

**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 Ill. 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:

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

## **Attachments (if applicable):**

<b>Ordinance</b>	Any local ordinances which dissolve an existing ETSB or creates a new ETSB.
<b>Intergovernmental Agreement</b>	Any intergovernmental agreements or MOU's creating a joint ETSB or any other agreements pertinent to the 9-1-1 system.
<b>Contracts</b>	Contract(s) with a 9-1-1 system provider or for NG-9-1-1 service.
<b>Back-up PSAP Agreement</b>	Establishes back-up and overflow services between PSAPs.
<b>Network Diagram</b>	Provided by the 9-1-1 system provider showing trunk routing and backup configuration.
<b>Call Handling Agreements</b>	Call handling agreements shall describe the primary and secondary dispatch method to be used by requesting parties within their respective jurisdictions.
<b>Aid Outside Jurisdictional Boundaries Agreements</b>	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.

<b>Carrier Listing</b>	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.
<b>Test Plan</b>	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:  
<https://isp.illinois.gov/Statewide911Division/ConsolidationPlansAndWaivers> where you will see the box below.



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 [ISP.911Tech@illinois.gov](mailto:ISP.911Tech@illinois.gov) 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:

<b>General Information</b>	Contact and 9-1-1 System information.
<b>Plan Narrative</b>	A detailed summary of the changes in the proposed system's operation.
<b><u>Attachments (if applicable):</u></b>	
<b>Network Diagram</b>	Provided by the 9-1-1 system provider showing trunk routing and backup configuration
<b>Call Handling Agreements</b>	Call handling agreements shall describe the primary and secondary dispatch method to be used by requesting parties within their respective jurisdictions.



# VERIFICATION

I, \_\_\_\_\_, first being duly sworn upon oath, depose and say that I am \_\_\_\_\_, of \_\_\_\_\_; 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 \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC, ILLINOIS

# 9-1-1 SYSTEM PROVIDER LETTER OF INTENT

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(9-1-1 System Provider Company Representative)

\_\_\_\_\_  
(9-1-1 System Provider Company Name)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City, State, Zip Code)

Dear \_\_\_\_\_:

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,

(Name)  
(Title)

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:

Plan Narrative:

A large, empty rectangular box with a thin black border, occupying most of the page. It is intended for the user to write the Plan Narrative.

# FINANCIAL INFORMATION

Annual recurring 9-1-1 network costs  
prior to modification \$ \_\_\_\_\_

Projected annual  
recurring 9-1-1 network costs after  
modification \$ \_\_\_\_\_

Installation cost of the project \$ \_\_\_\_\_

Anticipated annual revenues \$ \_\_\_\_\_

# **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:

A large, empty rectangular box with a thin black border, intended for the user to provide a detailed narrative summary of the proposed system's operation and a five-year strategic plan for implementation of the modified 9-1-1 plan with financial projections.

















# 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.



# TEST PLAN DESCRIPTION

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

2) List wireline exchanges to be tested.

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