

# 2016 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 2016 DISTRIBUTION YEAR

You must 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 911 Office before **4 p.m. on Friday, January 29, 2016.**

**Mail:** Michigan State Police, State 911 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 Allowable 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 911 Office before **4 p.m. on Friday, January 29, 2016.**

Questions regarding the forms (DTS-101, DTS-101W, and DTS-510) shall be directed to Ms. Theresa Hart at (517) 241-0118.

The revised DTS-510 spreadsheets have been completed for each PSAP through December 1, 2015, and are located in the e-mail. The annual application is required for participation in the Dispatcher Training Fund Distribution. This application is for the 2016 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 911 plan. If the PSAP ceases to exist due to a consolidation, a cessation letter must be sent to the State 911 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 911 Plan:** Enter the name of the county in whose 911 plan your dispatch center is identified as the primary PSAP.
6. **Total Number of Paid Hours in 2015:** Enter the total number of paid hours by all eligible employees assigned to your PSAP during calendar year 2015\*.

*\*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. **Original signature required.**
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. **Original signature required.**
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. **Original signature required.**

***It is the PSAPs responsibility to ensure that the appropriate 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 911 Committee.***

## DTS-101W ELIGIBLE EMPLOYEE WORKSHEET COMPLETION

*Please note:* The DTS-101W and DTS-510 worksheets are combined in one Excel file and listed in the e-mail under your specific PSAP name. **Please contact our office if you have technical difficulties.**

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

- A. A telecommunicator/dispatcher with responsibility for processing 911 calls.
- B. A dispatch supervisor of personnel who is responsible for processing 911 calls.
- C. The director (the person directly responsible for the management of the primary PSAP) or assistant director or operations manager (an assistant to the director with responsibility for the day-to-day operations of the primary PSAP).
- D. PSAP personnel whose technical responsibilities are dedicated to the delivery of 911 services.

“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 911 services as part of their regular duties.

**Name:** Enter the name of the eligible employee assigned to the 911 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 911 services on a full or part-time basis.

**Full/Part-Time:** F = Assigned to the 911 function full-time  
P = Assigned to the 911 function part-time

**Paid Hours:** This is the total number of hours paid for the 911 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 in the e-mail under your specific PSAP name. **Please contact our office if you have technical difficulties.**

**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 (2011, 2012, 2013, 2014, and 2015):** These columns document the Funding Allocation Year. Funds received in 2013 or prior must be spent or returned by December 31, 2015, in order to be eligible for 2016 funding. The year that the training course was attended and the Funding Allocation Year monies **do not** have to match.

Example: The training occurred in 2014, but funds are still available from the 2013 Funding Allocation Year. Enter your training date with the actual start date and use the 2013 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 2013 and 2014 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 if formulated.

**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 December 1, 2015. If your training course does not appear in this list, please contact Ms. Theresa Hart for an update.

**NOTE:** Please be advised that random reviews may be conducted. Training Funds for 911 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.**