



Federal Communications Commission
Washington, D.C. 20554

911 Annual Fee Report [PLACEHOLDER] Response For Calendar Year
[PLACEHOLDER]

Approved by OMB
3060-1122
Expires: March 31, 2024
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 (the Bureau) seeks the following specific information in order to fulfill the Commission’s obligations under Section 6(f)(2) of the NET 911 Act, as amended by Section 902.¹

Instructions for Filling Out the Questionnaire

Please read and follow these general instructions:

- Please complete all sections of this form.
- Please enter only numeric responses where requested.
 - Dollar or percentage signs, decimal points, and thousands separator commas are acceptable.
 - Blank responses, “None”, “Unknown”, or “N/A” are also acceptable.
 - To facilitate the Bureau’s calculations for the Annual Fee Report, please avoid stray characters such as: *, ~, (), or [] in numeric responses.
- Use the associated Addendum fields to enter other information, such as footnotes, qualifiers, text, descriptions, and/or explanations.
- All responses should pertain to calendar year (January 1 – December 31), not fiscal year.
- Unless otherwise directed, please provide requested information directly on this form, rather than submit, refer to, and/or rely on supplemental materials.
- Please consolidate separate response forms (and/or responses to individual questions) completed by counties, municipalities, or other local jurisdictions into one response form for the entire state, using sums and averages as appropriate.

A. Filing Information

A1. Name of State or Jurisdiction

| |
|------------------------------|
| State or Jurisdiction |
| |

¹ See Consolidated Appropriations Act, 2021, Public Law 116-260, Division FF, Title IX, section 902.



Federal Communications Commission
Washington, D.C. 20554

911 Annual Fee Report [PLACEHOLDER] Response For Calendar Year
[PLACEHOLDER]

A2. Name, Title and Organization of Individual Filing Report

| Name | Title | Organization |
|------|-------|--------------|
| | | |

| Addendum Section A |
|--------------------|
| |

B. Overview of State or Jurisdiction 911 System

B1. Please provide the total number of active primary and secondary Public Safety Answering Points (PSAPs) in your state or jurisdiction that received funding derived from the collection of 911/E911 fees during the annual period ending December 31, 2021. PSAPs that did not receive funding derived from the collection of 911/E911 fees need not be included in the response boxes, but may be reported in Addendum Section B1.

| PSAP Type ² | Number of PSAPs |
|------------------------|-----------------|
| Primary | [REDACTED] |
| Secondary | [REDACTED] |
| Total | [REDACTED] |

| Addendum Section B1 |
|---------------------|
| [REDACTED] |

² 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 (NENA), Master Glossary of 9-1-1 Terminology at 174 (June 22, 2021), https://cdn.ymaws.com/www.nena.org/resource/resmgr/standards/nena-adm-000.24-2021_final_2.pdf.



Federal Communications Commission
Washington, D.C. 20554

911 Annual Fee Report [PLACEHOLDER] Response For Calendar Year
[PLACEHOLDER]

B2. Please provide the total number of active telecommunicators³ in your state or jurisdiction that were funded through the collection of 911 and E911 fees during the annual period ending December 31, 2021. Telecommunicators that were not funded through the collection of 911 and E911 fees need not be included in the response boxes, but may be reported in Addendum Section B2.

| Telecommunicator Type | Number of Active Telecommunicators Funded by 911/E911 Fees |
|-----------------------|--|
| Full Time | [REDACTED] |
| Part Time | [REDACTED] |

| Addendum Section B2 |
|---------------------|
| [REDACTED] |

B3. For the annual period ending December 31, 2021, please provide an estimate of the total cost to provide 911/E911 service in your state or jurisdiction.

| | |
|-------------|------------|
| Amount (\$) | [REDACTED] |
|-------------|------------|

B3a. If an amount cannot be provided, please explain why.

| |
|------------|
| [REDACTED] |
|------------|

| Addendum Section B3 |
|---------------------|
| [REDACTED] |

B4. Please provide the total number of 911 voice calls that your state or jurisdiction received during the period January 1, 2021 to December 31, 2021.

³ For the purposes of this questionnaire, 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 <https://nenawiki.org/wiki/Telecommunicator>.



Federal Communications Commission
Washington, D.C. 20554

911 Annual Fee Report [PLACEHOLDER] Response For Calendar Year
[PLACEHOLDER]

| Type of Service | Total 911 Voice Calls |
|---|-----------------------|
| Wireline | [REDACTED] |
| Wireless | [REDACTED] |
| VoIP | [REDACTED] |
| Other (report 911 texts separately below in B.4a) | [REDACTED] |
| Total | [REDACTED] |

B4a. Please provide the total number of 911 texts that your state or jurisdiction received during the period January 1, 2021 to December 31, 2021.

| | |
|--------------|------------|
| Texts to 911 | [REDACTED] |
|--------------|------------|

Addendum Section B4

[REDACTED]

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

C1. 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

C1a. If YES, provide a citation to the legal authority for such a mechanism.

[REDACTED]



Federal Communications Commission
Washington, D.C. 20554

911 Annual Fee Report [PLACEHOLDER] Response For Calendar Year
[PLACEHOLDER]

C1b. If YES to C1, during the annual period January 1, 2021 to December 31, 2021, did your state or jurisdiction amend, enlarge, or in any way alter the funding mechanism? Check one (leave blank if NO to C1).

- Yes
- No
- Unknown

C1c. If YES to C1b., provide a description of amendments, enlargements, or alterations to the funding mechanism, if applicable.

| |
|----------------------------|
| Addendum Section C1 |
| |

C2. 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
- 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 |
| |

C3. 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



Federal Communications Commission
Washington, D.C. 20554

911 Annual Fee Report [PLACEHOLDER] Response For Calendar Year
[PLACEHOLDER]

D1. Indicate which entities in your state have the authority to approve the expenditure of funds collected for 911 or E911 purposes. Check one.

- The State has authority to approve the expenditure of funds
- One or more local authorities has authority to approve the expenditure of funds...
- A hybrid approach where two or more governing bodies (e.g., state or local authority) have authority to approve the expenditure of funds

D1a. 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.).

[Redacted text box]

| |
|----------------------------|
| Addendum Section D1 |
| [Redacted text box] |

D2. Has your state established a funding mechanism that mandates how collected funds can be used? Check one.

- Yes
- No

D2a. If you checked YES, provide a legal citation to the funding mechanism of any such criteria.

[Redacted text box]

D2b. If you checked NO, describe how your state or jurisdiction decides how collected funds can be used.

[Redacted text box]

E. Description of Uses of Collected 911/E911 Fees

E1. 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



Federal Communications Commission
Washington, D.C. 20554

911 Annual Fee Report [PLACEHOLDER] Response For Calendar Year
[PLACEHOLDER]

collected for 911 or E911 purposes and how these activities, programs, and organizations support 911 and E911 services or enhancements of such services.

| E2. Please identify the uses of the collected funds.⁴ Check all that apply. | | | |
|--|--|---|--------------------------|
| Type of Cost | | Yes | No |
| PSAP operating costs, including technological innovation that supports 911 | Lease, purchase, maintenance, replacement, and upgrade of customer premises equipment (CPE) (hardware and software) | <input type="checkbox"/> | <input type="checkbox"/> |
| | Lease, purchase, maintenance, replacement, and upgrade of computer aided dispatch (CAD) equipment (hardware and software) | <input type="checkbox"/> | <input type="checkbox"/> |
| | Lease, purchase, maintenance, replacement, and upgrade of PSAP building/facility | <input type="checkbox"/> | <input type="checkbox"/> |
| | NG911, cybersecurity, pre-arrival instructions, and emergency notification systems (ENS) | <input type="checkbox"/> | <input type="checkbox"/> |
| PSAP personnel costs | Telecommunicators' Salaries | <input type="checkbox"/> | <input type="checkbox"/> |
| | Training of Telecommunicators | <input type="checkbox"/> | <input type="checkbox"/> |
| PSAP administrative costs | Program Administration | <input type="checkbox"/> | <input type="checkbox"/> |
| | Travel Expenses | <input type="checkbox"/> | <input type="checkbox"/> |
| Costs for integration and interoperability of 911 systems and public safety/first responder radio systems | Integrating public safety/first responder dispatch and 911 systems, including lease, purchase, maintenance, and upgrade of CAD hardware and software to support integrated 911 and public safety dispatch operations | <input type="checkbox"/> | <input type="checkbox"/> |
| | Providing for the interoperability of 911 systems with one another and with public safety/first responder radio systems | <input type="checkbox"/> | <input type="checkbox"/> |
| Grant programs | | <input type="checkbox"/> If YES, see E2a. | <input type="checkbox"/> |
| E2a. During the annual period ending December 31, 2021, describe the grants that your | | | |

⁴ See 47 CFR § 9.23(b)(1)–(5).



Federal Communications Commission
Washington, D.C. 20554

911 Annual Fee Report [PLACEHOLDER] Response For Calendar Year
[PLACEHOLDER]

| |
|---|
| state paid for through the use of collected 911/E911 fees and the purpose of such grants. |
| [REDACTED] |

| |
|----------------------------|
| Addendum Section E2 |
| [REDACTED] |

F. Description of 911/E911 Fees Collected

| F1. Please describe the amount of 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. | | | | |
|---|--------------------|--|---------------------------|---------------------------------------|
| Service Type | Fee/Charge Imposed | Jurisdiction Receiving Remittance <i>Check one for each Service Type.</i> | | |
| | | State | County or Local Authority | Combination of State and County/Local |
| Wireline – monthly fee (\$) | \$ [REDACTED] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Wireless – monthly fee (\$) | \$ [REDACTED] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Prepaid Wireless – provide <i>either</i> flat fee (\$) or percentage (%) per retail transaction (leave inapplicable cell blank) | \$ [REDACTED] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | [REDACTED] % | | | |
| Voice Over Internet Protocol (VoIP) – monthly fee (\$) | \$ [REDACTED] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other – monthly fee (\$) | \$ [REDACTED] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



Federal Communications Commission
Washington, D.C. 20554

911 Annual Fee Report [PLACEHOLDER] Response For Calendar Year
[PLACEHOLDER]

| |
|----------------------------|
| Addendum Section F1 |
| [REDACTED] |

F2. For the annual period ending December 31, 2021, please report the total amount collected pursuant to the assessed fees or charges described in Question F1.

| Service Type | Total Amount Collected (\$) |
|-------------------------------------|-----------------------------|
| Wireline | [REDACTED] |
| Wireless | [REDACTED] |
| Prepaid Wireless | [REDACTED] |
| Voice Over Internet Protocol (VoIP) | [REDACTED] |
| Other | [REDACTED] |
| Total | [REDACTED] |

F2a. If an amount cannot be provided, please explain why.

| |
|------------|
| [REDACTED] |
|------------|

| |
|----------------------------|
| Addendum Section F2 |
| [REDACTED] |

F3. Please identify any other sources of 911/E911 funding.

| |
|------------|
| [REDACTED] |
|------------|



Federal Communications Commission
Washington, D.C. 20554

911 Annual Fee Report [PLACEHOLDER] Response For Calendar Year
[PLACEHOLDER]

| Question | Yes | No |
|--|--------------------------|--------------------------|
| F4. For the annual period ending December 31, 2021, 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. | <input type="checkbox"/> | <input type="checkbox"/> |
| F4a. If YES, please describe the federal, state or local funds and amounts that were combined with 911/E911 fees. | | |
| <div style="background-color: #cccccc; height: 20px; width: 100%;"></div> | | |

| Addendum Section F4 |
|---|
| <div style="background-color: #cccccc; height: 20px; width: 100%;"></div> |

| F5. 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 | <div style="background-color: #cccccc; height: 20px; width: 100%;"></div> |
| Local 911 Fees | <div style="background-color: #cccccc; height: 20px; width: 100%;"></div> |
| General Fund - State | <div style="background-color: #cccccc; height: 20px; width: 100%;"></div> |
| General Fund - County | <div style="background-color: #cccccc; height: 20px; width: 100%;"></div> |
| Federal Grants | <div style="background-color: #cccccc; height: 20px; width: 100%;"></div> |
| State Grants | <div style="background-color: #cccccc; height: 20px; width: 100%;"></div> |

| Addendum Section F5 |
|---|
| <div style="background-color: #cccccc; height: 20px; width: 100%;"></div> |



Federal Communications Commission
Washington, D.C. 20554

911 Annual Fee Report [PLACEHOLDER] Response For Calendar Year
[PLACEHOLDER]

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

For the purposes of this questionnaire, diversion is the obligation or expenditure of a 911 fee or charge for a purpose or function other than the purposes and functions identified in 47 CFR § 9.23 of the Commission’s rules as acceptable.

| Question | | Yes | No |
|---|--|--------------------------|--------------------------|
| G1. In the annual period ending December 31, 2021, were funds collected for 911 or E911 purposes in your state or jurisdiction obligated or expended solely for acceptable purposes and functions as provided under 47 CFR § 9.23? Check one. | | <input type="checkbox"/> | <input type="checkbox"/> |
| G1a. If NO, please identify what amount of funds collected for 911 or E911 purposes were obligated or expended for purposes or functions other than those designated as acceptable under 47 CFR § 9.23, 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 purposes or functions for such funds. | | | |
| Amount of Funds (\$) | Identify the purposes or functions other than those designated as acceptable by the Commission for which the 911/E911 funds were obligated or expended. (If you need more rows for your response, please enter the information in Addendum Section G1.) | | |
| ■ | ■ | | |
| ■ | ■ | | |
| ■ | ■ | | |
| ■ | ■ | | |
| ■ | ■ | | |

| Addendum Section G1 |
|---------------------|
| ■ |

| Question | Yes | No |
|----------|-----|----|
|----------|-----|----|



Federal Communications Commission
Washington, D.C. 20554

911 Annual Fee Report [PLACEHOLDER] Response For Calendar Year
[PLACEHOLDER]

| | | | |
|---|---|--------------------------|--------------------------|
| | | | |
| G2. In the annual period ending December 31, 2021, were funds collected for 911 or E911 purposes in your state or jurisdiction obligated or expended for the purchase, maintenance, replacement, or upgrade of public safety radios, networks, equipment, or related infrastructure? Check one. | | <input type="checkbox"/> | <input type="checkbox"/> |
| G2a. If YES to G2, are all of the public safety radios, networks, equipment, or related infrastructure on which funds were obligated or expended used to deliver 911-originated information to emergency responders? For the purposes of this questionnaire, 911-originated information includes all data and information delivered between the 911 request for assistance and the emergency responders. | | <input type="checkbox"/> | <input type="checkbox"/> |
| G2a(i). If NO to G2a, please explain. | | | |
| | | | |
| G2b. If YES to G2, please itemize the amounts that were obligated or expended and include descriptions of the public safety radios, networks, equipment, or related infrastructure. | | | |
| Amount of Funds (\$) | Description of such obligations or expenditures. (If you need more rows for your response, please enter the information in Addendum Section G2.) | | |
| ■ | ■ | | |
| ■ | ■ | | |
| ■ | ■ | | |
| ■ | ■ | | |
| ■ | ■ | | |

Addendum Section G2



Federal Communications Commission
Washington, D.C. 20554

911 Annual Fee Report [PLACEHOLDER] Response For Calendar Year
[PLACEHOLDER]

Safe Harbor for Multi-Purpose Fees. Section 9.23(d) of the rules provides an elective safe harbor for states and taxing jurisdictions that designate multi-purpose fees or charges for “public safety,” “emergency services,” or other similar purposes where a portion of those fees or charges supports 911 services. See 47 CFR § 9.23(d). The rule provides that the obligation or expenditure of such a fee or charge will not constitute diversion if the state or taxing jurisdiction (i) specifies the amount or percentage of such fees or charges that is dedicated to 911 services; (ii) ensures that the 911 portion of such fees or charges is segregated and not commingled with any other funds; and (iii) obligates or expends the 911 portion of such fees or charges for acceptable purposes and functions as defined under the Commission’s rules.

G3. Does your state or taxing jurisdiction collect fees or charges designated for “public safety,” “emergency services,” or other similar purposes where a portion of those fees or charges supports 911 services? Check one.

- Yes
- No

If YES to G3, please answer Questions G3a – G3c below. (If NO to G3, leave blank.)

| Question | Yes | No |
|---|--------------------------|--------------------------|
| G3a. Does the state or taxing jurisdiction specify the amount or percentage of such fees or charges that is dedicated to 911 services? Check one. | <input type="checkbox"/> | <input type="checkbox"/> |
| Question | Response | |
| G3a(i). Cite to the authority by which the state or taxing jurisdiction specifies the amount or percentage. | █ | |
| G3a(ii). Indicate the amount or percentage of such a fee dedicated to 911 services. Provide either dollar amount or percentage. (Leave inapplicable cell blank.) | \$ █ | |
| | █ % | |
| Question | Yes | No |
| G3b. Does the state or taxing jurisdiction ensure that the 911 portion of such fees or charges is segregated and not commingled with any other funds? Check one. | <input type="checkbox"/> | <input type="checkbox"/> |



Federal Communications Commission
Washington, D.C. 20554

911 Annual Fee Report [PLACEHOLDER] Response For Calendar Year
[PLACEHOLDER]

| | | |
|---|--------------------------|--------------------------|
| G3b(i). Cite to the authority by which the state or taxing jurisdiction segregates such fees. | | |
| [REDACTED] | | |
| Question | Yes | No |
| G3c. Does the state or taxing jurisdiction obligate or expend the 911 portion of such fees or charges only for the purposes and functions designated by the Commission as acceptable pursuant to 47 CFR § 9.23? Check one. | <input type="checkbox"/> | <input type="checkbox"/> |
| G3c(i). If NO to G3c, please explain. | | |
| [REDACTED] | | |

| |
|----------------------------|
| Addendum Section G3 |
| [REDACTED] |

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

| | | |
|---|--------------------------|--------------------------|
| Question | Yes | No |
| H1. Has your state established any oversight or auditing mechanisms or procedures to determine whether collected funds have been obligated or expended for acceptable purposes and functions as designated under the Commission’s rules? Check one. | <input type="checkbox"/> | <input type="checkbox"/> |
| H1a. 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, 2021. (Enter “None” if no actions were taken.) | | |
| [REDACTED] | | |

| |
|----------------------------|
| Addendum Section H1 |
| [REDACTED] |



Federal Communications Commission
Washington, D.C. 20554

911 Annual Fee Report [PLACEHOLDER] Response For Calendar Year
[PLACEHOLDER]

| Question | Yes | No | |
|---|--------------------------|--------------------------|--------------------------|
| H2. 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. | <input type="checkbox"/> | <input type="checkbox"/> | |
| Question | Yes | No | N/A |
| H2a. Did your state conduct an audit of service providers in connection with such auditing authority during the annual period ending December 31, 2021? Check one; check N/A if Question H2 response above is NO. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| H2b. If YES to H2 and H2a, 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, 2021. (Leave blank if not applicable / no actions were taken.) | | | |
| | | | |

| Addendum Section H2 |
|---------------------|
| |

I. Description of Next Generation 911 Services and Expenditures

| Question | Yes | No |
|--|--------------------------|--------------------------|
| I1. Does your state or jurisdiction classify expenditures | <input type="checkbox"/> | <input type="checkbox"/> |



Federal Communications Commission
Washington, D.C. 20554

911 Annual Fee Report [PLACEHOLDER] Response For Calendar Year
[PLACEHOLDER]

| | | |
|---|--|--|
| on Next Generation 911 (NG911) as within the scope of acceptable purposes and functions for the obligation or expenditure of 911 fees or charges? Check one. | | |
| I1a. If YES, please cite any specific legal authority: | | |
| [REDACTED] | | |

| Question | Yes | No |
|--|--------------------------|--------------------------|
| I2. In the annual period ending December 31, 2021, has your state or jurisdiction expended funds on NG911_ programs? Check one. | <input type="checkbox"/> | <input type="checkbox"/> |
| I2a. If YES, please enter the dollar amount that has been expended during the annual period. | | |
| Amount (\$) | [REDACTED] | |

| |
|----------------------------|
| Addendum Section I2 |
| [REDACTED] |

| I3. For the annual period ending December 31, 2021, please provide the number of PSAPs that operated on each type of NG911 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 |
| I3a. A single, state-wide | <input type="checkbox"/> | <input type="checkbox"/> | [REDACTED] | <input type="checkbox"/> | <input type="checkbox"/> |



Federal Communications Commission
Washington, D.C. 20554

911 Annual Fee Report [PLACEHOLDER] Response For Calendar Year
[PLACEHOLDER]

| | | | | | |
|--|--------------------------|--------------------------|--|--------------------------|--------------------------|
| ESInet | | | | | |
| I3b. Local (e.g., county) ESInet(s) | <input type="checkbox"/> | <input type="checkbox"/> | ██████████ | <input type="checkbox"/> | <input type="checkbox"/> |
| I3c. Regional ESInets | <input type="checkbox"/> | <input type="checkbox"/> | [If one Regional ESInet is in operation, provide the total PSAPs on the first line below. If more than one Regional ESInet is in operation, provide the total PSAPs operating on each ESInet.] | | |
| 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"/> |
| 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"/> |
| If more Regional ESInets operate in your state or taxing jurisdiction, please list the names of Regional ESInets 8 and higher, and numbers of associated PSAPs, in the space below: | | | | | |
| ██████████ | | | | | |



Federal Communications Commission
Washington, D.C. 20554

911 Annual Fee Report [PLACEHOLDER] Response For Calendar Year
[PLACEHOLDER]

| |
|----------------------------|
| Addendum Section I3 |
| [REDACTED] |

I4. Please provide a description of any NG911 projects completed or underway during the annual period ending December 31, 2021.

| |
|------------|
| [REDACTED] |
|------------|

| I4a. Based on your response to I4, please indicate which categories of NG911 expenditures from this non-exhaustive list apply. | <i>Check all that apply.</i> |
|---|-------------------------------------|
| General Project or Not Specified | <input type="checkbox"/> |
| Planning or Consulting Services | <input type="checkbox"/> |
| ESInet Construction | <input type="checkbox"/> |
| NG911 Core Services | <input type="checkbox"/> |
| Hardware or Software Purchases or Upgrades | <input type="checkbox"/> |
| GIS | <input type="checkbox"/> |
| NG911 Security Planning | <input type="checkbox"/> |
| Training | <input type="checkbox"/> |

I5. As of December 31, 2021, how many PSAPs within your state have implemented text-to-911 and are accepting texts? Please refrain from non-numeric responses such as “all PSAPs.” Enter any text in Addendum Section I5.

| | |
|--|------------|
| Total Number of PSAPs Accepting Texts as of December 31, 2021 | [REDACTED] |
|--|------------|

| |
|----------------------------|
| Addendum Section I5 |
| [REDACTED] |



Federal Communications Commission
Washington, D.C. 20554

911 Annual Fee Report [PLACEHOLDER] Response For Calendar Year
[PLACEHOLDER]

I6. By the end of the *next* annual period ending December 31, 2022, how many *total* PSAPs do you anticipate will have implemented text-to-911 and will be accepting texts?

| | |
|--|------------|
| Estimated Total Number of PSAPs Accepting Texts as of December 31, 2022 | [REDACTED] |
|--|------------|

| |
|----------------------------|
| Addendum Section I6 |
| [REDACTED] |

J. Cybersecurity Expenditures

| Question | Check the appropriate box | | If Yes, Amount Expended (\$) |
|--|---------------------------------|--------------------------------|------------------------------|
| J1. During the annual period ending December 31, 2021, did your state expend funds on cybersecurity programs for PSAPs? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | [REDACTED] |

| |
|----------------------------|
| Addendum Section J1 |
| [REDACTED] |

| Question | Total PSAPs |
|---|-------------|
| J2. During the annual period ending December 31, 2021, how many PSAPs in your state either implemented a cybersecurity program or participated in a regional or state-run cybersecurity program? | [REDACTED] |

| |
|----------------------------|
| Addendum Section J2 |
| [REDACTED] |



Federal Communications Commission
Washington, D.C. 20554

911 Annual Fee Report [PLACEHOLDER] Response For Calendar Year
[PLACEHOLDER]

| Question | Yes | No | Unknown |
|--|--------------------------|--------------------------|--------------------------|
| J3. Does your state or jurisdiction adhere to the National Institute of Standards and Technology Framework for Improving Critical Infrastructure Cybersecurity (April 2018) for networks supporting one or more PSAPs in your state or jurisdiction?⁵ Check one. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| |
|---|
| Addendum Section J3 |
| <div style="background-color: #cccccc; height: 20px; width: 50px; margin-bottom: 5px;"></div> |

K. Measuring Effective Utilization of 911/E911 Fees

K1. 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.

L. Underfunding of 911

For the purposes of this questionnaire, underfunding occurs when funding levels are below the levels required for optimal performance of 911 operations.

L1. Describe the impact of any underfunding of 911 services in your state or taxing jurisdiction during the annual period ending December 31, 2021.

⁵ National Institute of Standards and Technology, Framework for Improving Critical Infrastructure Cybersecurity (2018), <https://nvlpubs.nist.gov/nistpubs/cswp/nist.cswp.04162018.pdf>.



Federal Communications Commission
Washington, D.C. 20554

911 Annual Fee Report [PLACEHOLDER] Response For Calendar Year
[PLACEHOLDER]

L2. Describe how any fee diversion affected 911 underfunding in your state or taxing jurisdiction during the annual period ending December 31, 2021. Indicate N/A if your state or taxing jurisdiction did not divert.

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.

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.