

# 2012 Instructions for the Dispatcher Training Application

*Public Act No. 32 of 1986 Funding*

Please read the following instructions carefully before completing the DTS-101, DTS-101W, and DTS-510 forms.

## SUBMISSION OF THE DOCUMENTS FOR THE 2012 DISTRIBUTION YEAR

You may submit a copy of your **DTS-101 Signature Page** via the U.S. Postal Service, e-mail, or fax. The submission must be received at the State 9-1-1 Office before **4 p.m. on Friday, February 3, 2012.**

**Mail:** Michigan State Police, State 9-1-1 Office  
333 S. Grand Avenue  
P.O. Box 30634  
Lansing, MI 48909-0634

**Fax:** (517) 241-0387

**E-mail:** [snctdispatchertraining@michigan.gov](mailto:snctdispatchertraining@michigan.gov)

**Application Documents Available at:** [www.michigan.gov/snc](http://www.michigan.gov/snc)

The **DTS-510 (Documentation of In-Service Training Expenditures) & DTS-101W (Eligible Employee Worksheet)** must be submitted electronically to [snctdispatchertraining@michigan.gov](mailto:snctdispatchertraining@michigan.gov). The e-mail must be received by the State 9-1-1 Office before **4 p.m. on Friday, February 3, 2012.**

Questions regarding the forms (DTS-101, DTS-101W and DTS-510) may be directed to Ms. Mary Jo Weigel at (517) 241-0118.

The revised DTS-510 spreadsheets have been completed for each PSAP through December 31, 2010 and are located on the CD. The annual application is required for participation in the Dispatcher Training Fund Distribution. This application is for the 2012 distribution year; the calendar year during which the application is processed and funds are released.

## DTS-101 (SIGNATURE PAGE) FORM COMPLETION

1. **Primary PSAP Name:** Enter the name of the Primary Public Safety Answering Point (PSAP) registering for the Distribution. The Primary PSAP should be identified in the county's final 9-1-1 plan. If the PSAP ceases to exist due to a consolidation, a cessation letter must be sent to the State 9-1-1 Committee notifying the committee of the action.
- 2a. **Mailing Address:** Enter the complete mailing address for the Primary PSAP.
- 2b. **Remittance Address:** Enter the complete mailing address where the distribution funds should be sent.
3. **Federal ID Number:** Enter the Primary PSAP's Federal Employer Identification Number. This is the number used by the Department of Treasury to disperse funds through the MAIN system. Please be sure your number reflects the proper accounting or funding department for your center.
4. **ORI Number:** Enter the Primary PSAP's Originating Agency Number as assigned by LEIN.
5. **County Identifying this Primary PSAP in its 9-1-1 Plan:** Enter the name of the county in whose 9-1-1 plan your dispatch center is identified as the primary PSAP.
6. **Total Number of Paid Hours in 2011:** Enter the total number of paid hours by all eligible employees assigned to your PSAP during calendar year 2011\*.

\*This amount is automatically calculated on the DTS-101W (Eligible Employee Worksheet) and shall be entered manually into Box 6 on the DTS-101 (Signature Page). Complete instructions for the DTS-101W are included in this packet.

7. **Full-Time Equivalents (FTEs):** Calculate the number of FTE eligible employees by dividing the total number of paid full-time and part-time hours worked (item 6) by 2,080.

EXAMPLES: Total number of paid hours for three eligible employees=4,600  
4,600 divided by 2,080=2.2 FTEs (round down to 2 FTEs)

Total number of paid hours for three eligible employees=5,200  
5,200 divided by 2,080=2.5 FTEs (round up to 3 FTEs)

8. **Chief Administrative Officer:** Enter the name, title, complete mailing address, and telephone number of the Chief Administrative Officer responsible for oversight of the applicant Primary PSAP (e.g. mayor, chair of the board of commissioners, city manager, village president, township supervisor, police chief, sheriff, or chair of the authority board). The Chief Administrative Officer cannot be the Primary PSAP Administrator or Chief Financial Officer.
9. **Primary PSAP Administrator:** Enter the name, title, complete mailing address, e-mail address, and telephone number of the Primary PSAP Administrator. The Primary PSAP Administrator cannot be the Chief Administrative Officer or Chief Financial Officer.
10. **Chief Financial Officer:** Enter the name, title, complete mailing address, and telephone number of the person responsible for fiscal accounting of the Primary PSAP identified in item 1 above. The Chief Financial Officer cannot be the Chief Administrative Officer or Primary PSAP Administrator.

***It is the PSAPs responsibility to ensure that the appropriate entities and individuals have approved and signed the application prior to submission. The PSAP must be able to produce the original signature sheets for six years should they be requested by the State 9-1-1 Committee.***

## DTS-101W ELIGIBLE EMPLOYEE WORKSHEET COMPLETION

*Please note: The DTS-101W and DTS-510 worksheets are combined in one Excel file and listed on the CD under your specific PSAP name.*

“Eligible Employee” is defined as a person employed by a PSAP who is:

- A. A telecommunicator/dispatcher with responsibility for processing 9-1-1 calls (wireline or wireless).
- B. A dispatch supervisor of personnel who are responsible for processing 9-1-1 calls.
- C. The director (the person directly responsible for the management of the primary PSAP).
- D. An assistant director or operations manager (an assistant to the director with responsibility for the day-to-day operations of the primary PSAP).

“Ineligible Employee” is defined as:

- A. MCOLES officer under the provisions of section 3(a) of Public Act No. 302 of 1982, as amended, being MCL 18.423(2).
- B. MCOTC officer under the provision of Public Act No. 125 of 2003, as amended, being MCL 791.545, Section 15, are not eligible for inclusion toward the FTE count for participation by the eligible PSAP in the training fund distribution of Section 409 of Public Act No. 32 of 1986, as amended, being MCL 484.1409(1)(d).
- C. Personnel who do not directly provide 9-1-1 services as part of their regular duties.

**Name:** Enter the name of the eligible employee assigned to the 9-1-1 function.

**Date of Hire:** Enter the date the employee was hired.

**Job Title:** Enter the job title assigned to the listed eligible employee. This could include any of the following: director, assistant director, supervisor, or telecommunicator/dispatcher when they are assigned to provide 9-1-1 services on a full or part-time basis.

**Full/Part-Time:** F = Assigned to the 9-1-1 function full-time  
P = Assigned to the 9-1-1 function part-time

**Paid Hours:** This is the total number of hours paid for the 9-1-1 function up to 2,080 hours and does not include overtime hours.

This sheet is contained in the same file as the DTS-510. The electronic version of the DTS-101W will automatically calculate total hours per page and an overall total of hours paid by your PSAP.

*Please be sure to keep the file intact and have both the DTS-101W and DTS-510 updated in one file when submitting your application.*

## DTS-510 WORKSHEET COMPLETION

*Please note:* The DTS-101W and DTS-510 worksheets are combined in one Excel file and listed on the CD under your specific PSAP name.

**DTS-510 Sheet Tabs:** These tabs are your Official DTS-510 spreadsheets (there may be more or less sheets depending on your training records.)

**Course Title, Number:** This column is a drop down field list for you to report both the name and number of the available approved training courses.

**Date:** This column is the beginning date of training for your documentation. The field will format your date as month/year (please enter the date as mm/dd/yy).

**Funding Year (2007, 2008, 2009, 2010, and 2011):** These columns document the Funding Allocation Year. *Training monies must be used within two years of receipt.* The year that the training course was attended and the Funding Allocation Year monies **do not** have to match.

Example: The training occurred in 2011, but funds are still available from the 2009 Funding Allocation Year. Enter your training date with the actual start date and use the 2009 Funding Allocation Year monies to report the cost.

If your course cost exceeds the Funding Allocation Year distribution amount left over, divide the costs between 2009 and 2010 to zero out the oldest Funding Allocation Year balance.

**Hours of Course:** Enter the total training hours.

**Number of Attendees:** Number of employees attending the course.

**Totals:** This row will automatically add your total training costs (for this page) listed for each course.

**Balance to Spend:** Each sheet calculates the beginning balance of training funds for each Allocation Year and subtracts the amount used on that particular page. If you need additional sheets (pg. 2, pg. 3, pg. 4), the amounts in the Balance to Spend rows will automatically forward to the top row of the next sheet.

**Course List Tab:** This tab houses the listing of courses that appear in your drop down fields (in the course title/number column) of the official DTS-510 tabs. This list has been updated through November 30, 2011. If your training course does not appear in this list, please contact Ms. Mary Jo Weigel for an update.

**NOTE:** Please be advised that random reviews may be conducted. Training Funds for 9-1-1 Center Personnel **shall be accounted for separately from all other funding sources.** Further, records of training fund revenue and expenditures shall be reported for each calendar year and maintained for six years beyond the distribution year.

*Please be sure to keep the file intact and have both the DTS-101W and DTS-510 updated in one file when submitting your application.*