YES, provide a legal citation to the funding mechanism of any such criteria.



2b. If you checked NO, describe how your state or jurisdiction decides how collected funds can be used.



**E. Description of Uses of Collected 911/E911 Fees**

1. Provide a statement identifying with specificity all activities, programs, and organizations for whose benefit your state, or political subdivision thereof, has obligated or expended funds collected for 911 or E911 purposes and how these activities, programs, and organizations support 911 and E911 services or enhancements of such services.





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2. Please identify the allowed uses of the collected funds. <i>Check all that apply.</i>			
Type of Cost		Yes	No
<b>Operating Costs</b>	Lease, purchase, maintenance of customer premises equipment (CPE) (hardware and software)	<input type="checkbox"/>	<input type="checkbox"/>
	Lease, purchase, maintenance of computer aided dispatch (CAD) equipment (hardware and software)	<input type="checkbox"/>	<input type="checkbox"/>
	Lease, purchase, maintenance of building/facility	<input type="checkbox"/>	<input type="checkbox"/>
<b>Personnel Costs</b>	Telecommunicators' Salaries	<input type="checkbox"/>	<input type="checkbox"/>
	Training of Telecommunicators	<input type="checkbox"/>	<input type="checkbox"/>
<b>Administrative Costs</b>	Program Administration	<input type="checkbox"/>	<input type="checkbox"/>
	Travel Expenses	<input type="checkbox"/>	<input type="checkbox"/>
<b>Dispatch Costs</b>	Reimbursement to other law enforcement entities providing dispatch	<input type="checkbox"/>	<input type="checkbox"/>
	Lease, purchase, maintenance of Radio	<input type="checkbox"/>	<input type="checkbox"/>



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	Dispatch Networks		
<b>Grant Programs</b>		<input type="checkbox"/> If YES, see 2a.	<input type="checkbox"/>
<b>2a. During the annual period ending December 31, 2019, describe the grants that your state paid for through the use of collected 911/E911 fees and the purpose of the grant.</b>			
<div style="background-color: #cccccc; width: 50px; height: 20px; margin-bottom: 5px;"></div>			

<b>Addendum Section E2</b>
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**F. Description of 911/E911 Fees Collected**

<b>1. Please describe the amount of the fees or charges imposed for the implementation and support of 911 and E911 services. Please distinguish between state and local fees for each service type.</b>		
Service Type	Fee/Charge Imposed	Jurisdiction Receiving Remittance <i>(e.g., state, county, local authority, or a combination)</i>
Wireline	<div style="background-color: #cccccc; width: 50px; height: 20px;"></div>	<div style="background-color: #cccccc; width: 50px; height: 20px;"></div>
Wireless	<div style="background-color: #cccccc; width: 50px; height: 20px;"></div>	<div style="background-color: #cccccc; width: 50px; height: 20px;"></div>
Prepaid Wireless	<div style="background-color: #cccccc; width: 50px; height: 20px;"></div>	<div style="background-color: #cccccc; width: 50px; height: 20px;"></div>
Voice Over Internet Protocol (VoIP)	<div style="background-color: #cccccc; width: 50px; height: 20px;"></div>	<div style="background-color: #cccccc; width: 50px; height: 20px;"></div>
Other	<div style="background-color: #cccccc; width: 50px; height: 20px;"></div>	<div style="background-color: #cccccc; width: 50px; height: 20px;"></div>





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**Addendum Section F1**

[Redacted]

2. For the annual period ending December 31, 2019, please report the total amount collected pursuant to the assessed fees or charges described in Question F 1.

Service Type	Total Amount Collected (\$)
Wireline	[Redacted]
Wireless	[Redacted]
Prepaid Wireless	[Redacted]
Voice Over Internet Protocol (VoIP)	[Redacted]
Other	[Redacted]
<b>Total</b>	[Redacted]

- 2a. If an amount cannot be provided, please explain why.

[Redacted]



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**Addendum Section F2**

█

**3. Please identify any other sources of 911/E911 funding.**

█

Question	Yes	No
<p><b>4. For the annual period ending December 31, 2019, were any 911/E911 fees that were collected by your state or jurisdiction combined with any federal, state or local funds, grants, special collections, or general budget appropriations that were designated to support 911/E911/NG911 services? Check one.</b></p>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>4a. If YES, please describe the federal, state or local funds and amounts that were combined with 911/E911 fees.</b></p>		
<p>█</p>		

**Addendum Section F4**



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5. Please provide an estimate of the proportional contribution from each funding source towards the total cost to support 911 in your state or jurisdiction.	Percent
State 911 Fees	<input type="text"/>
Local 911 Fees	<input type="text"/>
General Fund - State	<input type="text"/>
General Fund - County	<input type="text"/>
Federal Grants	<input type="text"/>
State Grants	<input type="text"/>

**Addendum Section F5**



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**G. Description of Diversion or Transfer of 911/E911 Fees for Other Uses**

Question	Yes	No
<b>1. In the annual period ending December 31, 2019, were funds collected for 911 or E911 purposes in your state or jurisdiction made available or used solely for the purposes designated by the funding mechanism? <i>Check one.</i></b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>1a. If NO, please identify what amount of funds collected for 911 or E911 purposes were made available or used for any purposes other than the ones designated by the funding mechanism or used for purposes otherwise unrelated to 911 or E911 implementation or support, including any funds transferred, loaned, or otherwise used for the state's general fund. Along with identifying the amount, please include a statement identifying the non-related purposes for which the collected 911 or E911 funds were made available or used.</b>		
<b>Amount of Funds (\$)</b>	<b>Identify the non-related purpose(s) for which the 911/E911 funds were used. <i>(Add lines as necessary)</i></b>	
█	█	
█	█	



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[Redacted]	
[Redacted]	
[Redacted]	

<b>Addendum Section G1</b>
[Redacted]

**H. Oversight and Auditing of Collection and Use of 911/E911 Fees**

Question	Yes	No
<b>1. Has your state established any oversight or auditing mechanisms or procedures to determine whether collected funds have been made available or used for the purposes designated by the funding mechanism or otherwise used to implement or support 911? Check one.</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>1a. If YES, provide a description of the mechanisms or procedures and any enforcement or other corrective actions undertaken in connection with such auditing authority, for the annual period ending December 31, 2019. (Enter "None" if no actions were taken.)</b>		
[Redacted]		



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Question	Yes	No
<b>2. Does your state have the authority to audit service providers to ensure that the amount of 911/E911 fees collected from subscribers matches the service provider's number of subscribers? Check one.</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2a. If YES, provide a description of any auditing or enforcement or other corrective actions undertaken in connection with such auditing authority, for the annual period ending December 31, 2019. (Enter "None" if no actions were taken.)</b>		
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**I. Description of Next Generation 911 Services and Expenditures**

Question	Yes	No
<b>1. Does your state or jurisdiction classify expenditures on Next Generation 911 as within the scope of permissible expenditures of funds for 911 or E911 purposes? <i>Check one.</i></b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>1a. If YES, in the space below, please cite any specific legal authority:</b>		
<div style="background-color: #cccccc; width: 50px; height: 20px; margin-bottom: 5px;"></div>		

Question	Yes	No
<b>2. In the annual period ending December 31, 2019, has your state or jurisdiction expended funds on Next Generation 911 programs? <i>Check one.</i></b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2a. If YES, in the space below, please enter the dollar amount that has been expended.</b>		
<b>Amount (\$)</b>	<div style="background-color: #cccccc; width: 50px; height: 20px; margin-bottom: 5px;"></div>	

Addendum Section I2
<div style="background-color: #cccccc; width: 50px; height: 20px; margin-bottom: 5px;"></div>

<b>3. For the annual period ending December 31, 2019, please describe the type and number of NG911</b>
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Emergency Service IP Network(s) (ESInets) that operated within your state.					
Type of ESInet	Yes	No	If Yes, Enter Total PSAPs Operating on the ESInet	If Yes, does the type of ESInet interconnect with other state, regional or local ESInets?	
				Yes	No
a. A single, state-wide ESInet	<input type="checkbox"/>	<input type="checkbox"/>	█	<input type="checkbox"/>	<input type="checkbox"/>
b. Local (e.g., county) ESInet	<input type="checkbox"/>	<input type="checkbox"/>	█	<input type="checkbox"/>	<input type="checkbox"/>
c. Regional ESInets	<input type="checkbox"/>	<input type="checkbox"/>	<p>[If more than one Regional ESInet is in operation, in the space below, provide the total PSAPs operating on each ESInet]</p> █	<input type="checkbox"/>	<input type="checkbox"/>
Name of Regional ESInet 1: █			█	<input type="checkbox"/>	<input type="checkbox"/>
Name of Regional ESInet 2: █			█	<input type="checkbox"/>	<input type="checkbox"/>
Name of Regional ESInet 3:			█	<input type="checkbox"/>	<input type="checkbox"/>



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Name of Regional ESInet 4: 		<input type="checkbox"/>	<input type="checkbox"/>
Name of Regional ESInet 5: 		<input type="checkbox"/>	<input type="checkbox"/>
Name of Regional ESInet 6: 		<input type="checkbox"/>	<input type="checkbox"/>
Name of Regional ESInet 7: 		<input type="checkbox"/>	<input type="checkbox"/>
Name of Regional ESInet 8: 		<input type="checkbox"/>	<input type="checkbox"/>
Name of Regional ESInet 9: 		<input type="checkbox"/>	<input type="checkbox"/>
Name of Regional ESInet 10: 		<input type="checkbox"/>	<input type="checkbox"/>
Name of Regional ESInet 11: 		<input type="checkbox"/>	<input type="checkbox"/>



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Name of Regional ESInet 12: █	█	<input type="checkbox"/>	<input type="checkbox"/>
Name of Regional ESInet 13: █	█	<input type="checkbox"/>	<input type="checkbox"/>
Name of Regional ESInet 14: █	█	<input type="checkbox"/>	<input type="checkbox"/>
Name of Regional ESInet 15: █	█	<input type="checkbox"/>	<input type="checkbox"/>
Name of Regional ESInet 16: █	█	<input type="checkbox"/>	<input type="checkbox"/>
Name of Regional ESInet 17: █	█	<input type="checkbox"/>	<input type="checkbox"/>
Name of Regional ESInet 18: █	█	<input type="checkbox"/>	<input type="checkbox"/>
Name of Regional ESInet 19: █	█	<input type="checkbox"/>	<input type="checkbox"/>
Name of Regional ESInet 20: █	█	<input type="checkbox"/>	<input type="checkbox"/>



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Name of Regional ESInet 21: [REDACTED]	[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>
Name of Regional ESInet 22: [REDACTED]	[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>
Name of Regional ESInet 23: [REDACTED]	[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>
Name of Regional ESInet 24: [REDACTED]	[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>
Name of Regional ESInet 25: [REDACTED]	[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>
Name of Regional ESInet 26: [REDACTED]	[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>
Name of Regional ESInet 27: [REDACTED]	[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>
Name of Regional ESInet 28: [REDACTED]	[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>
Name of Regional ESInet 29: [REDACTED]	[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>



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Name of Regional ESInet 30: [REDACTED]	[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>
Name of Regional ESInet 31: [REDACTED]	[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>
Name of Regional ESInet 32: [REDACTED]	[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>
Name of Regional ESInet 33: [REDACTED]	[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>
Name of Regional ESInet 34: [REDACTED]	[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>
Name of Regional ESInet 35: [REDACTED]	[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>

<b>Addendum Section I3</b>
[REDACTED]

**4. Please provide a description of any NG911 projects completed or underway during the annual period ending December 31, 2019.**

[REDACTED]
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Question	Total PSAPs Accepting Texts
5. During the annual period ending December 31, 2019, how many PSAPs within your state implemented text-to-911 and are accepting texts?	[REDACTED]
Question	Estimated Number of PSAPs that will Become Text Capable
6. In the next annual period ending December 31, 2020, how many PSAPs do you anticipate will become text capable?	[REDACTED]

Addendum Section I5
[REDACTED]

Addendum Section I6
[REDACTED]

**J. Description of Cybersecurity Expenditures**

Question	Check the appropriate box		If Yes, Amount Expended (\$)
	Yes	No	
1. During the annual period ending December 31, 2019, did your state expend funds on cybersecurity programs for PSAPs?	<input type="checkbox"/> 	<input type="checkbox"/> 	[REDACTED]

Addendum Section J1
[REDACTED]



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Question	Total PSAPs
2. During the annual period ending December 31, 2019, how many PSAPs in your state either implemented a cybersecurity program or participated in a regional or state-run cybersecurity program?	█

<b>Addendum Section J2</b>
█

Question	Yes	No	Unknown
3. Does your state or jurisdiction adhere to the National Institute of Standards and Technology Framework for Improving Critical Infrastructure Cybersecurity (February 2014) for networks supporting one or more PSAPs in your state or jurisdiction?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Addendum Section J3</b>
█

**K. Measuring Effective Utilization of 911/E911 Fees**

1. Please provide an assessment of the effects achieved from the expenditure of state 911/E911 or NG911 funds, including any criteria your state or jurisdiction uses to measure the effectiveness of the use of 911/E911 fees and charges. If your state conducts annual or other periodic assessments, please provide an electronic copy (*e.g.*, Word, PDF) of the latest such report upon submission of this questionnaire to the FCC or provide links to online versions of such reports in the space below.



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**We have estimated that your response to this collection of information will take an average of 10 to 55 hours. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1122). We will also accept your PRA comments via the Internet if you send an e-mail to [PRA@fcc.gov](mailto:PRA@fcc.gov).**

**Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1122.**

**THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.**