ILLINOIS STATE POLICE Office of the Statewide 9-1-1 Administrator



State of Illinois

Application for 9-1-1 Modification Plan

INTRODUCTION

The following document provides the application for submitting a 9-1-1 Modification Plan that will supply the Department of State Police (Department), the Illinois Commerce Commission (ICC), the Statewide 9-1-1 Advisory Board (Advisory Board) and the Statewide 9-1-1 Administrator (Administrator) with the necessary information about your proposal to modify your 9-1-1 system. All modified plans must comply with 83 III. Adm. Code Part 1325.

LONG FORM MODIFIED 9-1-1 PLAN:

The following 9-1-1 system changes require Administrator approval:

- 1) Changing boundaries that require an intergovernmental agreement between local governmental entities to exclude or include residents within the 9-1-1 jurisdiction
- 2) Changing or adding a 9-1-1 system provider
- 3) Changes in network configuration, except as provided for in subsection 1325.200(h), (i.e. implementation of a Next Generation 9-1-1 (NG9-1-1) system)
- 4) Change of Backup PSAP arrangement

The Modified Plan must include the following documents:

General Information	Contact and 9-1-1 System information.
Verification	Notarized statement of truth regarding information provided in the plan.
Letter of Intent	Letter that is sent to the 9-1-1 System Provider with a copy of the plan.
Plan Narrative	A summary of the changes of the proposed system's operation.
Financial Information	A summary of anticipated implementation costs and annual operating costs of the modified 9-1-1 system that are directly associated with 9-1-1 as well as the anticipated revenues.
5-Year Strategic Plan	A detailed plan for implementation and financial projections.
Communities Served	A list of all communities that are served by the 9-1-1 System.
Participating Agencies	A list of public safety agencies (Police, Fire, EMS, etc.) who are dispatched by the 9-1-1 System.
Adjacent Agencies	A list of public safety agencies (Police, Fire, EMS, etc.) that are adjacent to the 9-1-1
	System's jurisdictional boundaries.
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Attachments (if applicable):

Ordinance	Any local ordinances which dissolve an existing ETSB or creates a new ETSB.
Intergovernmental Agreement	Any intergovernmental agreements or MOU's creating a joint ETSB or any other agreements pertinent to the 9-1-1 system.
Contracts	Contract(s) with a 9-1-1 system provider or for NG-9-1-1 service.
Back-up PSAP Agreement	Establishes back-up and overflow services between PSAPs.
Network Diagram	Provided by the 9-1-1 system provider showing trunk routing and backup configuration.
Call Handling Agreements	Call handling agreements shall describe the primary and secondary dispatch method to be used by requesting parties within their respective jurisdictions.
Aid Outside Jurisdictional Boundaries Agreements	Aid outside normal jurisdictional boundaries agreements shall provide that once an emergency unit is dispatched in response to a request through the system, such unit shall render its service to the requesting party without regard to whether the unit is operating outside its normal jurisdictional boundaries.

Carrier Listing

A list of each carrier telephone company(s), exchange(s), prefix(es), and the various 9-1-1 System configurations that will be used in the proposed system.

Test Plan The 911 System's overall plan detailing how and to what extent the network and data base will be tested.

These modified 9-1-1 Plans must be filed electronically on the Department's website at:

http://www.isp.state.il.us/Statewide911/statewide911.cfm where you will see the box below to submit your plan.

Submit Completed 911 Plans/Waivers

Once the plan is submitted, the Department and the ICC will have 20 days to provide a technical review of the plan to submit to the Administrator for approval.

SHORT FORM MODIFIED 9-1-1 PLAN:

The following modifications do not need to be submitted electronically on the Department's website.

The 9-1-1 Authority must provide written notification to the Administrator at 911_tech_support@isp.state.il.us at least 10 business days prior to making the following changes pursuant to Section 1325.200(h). After review, the Administrator will provide a letter of acknowledgment.

- 1) Permanent relocation of an existing PSAP or backup PSAP facility
- 2) Reduction in 9-1-1 trunks from the selective router to the PSAP

3) Further reduction of PSAPs within a 9-1-1 Authority beyond consolidation as required by the Act The notification should include:

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General information Contact and 9-1-1 System information.

Plan Narrative A detailed summary of the changes in the proposed system's operation.

Attachments (if applicable):

Network DiagramProvided by the 9-1-1 system provider showing trunk routing and backup configurationCall Handling
AgreementsCall handling agreements shall describe the primary and secondary dispatch method
to be used by requesting parties within their respective jurisdictions.



911 GENERAL INFORMATION

DATE:		
Type of Change: Long Form Modification Plan	Short Form Modification Pl	an
Current System Name:	Population Served	Land Area in Sq Miles
Warren County 911	17707	543

List PSAPs:	÷.,	Primary	Secondary
Warren County Dispatch	······································		
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911 System Contact: Ken Helms	
Street Address: 500 South Main Street	
City, State and Zip Code: Monmouth, Illinois 61462	
Office Telephone: (309) 734-8383	
Cellular Telephone: (309) 536-1046	
Email: ken.helms@cityofmonmouth.com	

Wireless Coverage for Consolidated System:

100 % Phase II compliant

____% Phase I compliant

Please check if applicable:

- NG9-1-1 capable
- _____Receive 9-1-1 Text
- _____ Receive 9-1-1 Video

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VERIFICATION

I am <u>911 Coordinator</u>, of <u>Warren County 911</u>; that I have read the foregoing plan by me subscribed and know the contents thereof; that said contents are true in substance and in fact, except as to those matters stated upon information and belief, and as to those, I believe same to be true.

Subscribed and sworn to before me

this 5 day of December , 20 18.

NOTARY PUBLIC, ILLINOIS

OFFICIAL SEAL JULIE RICHARDSON NOTARY PUBLIC - STATE OF ILLINOIS MY COMMISSION EXPIRES 08-25-19

9-1-1 SYSTEM PROVIDER LETTER OF INTENT

12.06.2018

(Date)

Joseph Cousineau (9-1-1 System Provider Company Representative)

Frontier Communications (9-1-1 System Provider Company Name)

210 South 1st Street

(Street Address)

Monmouth, Illinois, 61462

(City, State, Zip Code)

Dear Mr. Cousineau _____:

This letter is to confirm our intent to modify our 9-1-1 System. Enclosed is your copy of our modification plan to be filed with the Department of the Illinois State Police for approval. Thank you for your assistance in this matter.

Sincerely,

KON HOLMS

Kenneth Helms 911 Coordinator

enclosure: Modification Plan

NARRATIVE STATEMENT:

(Provide a detailed summary of system operations for a modified 9-1-1 plan. Also, if incorporating an NG9-1-1 solution, please include the additional items listed below pursuant to 1325.205 b)12).

- 1) Indicate the name of the certified 9-1-1 system provider being utilized.
- 2) Explain the national standards, protocols and/or operating measures that will be followed.
- 3) Explain what measures have been taken to create a robust, reliable and diverse/redundant network and whether other 9-1-1 Authorities will be sharing the equipment.
- 4) Explain 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.
- 5) Explain how split exchanges will be handled.
- 6) Explain how the databases will be maintained and how address errors will be corrected and updated on a continuing basis.
- 7) Explain who will be responsible for updating and maintaining the data, at a minimum on a daily basis Monday through Friday.
- 8) Explain what security measures will be 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.

Plan Narrative:

We are proposing a change to our E-911 backup from Mercer County to Mcdonough County. This change is necessary due to system router operations.

Plan Narrative:

Rollover calls will be routed through the Macomb CML router. Mcdonough Dispatch will then transfer the call back to us through the 911 system or they will transfer the call to our secondary line at 309-734-8488.

FINANCIAL INFORMATION

Annual recurring 9-1-1 network costs prior to modification

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Projected annual recurring 9-1-1 network costs after modification

Installation cost of the project

Anticipated annual revenues

\$_____\$ _____\$

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FIVE YEAR STRATEGIC PLAN FOR MODIFIED PLAN

(Provide a detailed summary of the proposed system's operation, including but not limited to, a five-year strategic plan for implementation of the modified 9-1-1 plan with financial projections)

Narrative:

This modification is intended as a temporary measure. Within 8 months we will begin planning for the implementation of NG-911 which result in network and/or provider changes.

COMMUNITIES SERVED

Provide a list of all communities to be served by the proposed 9-1-1 System. Please include the name of the community and the official mailing address including street address, city and zip code.

City, Town or Village	Street Address, City, Zip Code
Monmouth, Illinois	
Kirkwood, Illinois	
Roseville, Illinois	
Gerlaw, Illinois	
Smithshire, Illinois	
Swan Creek, Illinois	
Avon, Illinois	
Little York, Illinois	
Cameron, Illinois	
Alexis, Illinois	
North Henderson, Illinois	
Village Of Greenbush, Illinois	
Village of Berwick, Illinois	
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USE ADDITIONAL SHEETS AS NECESSARY

COMMUNITIES SERVED

Provide a list of all communities to be served by the proposed 9-1-1 System. Please include the name of the community and the official mailing address including street address, city and zip code.

City, Town or Village	Street Address, City, Zip Code
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USE ADDITIONAL SHEETS AS NECESSARY

PARTICIPATING AGENCIES

Provide a list of public safety agencies (Police, Fire, EMS etc.) that are to be dispatched by the 9-1-1 System. Each Agencies land area(s) in square miles and estimated population which will have access to the proposed 9-1-1 System. Do not forget to include County Sheriff's jurisdiction and Illinois State Police Districts. Each agency that appears on this list should also have signed a call handling agreement.

9-1-1 Participant Agencies	Street Address, City, Zip Code	Administrative Telephone No.	Direct Dispatch	Transfer	Call Relay
Monmouth Police Department	500 South Main Street, Monmouth, 61462	(309) 734-8383	×		
Monmouth Fire Department	601 industrial road, Monmouth, 61462	(309) 734-8428	x	1	
GHAS Ambulance Service	700 Industrial road, Monmouth, 61462	(309) 734-7331	×		
Warren County Sheriffs Office	121 North A Street, Monmouth, 51462	(309) 734-8505	×		
Central Warren Fire Rescue	645 railroad street, Cameron, 61423	(309) 563-9650	x		
Gerlaw Fire	930 245th Avenue, Gerlaw, 61435	(309) 297-0542	X		
Alexis Fire	108 East Palmer, Alexis, 61412	(309) 482-5551	x		
Alexis Ambulance	106 East Palmer, Alexis, 61412	(309) 482-6128	×		
Roseville Fire Protection	571 State Hwy 116, Roseville, 61473	(309) 426-2630	x		
Swan Creek Fire	Swan Creek, 61473	(309) 426-2630	x		
von Fire	P.O. Box. Avon, Illinois 61415	(309) 299-3709	×		
ittle York Fire	105 East Main, Little york, 61453	(309) 729-5222	×		
orth Henderson Fire	300 Oliver Street, North Henderson, 61466	(309) 482-5543	x		
milhshire Fire	223 Anderson Street, Smithshire, 61478	(309) 325-7151	×		
eaton Fire	Seaton, 61476	(309) 371-5746	x		<u></u>
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PARTICIPATING AGENCIES

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9-1-1 Participant Agencies	Street Address, City, Zip Code	Administrative Telephone No.	Direct Dispatch	Transfer	Call Relay
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	Swan Creek, 61473	······			
	Swan Cleek, 01475	(309) 299-3709	×		

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ADJACENT AGENCIES LIST

Provide a list of public safety agencies and existing 9-1-1Systems that are adjacent to the proposed system's boundaries. Each agency that appears on this list should also have signed a call handling agreement and/or aid outside jurisdictional boundaries.

AGENCY	STREET ADDRESS, CITY, ZIP CODE	TELEPHONE NUMBER
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ADJACENT AGENCIES LIST

Provide a list of public salety agencies and existing 9-1-1 Systems that are adjacent to the proposed system's boundaries. Each agency that appears on this list should also have signed a call handling agreement and/or aid outside jurisdictional boundaries.

STREET ADDRESS, CITY, ZIP CODE	TELEPHONE NUMBER
150 South Broad Street, Galesburg, 61401	(309) 343-9151
906 SW 3rd street, Aledo, 61231	(309) 582-5194
114 N 4th Street, oquawka, 61469	(309) 867-4291
116 S Mcarthur Street, Macomb, 61455	(309) 833-2323
268 West Washington, Lewistown, 61542	(309) 547-2277

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	150 South Broad Street, Galesburg, 61401 906 SW 3rd street, Aledo, 61231 114 N 4th Street, oquawka, 61469 116 S Mcarthur Street, Macomb, 61455 268 West Washington, Lewistown, 61542

CARRIER LISTING

(Wireline, Wireless, VoIP)

Provide a list of each carrier that will be involved in the proposed system.

(USE ADDITIONAL SHEETS AS NECESSARY)

STREET ADDRESS, CITY, ZIP CODE	TELEPHONE NUMBE
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	STREET ADDRESS, CITY, ZIP CODE

CARRIER LISTING

(Wireline, Wireless, VoIP)

Provide a list of each carrier that will be involved in the proposed system.

(USE ADDITIONAL SHEETS AS NECESSARY)

CARRIERS	STREET ADDRESS, CITY, ZIP CODE	TELEPHONE NUMBER
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ATTACHMENTS

Ordinance - The local ordinance which created an ETSB prior to January 1, 2016.

Contracts - The contract for a new 9-1-1 system provider or for NG 9-1-1 service.

Intergovernmental Agreement

Back-up PSAP Agreement - The agreement that establishes back-up service due to interruptions or overflow services between PSAPs.

Network Diagram - Diagram provided by the 9-1-1 System Provider. Re-evaluate P.01 grade of Service for cost savings and network efficiency.

CALL HANDLING AND AID OUTSIDE JURISDICTIONAL BOUNDARIES AGREEMENT

For 9-1-1 Emergency Communications

This agreement is made between the 9-1-1 Authority, and the (Public Safety Agency)

______, for the purpose of effective handling and routing of 9-1-1 Emergency calls.

CALL HANDLING

(9-1-1 System Name) ______ receiving a call for emergency services in your jurisdiction shall dispatch the call in the following manner:

Primary: ______ (State Specific Procedures if radio frequency-identity number, if talk group-identify name, if telephone-identity telephone number)

Secondary: _____ (State Specific Procedures if radio frequency-identity frequency number, if talk group-identify name, if telephone-identity number)

AID OUTSIDE JURISDICTION BOUNDARIES

Once an emergency unit is dispatched in response to a request through the system, such unit shall render its service to the requesting party without regard to whether the unit is operating outside its normal jurisdictional boundaries.

The legislative intent is that 9-1-1 be used for emergency calls only. Therefore, all calls of an administrative or nonemergency nature shall be referred to your agency's published telephone number.

The PSAP Center agrees to keep all records, times, and places of all calls. All records will be available to all participants of the 9-1-1 System.

It shall be the responsibility of your agency to maintain the report of the call and the disposition of each call received.

All agreements, management, records, and service will be the responsibility of the 9-1-1 authority.

9-1-1 Authority	Public Safety Agency
Ву	Ву
Title	Title

Agreement

Date: May 29, 2018

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Between: Warren County Emergency Telephone System Board and McDonough – Schuyler Joint Emergency Telephone System Board

REF: McDonough County to serve as a backup Public Safety Answering Point: hereinafter referred to as "PSAP" for Warren County.

Call Handling:

Should the Warren County's PSAP be out of service for any period of time, all E911 calls normally handled by the Warren County Dispatch will be routed to the McDonough County PSAP. It is understood by all parties that McDonough is the backup for Hancock County PSAP.

E 9-1-1 calls received by the McDonough County Dispatcher will be handled in the following manner. All vital information will be recorded and relayed to the Warren County Dispatcher Center.

Primary: 309-734-8488

Secondary: 309-734-8383

Warren County ETSB

Name: Ken /felms Date: 9/11 Coord: Mto 2

06/11/18

Mcdonough County

Date: Thomas Clark ETSB Chair

26/06/18



TOTAL FTR ACCESS LINES:

TOTAL NON FTR ACCESS LINES 6113

CONTAINS CONFIDENTIAL & PROPRIETARY FRONTIER LINE COUNT INFORMATION DATA SHOULD ONLY BE USED BY COUNTY TO SUBMIT REPORT TO ILLINOIS COMMERCE COMMISSION 2017 Yearly Diagram

TEST PLAN DESCRIPTION

1) Description of test plan (back-up, overflow, failure, database).

Frontier Communications will reroute our answering points, one at a time to Mcdonough dispatch. This will leave one answering point online at all times during the testing phase to answer on the current routing.

When the routing is changed on each individual position, Frontier will test from various locations that exist within the current database to ensure that the calls are being routed to Mcdonough county. The testing will also include one position being occupied to insure that rollover occurs to Mcdonough.

The position will also be taken offline to simulate a last mile failure. Calls will then be placed to verify routing has been established to Mcdonough County.

These procedures will be repeated on the 2nd console as well. At every step of testing, all call data will be verified to ensure proper database handling.

2) List wireline exchanges to be tested.

3) List of wireless and VoIP Carriers to be tested.

