

**System Name: Madison County**  
**Case # 18-M-226**  
**Date Filed: 9/26/18**

**Department Review of Plan Modification**

Requirement	Information Included	Staff Comment
<b>Contact and 9-1-1 System information</b>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Dana Burris 101 E. Edwardsville Road Wood River, IL 62095 618-296-5913 dburris@co.madison.il.us
<b>Verification</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
<b>Letter of Intent</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
<b>Plan Narrative (if incorporating an NG9-1-1 solution, narrative must include the following: )</b>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Changing the backup PSAP for Wood River and Bethalto to from East Alton to Alton.
Name of certified 9-1-1 system provider	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>	
Explanation of the national standards, protocols and/or operating measures that will be followed	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>	
Explanation of measures taken to create a robust, reliable and diverse/redundant network and whether other 9-1-1 Authorities will be sharing the equipment	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>	
Explanation of how the existing 9-1-1 traditional legacy wireline, wireless and VoIP network, along with the databases, will interface and/or be transitioned into the NG9-1-1 system	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>	

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	Explanation of how split exchanges will be handled	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>	
	Explanation of how the databases will be maintained and how address errors will be corrected and updated on a continuing basis	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>	
	Explanation of who will be responsible for updating and maintaining the data, at a minimum on a daily basis Monday through Friday	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>	
	Explanation of security measures placed on the IP 9-1-1 network and equipment to safeguard it from malicious attacks or threats to the system operation and what level of confidentiality will be placed on the system in order to keep unauthorized individuals from accessing it	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>	
<b>Financial Information</b>			
	Annual recurring 9-1-1 network costs prior to modification	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
	Projected annual recurring 9-1-1 network costs after modification	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
	Installation cost of the project	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
	Anticipated annual revenues	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
<b>Five Year Strategic Plan</b>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

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<b>Communities Served</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
<b>Participating Agencies</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
<b>Adjacent Agencies</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
<b>Carrier Listing</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
<b>Attachments</b>	If changes necessitate new versions	
Ordinances	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Intergovernmental agreement(s)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Contracts	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Back-up PSAP agreement	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Network Diagram	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Call-Handling and Aid outside jurisdictional boundaries agreements	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
<b>Test Plan</b>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

**Conclusions:**

Madison County meets all the requirements for backup PSAPs as prescribed in Section 1325.415(i) of the Illinois Administrative code Part 1325 -Standards of Service Applicable to 9-1-1 Emergency Systems and has also met the technical requirements of a modified plan.

**Reviewed by: Marci Elliott**

**Date: 9/26/18**