

Instructions For Registration  
Act 32 of 1986 Funding  
DTS-101, DTS-510, & DTS-101W  
Primary Public Safety Answering Point  
2009 Dispatcher Training Distribution  
(REVISED DOCUMENTATION FOR COMPLETION)

*Exhibit 2*

**Please read the following instructions carefully before completing the enclosed forms.**

**SUBMISSION OF THE DOCUMENTS FOR THE 2009 DISTRIBUTION YEAR:**

The entire packet must be received at the State 9-1-1 Committee office no later than 4:00 p.m. Wednesday, February 4, 2009. Missing or incomplete information will result in denial of your 2009 Distribution Funds. Handwritten or fax submissions will not be accepted. **You are REQUIRED to submit the DTS 101W and 510 spreadsheets electronically, but the DTS 101 form must be submitted in hard copy.**

**Please submit your completed documentation to:**

**Electronic submission of DTS-101W and DTS-510**  
**Gina Rosendall**  
**rosendag@michigan.gov**

**Original DTS-101**  
**State 9-1-1 Committee**  
**714 S. Harrison Road**  
**East Lansing, Michigan 48823**

The revised DTS-510 spreadsheets have been completed for each PSAP through December 31, 2008 and are located on the enclosed CD or may be obtained by emailing [rosendag@michigan.gov](mailto:rosendag@michigan.gov).

**REGISTRATION INSTRUCTIONS:**

An annual registration is required for participation in the Dispatcher Training Distribution. This registration is for the 2009 distribution year; the calendar year during which the registration is processed and funds are released.

**DTS-101 REGISTRATION FORM COMPLETION:**

1. **Primary PSAP Name:** Enter the name of the Primary Public Safety Answering Point (PSAP) registering for the Distribution. The Primary PSAP must be identified in the county's final 9-1-1 plan.
- 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. If your local government unit is already receiving electronic payments from the State of Michigan, please enter "N/A."
3. **Federal ID Number:** Enter the Primary PSAP's Federal Employer Identification Number.
4. **ORI Number:** Enter the Primary PSAP's Originating Agency Number as assigned by LEIN.
5. **County Identifying this Primary PSAP within 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 Regular Hours:** Enter the total number of regular paid hours by all eligible employees assigned to your PSAP during 2008\*.

\*This amount is automatically calculated on the revised version of the 101W (Employee Worksheet) and shall be entered manually into Box 6 on the DTS-101 Registration Form. Complete instructions 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.

EXAMPLE: Total Number of Regular Hours Worked for three eligible employees= 4,600  
4,600 divided by 2,080 = 2.2 FTEs (round down to 2 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 PSAP Administrator or 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 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 Administrator or Primary PSAP Administrator.

This registration form MUST be signed and dated by the Chief Administrative Officer, the Primary PSAP Administrator, and the Chief Financial Officer before it will be considered for funding. These original signatures must be three separate individuals. Stamped or electronically embedded signatures will not be accepted. By signing, these authorized officials certify that the information provided is accurate.

#### **DTS-101W ELIGIBLE EMPLOYEE WORKSHEET COMPLETION:**

*Please note: The DTS 101W and DTS-510 worksheets are now 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 302, of 1982, as amended, being MCL 18.423(2).
- B. MCOLES officer under the provision of Public Act 125 as amended, being MCL 791.545, Section 15 are not eligible for inclusion in the count toward the FTE count for participation by the eligible PSAP in the training fund distribution of Section 409 of Public Act 32 of 1986, as amended, being MCL 484.1409(1)(d).

**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 (full or part-time).

**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 perform 9-1-1 functions 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 regular hours paid for the 9-1-1 function up to 2,080 hours and does not include overtime costs.

The electronic version of the DTS-101W will auto calculate total hours per page and an overall total of regular hours paid by your PSAP.

## **DTS-510 WORKSHEET COMPLETION:**

**Notes Page Tab:** All fields on this sheet are “open” for the user to type any information they choose. PLEASE NOTE: This sheet will not be accepted as the Official DTS-510.

**DTS-510 Pg 1- Pg 4 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 actual beginning date of training for your documentation. The field will format your date as Month/Day/Year (example 04/01/08)

**Funding Year Charged (2004, 2004, 2005, 2006, 2008):** These columns document the Funding Allocation Year that was used to fund the training. *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 2006, but funds are still available from the 2005 Funding Allocation Year. Enter your training date with the actual start date and use the 2005 Funding Allocation Year monies to report payment for the course.

\*If your course cost exceeds the Funding Allocation Year distribution amount left over, divide the costs between 2005 and 2006 to zero out the oldest Funding Allocation Year balance.

**Hours of Course:** Enter the total training hours for all attendees.

**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 top row of the next sheet.

**510 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 Pg 1-4 Tabs. This list has been updated through November 18, 2008. If your training course does not appear in this list, please contact the State 9-1-1 Office for an update.

 **Please NOTE: The 2009 application Course List Tab has been expanded.** The tab now includes the training provider name, course approval date and course expiration date. The tab closely resembles the course approval listing that has been available on our website throughout the year.

**Employee Worksheet Tabs:** These tabs are your official DTS-101W Eligible Employee Worksheets.  
The worksheets will auto calculate your Total Hours per page and also the Total number of hours on all pages (for the larger PSAPs). (Total All Pages calculation is listed on the first Employee Worksheet tab.)

**NOTE:** Please be advised that random reviews may be conducted. You may be contacted to provide 2004 through 2008 training documentation. Please do not send specific receipts or other documentation unless contacted. Keep all records for a minimum of 3 years plus current year at your PSAP.