SECTION 1: PRIMARY PSAP BACKGROUND INFORMATION (REQUIRED) (to be completed by each primary PSAP director within the county)

I.	Name,	title, and contact information	on of the person i	n charge of t	the 911 communications center.
		Official name of the comm	nunications cente	r:	
		Director Name:			
		Title:			
					Telephone:
		Website:			
II.	Physic	al address and telephone r			
		Street Address:			
		City and Zip Code:			
		Telephone:			
III.	Name,	title, and contact person fo	or the compliance	review, if dif	ferent from above.
		Contact Name:			
		Title:			
					Telephone:
IV.	How is	the 911 communication ce	enter governed?		
	A.	Authority	Yes 🗌	No 🗌	
	В.	County department	Yes 🗌	No 🗌	
	C.	Municipality	Yes 🗌	No 🗌	
	D.	Other:			
SECTI	on 2: Bu	DGETARY (REQUIRED) This	section is related	to surcharge	funding only.
(То в	E COMPLE	TED BY EACH PRIMARY PSAP	THAT RECEIVES STA	ATE OR LOCAI	_ 911 SURCHARGE FUNDS WITHIN THE
COUN	TY.) Pleas	se do not repeat any amou	nts listed on the f	orm. For ex	ample, if an expense is listed as a
"Capit	tal Improv	ement", do not list it also in	n "Hardware Cost	s".	
While	complet	ing the following question	ons, if answering	"yes" be s	ure to complete the related
		SNC-701 form and provide			
I.	Person	nel costs (directly attributa	ble to the delivery	of 911 serv	ices, such as directors,
	superv	isors, telecommunicators,	call takers, techni	cal staff, sup	pport staff).
	•			•	vered by 911 surcharge funds?
		Yes No		•	

	i.	If yes, what percentage of his/her salary is covered by 911 surcharge funds?
В.	Does th	ne 911 communications center director serve dual functions, such as a director
	who wo	orks at communication part-time and is also in charge of Emergency Management
	part-tim	ne? Yes No No
C.	Is there	e a deputy director?
	i.	If yes, what percentage of his/her salary is covered by 911 surcharge funds?
D.	Are the	re supervisors? Yes No
	i.	If yes, what percentage of their salaries are covered by 911 surcharge funds?
E.	Are you	ur 911 full-time telecommunicators wages covered by 911 surcharge funds?
	,	Yes □ No □
	i.	If yes, what percentage of their salaries are covered by 911 surcharge funds?
		, you,
F	Are voi	ur 911 part-time telecommunicators wages covered by 911 surcharge funds?
	, j c .	Yes □ No □
	i.	If yes, what percentage of their salaries are covered by 911 surcharge funds?
		in yes, what percentage of their salahes are severed by 511 salahange fanas:
G	Do anv	of the aforementioned employees also serve as a records clerk, law enforcement,
	•	ections officer? Yes No
	i.	If yes, how many positions:
	ii.	If yes, what percentage of their salaries are covered by 911 surcharge funds?
		in yee, what percentage of their calables are severed by one calculation
Н.	Is there	administrative support specific for communications? Yes \(\subseteq \) No \(\subseteq \)
	i.	If yes, what percentage of their salaries is covered by 911 surcharge funds?
I.	Does th	ne center have technical support?
	i.	IT support? Yes ☐ No ☐
		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?
	ii.	MSAG? Yes \(\bar{\sigma} \) No \(\bar{\sigma} \)
		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?
	iii.	Radio system? Yes No

			a.	If yes, what percentage funds?		salary is covered by 911	surcharge
			b.			or internal support?	
		iv.	CHE?	Yes No			
			a.	If yes, what percentage	e of his/her	salary is covered by 911	surcharge
				funds?			_
			b.	If yes, is this contracted	d support o	or internal support?	
		٧.	Other?				
			a.	If yes, what percentage	e of his/her	salary is covered by 911	surcharge
				funds?			
				Identify:			_
II.		of the fo	_	acility costs of the 911 c	communicat	tions center are charged	to 911
		_		ments for construction	remodeling	g, or expansion of the co	mmunications
	Λ.	center	iiiipiove	ments for construction,	Yes	·	minumcations
		i.	Facility	shared with other muni	_	departments? Yes	No \square
			•		•	only:	
				tage charged to other:	a 0 acc c		
	В.	Electric		AC/water	Yes	No 🗆	
		i.				departments? Yes	No 🗆
						only:	
				tage charged to other:			
	C.	Fire su	ppressio	n system	Yes 🗌	No 🗌	
		i.	Facility	shared with other muni	cipalities or	departments? Yes	No 🗌
			Percen	tage charged to 911 and	d 911 use o	only:	
			Percen	tage charged to other:			
	D.	Cleanii	ng, maint	enance, trash removal	Yes 🗌	No 🗌	
		i.	Facility	shared with other muni	cipalities or	departments? Yes	No 🗌
			Percen	tage charged to 911 and	d 911 use o	only:	
			Percen	tage charged to other:			
	E.	Teleph	one		Yes	No 🗌	
		i.	Facility	shared with other muni-	cipalities or	departments? Yes	No 🗌
			Percen	tage charged to 911 and	d 911 use o	only:	
			Percen	tage charged to other:			
	F.	Genera	ator/UPS	and grounding	Yes	No 🗌	
		i.	Facility	shared with other muni-	cipalities or	departments? Yes	No 🗌
			Percen	tage charged to 911 and	d 911 use d	only:	

			Percentage charged to other:				
	G.	Insurar	nce	Yes No	o 🗌		
		i.	Facility shared with other munic	cipalities or dep	partments? Y	es 🗌 No	
			Percentage charged to 911 and				
			Percentage charged to other:	•			
	Н.	Office	supplies	Yes □ No	 ⊳ □		
		i.	Facility shared with other munic		_	es 🗍 No	П
			Percentage charged to 911 and			_	_
			Percentage charged to other:	,			
	I.	Printing	g and copying	Yes 🗌 No	- ——— ⊳ ∏		
		i.	Facility shared with other muni			es 🗍 No	
			Percentage charged to 911 and			_	_
			Percentage charged to other:	,			
	J.	Furnitu	0 0	Yes 🗌 No	 ⊳		
		i.	Facility shared with other munic	cipalities or der	oartments? Y	es 🗌 No	
			Percentage charged to 911 and				_
			Percentage charged to other:	•			
III.	Which	of the fo	ollowing trainings or memberships	s are charged o	directly to 91	1 surcharge	funds?
			le items documented on the D	-	-	-	
	-		-job training			-	•
		i.	For staff directly in the delivery	of 911	Yes 🗌	No 🗌	
		ii.	For staff not directly attributable	e to 911	Yes 🗌	No 🗌	
	В.	Vendo	r provided training				
		i.	For staff directly in the delivery	of 911	Yes 🗌	No 🗌	
		ii.	For staff not directly attributable	e to 911	Yes 🗌	No 🗌	
	C.	Confer	rences				
		i.	For staff directly in the delivery	of 911	Yes 🗌	No 🗌	
		ii.	For staff not directly attributable	e to 911	Yes 🗌	No 🗌	
	D.	Travel	and lodging as necessary				
		i.	For staff directly in the delivery	of 911	Yes 🗌	No 🗌	
		ii.	For staff not directly attributable	e to 911	Yes 🗌	No 🗌	
	E.	Membe	ership in association (APCO, NE	NA, etc.)			
		i.	For staff directly in the delivery	of 911	Yes 🗌	No 🗌	
		ii.	For staff not directly attributable	e to 911	Yes 🗌	No 🗌	
IV.	Which	of the fo	llowing hardware, software, con	nectivity, and p	eripherals ar	e directly attı	ributable
	to the o	delivery	of 911 services at the communic	ations center a	nd are charg	ed to 911 su	rcharge
	funds?						

	A.	Call handling equipment	Yes 🗌	No 🗌
	В.	Remote CHE hardware/modems	Yes 🗌	No 🗌
	C.	Computer-aided communication	Yes 🗌	No 🗌
	D.	Radio system (consoles, infrastructure, field equipment)	Yes 🗌	No 🗌
	E.	LEIN costs for communication purposes	Yes 🗌	No 🗌
	F.	Paging system, pagers, and related costs	Yes 🗌	No 🗌
	G.	Voice logging equipment	Yes 🗌	No 🗌
	Н.	Mobile data systems	Yes 🗌	No 🗌
	l.	GIS/mapping systems/AVL systems	Yes 🗌	No 🗌
	J.	Alarms/security systems	Yes 🗌	No 🗌
	K.	Connectivity for any of A-J above	Yes 🗌	No 🗌
	L.	Maintenance/service agreements for any of A-J above	Yes 🗌	No 🗌
	M.	Software licensing of any A-J above	Yes 🗌	No 🗌
	N.	Associated database costs for any A-J above	Yes 🗌	No 🗌
V.	Which	of the following vehicle costs (staff vehicle, pool car, milea	age reimbu	irsement, fuel, etc.) are
	directly	attributable to the delivery of 911 services at the commu	nications c	enter and are charged
	to 911	surcharge funds?		
	A.	Travel for meetings	Yes 🗌	No 🗌
	B.	Travel for MSAG verification and testing	Yes 🗌	No 🗌
	C.	Travel for 911 public education purposes	Yes 🗌	No 🗌
VI.	Which	of the following professional services are directly attributa	ble to the	delivery of 911
	service	s at the communications center and are charged to 911 s	urcharge f	unds?
	A.	Attorney fees	Yes	No 🗌
	B.	Architect fees	Yes	No 🗌
	C.	Auditor fees	Yes 🗌	No 🗌
	D.	Consultant fees	Yes 🗌	No 🗌
	E.	Insurance fees	Yes 🗌	No 🗌
VII.	Are pul	blic information fees, not directly attributable to the deliver	y of 911 se	ervices, charged to 911
	surcha	rge funds?	Yes	No 🗌
VIII.	Is the e	earned interest following the principle credited to your 911	budget by	the county?
			Yes	No 🗌
	A.	If not, please explain:		
0-				
		ERATIONAL (OPTIONAL)		
l.	How m	any law enforcement agencies are served by this commu	nications c	enter?

Цоми	many am	organov modical convice ago	noice are a	aryod by th	o communica	ations contor
	-	ergency medical service age nes below:	ncies are se	erved by th	S COMMUNICA	alions center
rieas	e iist iiaii	nes below.				
	-	departments are served by	this commu	nications ce	enter?	
	-	departments are served by t nes below:	this commu	nications ce	enter?	
	-		this commu	nications ce	enter?	
	-		this commu	nications ce	enter?	
	-		this commu	nications ce	enter?	
Pleas	e list nan	nes below:				
Pleas The fo	e list nan	nes below:	ur agency h	nas a policy	in place that	t corresponds
The fo	e list nan	nes below: nelp to determine whether your ices document. Please indicate	ur agency h	nas a policy	in place that	t corresponds
The fo	ollowing hest Practi	nes below: nelp to determine whether your ices document. Please indicated evision date.	ur agency h	nas a policy o appropria	in place that tely; if the an	t corresponds
The fo	ollowing hest Practi	nes below: nelp to determine whether your ices document. Please indicate evision date. nented training program	ur agency hate yes or no	nas a policy o appropria	in place that	t corresponds
The for the Borenter A B	ollowing hest Practitude the last rocun	nes below: nelp to determine whether your ices document. Please indicate evision date. nented training program escription for all levels	ur agency h	nas a policy o appropria	in place that tely; if the an	t corresponds
The for the Borenter A B	ollowing hest Practitude the last rocun. Docum	nes below: nelp to determine whether your ices document. Please indicate evision date. nented training program escription for all levels take	ur agency hate yes or no	nas a policy o appropria Date _	in place that	t corresponds swer is yes, No □ No □
The for the Borenter A B	ollowing hest Practithe last rollowing. Job dec. Call in i.	nelp to determine whether you ices document. Please indicate vision date. nented training program escription for all levels take Emergency calls	vur agency hate yes or no Yes	nas a policy o appropria	in place that	t corresponds swer is yes, No No No No No
The for the Borenter A B	ollowing hest Practitude the last rocun. Docum	nes below: nelp to determine whether your ices document. Please indicate evision date. nented training program escription for all levels take	ur agency hate yes or no	nas a policy c appropria Date Date Date Date	in place that	t corresponds swer is yes, No No No No

SNC-700 Pre-Compliance Review Information Request Page | 7

		٧.	TTD/TTY/RTT 911 calls	Yes 🗌	Date	No 🗌
		vi.	Calls outside of the jurisdiction	Yes 🗌	Date	No 🗌
	D.	Closes	et car	Yes 🗌	Date	No 🗌
	E.	Wirele	ss 911	Yes 🗌	Date	No 🗌
	F.	Trouble	e reporting	Yes 🗌	Date	No 🗌
		i.	CHE (911 equipment)	Yes 🗌	Date	No 🗌
		ii.	CAD equipment	Yes 🗌	Date	No 🗌
		iii.	Radio equipment	Yes 🗌	Date	No 🗌
		iv.	Administrative phone lines	Yes 🗌	Date	No 🗌
		٧.	MSAG	Yes 🗌	Date	No 🗌
	G.	Facility	security	Yes 🗌	Date	No 🗌
	H.	Emerg	ency Medical Dispatch	Yes 🗌	Date	No 🗌
		i.	Quality Assurance	Yes 🗌	Date	No 🗌
	l.	Emerg	ency Fire Dispatch	Yes 🗌	Date	No 🗌
		i.	Quality Assurance	Yes 🗌	Date	No 🗌
	J.	Emerg	ency Police Dispatch	Yes 🗌	Date	No 🗌
		i.	Quality Assurance	Yes 🗌	Date	No 🗌
	K.	Record	ding (radio and telephone)	Yes 🗌	Date	No 🗌
	L.	LEIN		Yes 🗌	Date	No 🗌
	M.	MDTs/	AVL	Yes 🗌	Date	No 🗌
		i.	Law enforcement agencies	Yes 🗌	Date	No 🗌
		ii.	Fire departments	Yes 🗌	Date	No 🗌
		iii.	EMS agencies	Yes 🗌	Date	No 🗌
	N.	Emerg	ency Alert System	Yes 🗌	Date	No 🗌
		i.	Weather Alerting System	Yes 🗌	Date	No 🗌
		ii.	Community Mass Notification	Yes 🗌	Date	No 🗌
		iii.	Traffic Alerting System	Yes 🗌	Date	No 🗌
	Ο.	Contin	uation of operating plan	Yes 🗌	Date	No 🗌
V.	Do you	have a	ccess to interpreter services?	Yes 🗌	No 🗌	
		Vendo	r:			
VI.	Does tl	ne cente	er has a Tactical Interoperable Co	ommunica	tions (TIC) plan? Ye	es 🗌 No 🗌

This completed questionnaire and the financial reports must be returned to the Certification Analyst electronically or by physical mail by the deadline given in the official notification.

Email Ms. Lyndsay Keith

U.S. Mail

State 911 Administrative Office Attn: Ms. Lyndsay Keith PO Box 30634 Lansing, MI 48909

Questions may be directed to Ms. Lyndsay Keith at the State 911 Administrative Office at 517-375-4402.