

Michigan
State 911 Committee (SNC)
SNC 700 Pre-Compliance Review Information Request

PLEASE NOTE: Yes, No, or N/A boxes can be marked electronically by double-clicking the left button on your mouse.

Official Name of County Dispatch: _____

Section 1: Background Information

1. What is the name, title, and contact information of the person in charge of the 911 dispatch center?

Name: _____ Title: _____

E-mail Address: _____ Telephone: _____

2. What is the physical address and telephone number of the 911 dispatch center?

Street Address: _____

City: _____ Zip Code: _____

Telephone: _____

3. Are there other Public Safety Answering Points (PSAPs) in the county? Yes No

If yes, please indicate PSAP names, contact person name, title, and address:

PSAP Name: _____ Manager/Telephone: _____

4. Date Enhanced 911 was implemented? _____

Date Phase I was implemented: _____

Date Phase II was implemented: _____

Date VoIP was implemented: _____

Date Text to 911 was implemented: _____

Date NG-911 was implemented: _____

5. First Land line surcharge passed in: _____ Amendments: Yes No

If yes, please specify date of amendments: _____

Current Local surcharge is: _____ Effective date: _____

Current Local millage is: _____ Effective date: _____

6. How many Law Enforcement Agencies does the 911 dispatch center serve? _____

Please list names below:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

7. How many Emergency Medical Service agencies are served by this 911 dispatch center? _____

Please list names below:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

8. How many Fire Departments are served by this 911 dispatch center? _____

Please list names below:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

The following questions are “yes” or “no” oriented, with space allotted for brief explanations. Please answer as thoroughly as possible.

9. Does the 911 dispatch center have emergency back-up equipment in place for, if there is a policy in place please indicate the corresponding policy number:

		Policy #					
A.	Call re-routing?	Yes	<input type="checkbox"/> _____	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
	Where do calls re-route to? _____						
B.	UPS?	Yes	<input type="checkbox"/> _____	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
C.	Generator?	Yes	<input type="checkbox"/> _____	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
D.	Fire Suppression?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
	If yes, waterless?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>

10. Does the 911 dispatch center have a TIC (Tactical Interoperable Communications) plan?
 Yes No N/A

11. Who is your CAD vendor? _____

12. Is your Phase II mapping integrated into your CAD system?
 Yes _____ No N/A

13. Does the 911 dispatch center have written Policies and Procedures that include the following, if yes indicate the corresponding policy number?

Documented training program, if yes, please specify: _____

A.	New Hire Training Program	Yes	<input type="checkbox"/> _____	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
B.	In house training program	Yes	<input type="checkbox"/> _____	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
C.	Call intake	Yes	<input type="checkbox"/> _____	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
D.	Closest car	Yes	<input type="checkbox"/> _____	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
E.	Wireless 911	Yes	<input type="checkbox"/> _____	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
F.	Trouble reporting						
	1. Incorrect ALI	Yes	<input type="checkbox"/> _____	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
	2. Phase II	Yes	<input type="checkbox"/> _____	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
	3. Equipment failure	Yes	<input type="checkbox"/> _____	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>

G. VoIP 911	Yes	<input type="checkbox"/> _____	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
H. Text to 911	Yes	<input type="checkbox"/> _____	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
I. Facility security	Yes	<input type="checkbox"/> _____	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
J. Emergency Medical Dispatch (EMD)	Yes	<input type="checkbox"/> _____	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
K. Recording (radio and telephone)	Yes	<input type="checkbox"/> _____	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
L. LEIN	Yes	<input type="checkbox"/> _____	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
M. Emergency/equipment failure procedures	Yes	<input type="checkbox"/> _____	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
N. MDTs/AVL						
a. Law Enforcement agencies	Yes	<input type="checkbox"/> _____	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
b. Fire Departments	Yes	<input type="checkbox"/> _____	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
c. EMS Agencies	Yes	<input type="checkbox"/> _____	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
14. Does each telecommunicator have ready access to the Policies and Procedures?						
	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
15. Do you provide access to Interpreter Services?*	Yes	<input type="checkbox"/> _____	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
16. Do you provide training in the following areas?						
A. Video Relay Service and TTY*	Yes	<input type="checkbox"/> _____	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
B. Phase I and II, VoIP*	Yes	<input type="checkbox"/> _____	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
C. Any applicable in-house training	Yes	<input type="checkbox"/> _____	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
If yes, please specify: _____						
17. Does your center have a voice logger or recorder?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
A. If yes, what type? _____						
B. If yes, instant callback at each dispatch position?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Phone	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Radio	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
18. Are there any non-911-related duties that the staff performs?						
	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
A. If yes, please explain: _____						
19. Is there a county 911 Board?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>

- A. How often does the board meet? _____
- B. Are meeting minutes taken? Yes No N/A
- C. Does the board have a set of bylaws? Yes No N/A

Section 3: Budgetary

WHILE COMPLETING THE FOLLOWING QUESTIONS, IF A "YES" ANSWER, BE SURE TO COMPLETE THE RELATED SECTION OF THE FINANCIAL REPORT SPREADSHEET SNC 701

Please do not repeat any amounts listed on the form. For example, if an expense is listed as a "Capital Improvement," do not list it also in "Hardware Costs."

20. Personnel Costs (directly attributable to the delivery of 911 services such as directors, supervisors, dispatchers, call takers, technical staff, support staff):

- A. Is your 911 dispatch center director's salary covered by 911 surcharge funds?
 Yes No N/A

1. If yes, what percentage of his/her salary is covered by 911 surcharge funds? _____

B. Does the 911 dispatch center director serve dual functions (such as a 911 dispatch center director who works part-time and is also in charge of Emergency Management part-time)?

- Yes No N/A

1. If yes, what percentage of his/her salary is covered by 911 surcharge funds? _____

- C. Is there a Deputy Director? Yes No N/A

1. If yes, what percentage of their salaries is covered by 911 surcharge funds? _____

- D. Are there supervisors? Yes No N/A

1. If yes, how many supervisors? _____

2. If yes, what percentage of their salaries is covered by 911 surcharge funds? _____

- E. How many dispatchers are in your 911 dispatch center? _____

1. How many full-time dispatchers? _____

a. If yes, what percentage of his/her salary is covered by 911 surcharge funds? _____

2. How many part-time dispatchers? _____

a. If yes, what percentage of his/her salary is covered by 911 surcharge funds? _____

3. How many open dispatcher positions? Full time _____

Part time _____

F. Do any of the aforementioned employees also serve as a police or corrections officer?

Yes No N/A

1. If yes, identify the positions: _____

2. If yes, what percentage of their salaries is covered by 911 surcharge funds? _____

3. Are they MCOLES certified? Yes No N/A

4. Are they Corrections certified? Yes No N/A

G. Is there administrative support? Yes No N/A

Identify: _____

H. Does the center have technical support? Yes No N/A

1. IT support? Yes No N/A

a. If yes, what percentage of his/her salary is covered by 911 surcharge funds? _____

b. If yes, is this contracted support or internal support? _____

2. MSAG? Yes No N/A

a. If yes, what percentage of his/her salary is covered by 911 surcharge funds? _____

b. If yes, is this contracted support or internal support? _____

3. Radio system? Yes No N/A

a. If yes, what percentage of his/her salary is covered by 911 surcharge funds? _____

b. If yes, is this contracted support or internal support? _____

4. CPE? Yes No N/A

a. If yes, what percentage of his/her salary is covered by 911 surcharge funds? _____

b. If yes, is this contracted support or internal support? _____

5. Other? _____ Yes No N/A

a. If yes, what percentage of his/her salary is covered by 911 surcharge funds? _____

Identify: _____

Identify: _____

21. Which of the following facility costs of the 911 dispatch center are charged to 911 surcharge funds?

A. Capital improvements for construction, remodeling, or expansion of the dispatch center

Yes No N/A

1. Jointly shared with other municipal facility Yes No N/A

Percentage charged to 911: _____

Percentage charged to other: _____

B. Electrical/heat/AC/water Yes No N/A

1. Jointly shared with other municipal facility Yes No N/A

Percentage charged to 911: _____

Percentage charged to other: _____

C. Fire suppression system Yes No N/A

1. Jointly shared with other municipal facility Yes No N/A

Percentage charged to 911: _____

Percentage charged to other: _____

D. Cleaning, maintenance, trash removal Yes No N/A

1. Jointly shared with other municipal facility Yes No N/A

Percentage charged to 911: _____

Percentage charged to other: _____

E. Telephone Yes No N/A

1. Jointly shared with other municipal facility Yes No N/A

Percentage charged to 911: _____

Percentage charged to other: _____

F. Generator/UPS and grounding Yes No N/A

1. Jointly shared with other municipal facility Yes No N/A

Percentage charged to 911: _____

Percentage charged to other: _____

G. Insurance Yes No N/A

1. Jointly shared with other municipal facility Yes No N/A

Percentage charged to 911: _____

Percentage charged to other: _____

H. Office supplies Yes No N/A

1. Jointly shared with other municipal facility Yes No N/A

Percentage charged to 911: _____

- | | | | | | | | |
|----|--|-----|--------------------------|----|--------------------------|-----|--------------------------|
| C. | Computer-aided dispatch | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| D. | Radio system (consoles, infrastructure, field equipment) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| E. | LEIN costs for dispatch purposes | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| F. | Paging system, pagers, and related costs | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| G. | Voice logging equipment | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| H. | Mobile data systems | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| I. | GIS/mapping systems/AVL systems | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| J. | Alarms/security systems | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| K. | Connectivity for any of A-J above | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| L. | Maintenance and service agreements for any of A-J above | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| M. | Software licensing of any of A -J above | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| N. | Associated database costs for any A -J above | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |

24. Which of the following vehicle costs (staff vehicle, pool car, mileage reimbursement, fuel, etc.) are directly attributable to the delivery of 911 services at your 911 dispatch center and are charged to 911 surcharge funds?

- | | | | | | | | |
|----|--|-----|--------------------------|----|--------------------------|-----|--------------------------|
| A. | Travel for meetings | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| B. | Travel for MSAG verification and testing | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| C. | Travel for 911 public education purposes | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |

25. Which of the following professional services are directly attributable to the delivery of 911 services at your 911 dispatch center and are charged to 911 surcharge funds?

- | | | | | | | | |
|----|-----------------|-----|--------------------------|----|--------------------------|-----|--------------------------|
| A. | Attorney fees | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| B. | Architect fees | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| C. | Auditor fees | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| D. | Consultant fees | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| E. | Insurance fees | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |

26. Are public information fees not directly attributable to the delivery of 911 services charged to 911 surcharge funds?

- | | | | | | |
|-----|--------------------------|----|--------------------------|-----|--------------------------|
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
|-----|--------------------------|----|--------------------------|-----|--------------------------|

27. Is the earned interest following the principal credited to your 911 budget by the county?

Yes No N/A

a. If not, please explain: _____

This completed questionnaire and the Financial Reports must be returned either via e-mail to: stephensl5@michigan.gov or by U.S. mail to the following address:

State 911 Administrative Office
Attn: Ms. Lyndsay Stephens
7150 N Harris Drive
P.O. Box 30634
Dimondale, Michigan 48821

Questions may be directed to Ms. Lyndsay Stephens at the State 9-1-1 Administrative Office at (517) 284-3030.