

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



**State of Illinois**

**Application for**  
**9-1-1 Consolidation Plan**

# INTRODUCTION

The following document provides the application for submitting a 9-1-1 Consolidation 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 consolidate your 9-1-1 system. All consolidations plans must comply with 83 Ill. Adm. Code Part 1324.

The Emergency Telephone System Act (“ETSA” or “Act”) (50 ILCS 750) Section 15.4a(b) states that each 9-1-1 authority or qualified governmental entity required to consolidate must file a consolidation plan by July 1, 2016.

There are three consolidation categories. Please find below the documents that need to be included when filing a consolidation plan for each category.

- 1) Consolidation of an unserved county with an existing 9-1-1 authority and the creation of a Joint ETSB
- 2) Consolidation of either paper ETSB’s or multiple ETSB’s resulting in the creation of a Joint ETSB and consolidation of individual PSAP’s
- 3) Consolidation of PSAPs within an ETSB

Consolidation Plans defined under categories 1) and 2) above, must include the following documents when submitting a consolidation plan:

<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 consolidated or 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.
<b>Attachments (if applicable):</b>	
<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 trunking 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</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

<b>Boundaries Agreements</b>	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 consolidation 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.



The Department and the ICC have 20 days to complete the technical review of your plan. An Administrative Law Judge (ALJ) will then have 20 days to hold a hearing and make a recommendation to the Advisory Board. From that point the Advisory Board has 20 days to hold a public hearing on the plan and provide a recommendation to the Administrator. Upon receipt of the Advisory Board's recommendation, the Administrator will have 30 days to provide a written decision to the applicant.

Consolidations Plans defined under category 3) above 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](mailto: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. The following documents must be included in this notification:

<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>Attachments (if applicable):</b>	
<b>Network Diagram</b>	Provided by the 9-1-1 system provider showing trunking 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.

# 911 GENERAL INFORMATION

DATE:

Type of Change: <input type="checkbox"/> Consolidation within an ETSB <input type="checkbox"/> Joint ETSB <input type="checkbox"/> Unserved consolidation		
Current System Name:	Population Served	Land Area in Sq Miles
System Name after Consolidation:		

PSAP EFFECTED: (Consolidation Plans Only)	Consolidation/ Remain Open	Decommission/ Close	Primary	Secondary

911 System Contact: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Office Telephone: \_\_\_\_\_

Cellular Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

**Wireless Coverage for Consolidated System:**

\_\_\_\_\_ % Phase II compliant

\_\_\_\_\_ % Phase I compliant

**Please check if applicable:**

\_\_\_\_\_ NG9-1-1 capable

\_\_\_\_\_ Receive 9-1-1 Text

\_\_\_\_\_ Receive 9-1-1 Video

# 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 consolidate our 9-1-1 System with (Name all 9-1-1 authorities that will be involved). Enclosed is your copy of our consolidation 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: Consolidation Plan

# PLAN NARRATIVE

Please answer the questions below, and provide a detailed narrative to assist the Statewide 9-1-1 Advisory Board and the Statewide 9-1-1 Administrator with an understanding of the plan as it applies to this application. Please use additional sheets if necessary.

1.	Do all of your PSAPs meet all of the requirements defined in 1325.415 and 1325.515	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Type of Radio/Telecommunications systems compatible with participating and adjacent agencies.	<input type="checkbox"/> STARCOMM21 <input type="checkbox"/> STARCOMM21 ITTF channels only <input type="checkbox"/> Other, explain below
3.	Will all PSAPs remaining after consolidation direct dispatch all emergency calls pursuant to section 1324.200b)3)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Have you included maps to show the territory covered by the system?	<input type="checkbox"/> Yes <input type="checkbox"/> No <b>Plans submitted without this documentation will be rejected.</b>
5.	Have you included a listing of all telephone companies?	<input type="checkbox"/> Yes <input type="checkbox"/> No <b>Plans submitted without this documentation will be rejected.</b>
6.	Have you included a copy of the intergovernmental agreement, ordinance, resolution and/or contracts?	<input type="checkbox"/> Yes <input type="checkbox"/> No <b>Plans submitted without this documentation will be rejected.</b>
7.	Have you included a list of participating and adjacent agencies?	<input type="checkbox"/> Yes <input type="checkbox"/> No <b>Plans submitted without this documentation will be rejected.</b>
8.	Have you included financial information?	<input type="checkbox"/> Yes <input type="checkbox"/> No <b>Plans submitted without this documentation will be rejected.</b>
9.	Public education. <input type="checkbox"/> This is an unserved county that will require public education. (See attachment.) <input type="checkbox"/> This is an existing 9-1-1 system(s) and does not require public education.	
10.	Training. <input type="checkbox"/> This is an unserved county that will require training. (See attachment.) <input type="checkbox"/> This is an existing 9-1-1 system(s) and does not require internal training/similar/ongoing training for any GIS annexation or change of policy from agencies served.	
11.	Use of TTY's and Training <input type="checkbox"/> This is a unserved county that will require training. (See attachment.) <input type="checkbox"/> This is an existing 9-1-1 system(s) and does not require internal training/similar/ongoing training for any GIS annexation or change of policy from agencies served.	

<p>12. Have you included call handling and aid outside jurisdictional boundary agreements?</p>	<p><input type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>Plans submitted without this documentation will be rejected.</b></p>
<p>13. Have you included a new system diagram?</p>	<p><input type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>Plans submitted without this documentation will be rejected.</b></p>
<p>13a. Does the new system diagram include all PSAP(s) and backup PSAP location(s)?</p>	<p><input type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>Plans submitted without this documentation will be rejected.</b></p>
<p>14. Have or will all areas within the 9-1-1 system be addressed for the database?  If no, please explain.</p>	<p><input type="checkbox"/> Yes  <input type="checkbox"/> No</p>
<p>14a. Explain all aspects of the database, i.e., how often is it updated, where is it located, etc.</p>	
<p>15. Who is the 9-1-1 system provider for your 911 system? Please explain whether the system will be legacy based, next generation based or a combination.</p>	

*(Please include additional pages if needed.)*



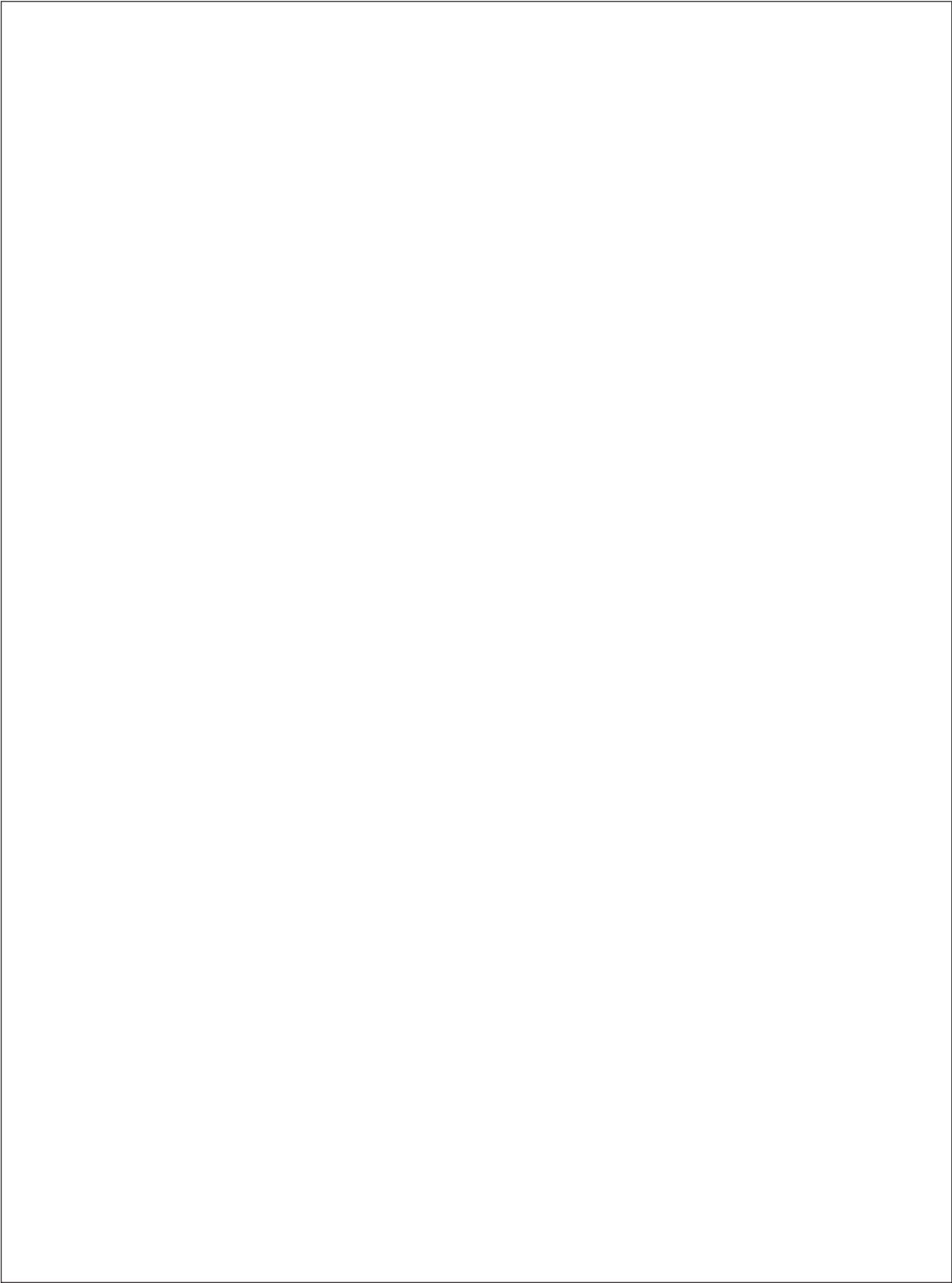
## NARRATIVE STATEMENT:

*(Provide a detailed summary of system operations for either a consolidation or modified plan. If incorporating an NG9-1-1 solution, please include the additional items listed below pursuant to 1325.205b)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:

Narrative Plan:

A large, empty rectangular box with a thin black border, intended for writing a narrative plan. It occupies the majority of the page below the 'Narrative Plan:' label.

# FINANCIAL INFORMATION

Name of ETSB(s) that are being dissolved

Total Reserves to be transferred to the Joint ETSB

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

## Dispatch Staff and Positions

\_\_\_\_\_ Number of answering positions prior to the consolidation (total for all entities)

\_\_\_\_\_ Number of answering positions in the consolidated system

\_\_\_\_\_ Number of full time dispatchers/call takers prior to the consolidation (total for all entities)

\_\_\_\_\_ Number of full time dispatchers/call takers in the consolidated system

\_\_\_\_\_ Number of part time dispatchers/call takers prior to the consolidation (total for all entities)

\_\_\_\_\_ Number of part time dispatchers/call takers in the consolidated system

Total amount (and percentage) of salaries paid for by 9-1-1 authority prior to consolidation:

\$ \_\_\_\_\_ %

Total amount (and percentage) of salaries to be paid for by 9-1-1 authority after consolidation:

\$ \_\_\_\_\_ %

## 9-1-1 Network Cost (per year)

a) Total network cost for each entity prior to the consolidation \$ \_\_\_\_\_

b) Total network cost of consolidated system \$ \_\_\_\_\_

c) Net change in network costs: \$ \_\_\_\_\_

If no cost savings in network please explain:

# FINANCIAL INFORMATION

**Identify Network Costs that the ETSB believes the State will pay for the Consolidated System:**

Network Cost	Estimated Amount (per year)
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

**Other Consolidation Cost**

PSAP, CPE, CAD Equipment, logging recorders	\$ _____
MSAG and Mapping Development or changes	\$ _____
Radio Consoles	\$ _____
Construction or Remodel of PSAP	\$ _____
Personnel	\$ _____
Other (Please place total amount in the blank at the right and explain below).	\$ _____


**Recurring and Nonrecurring Cost (per year)**

Estimated nonrecurring cost for consolidation	\$ _____
a) Recurring costs prior to consolidations (all entities)	\$ _____
b) Proposed recurring cost for consolidated system	\$ _____
c) Net change in recurring costs: a – b = c	\$ _____
Revenue (per year)	
Projected surcharge revenue	\$ _____
Projected revenue from local governments	\$ _____
Projected revenue from other sources (grants)	\$ _____
Revenue in reserves	\$ _____
Total Revenue	\$ _____

# **FIVE YEAR STRATEGIC PLAN FOR CONSOLIDATION 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 consolidation 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 consolidation plan with financial projections.

# 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.

*USE ADDITIONAL SHEETS AS NECESSARY*

City, Town or Village	Street Address, City, Zip Code

# 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.

*USE ADDITIONAL SHEETS AS NECESSARY*

City, Town or Village	Street Address, City, Zip Code

# 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



# 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 Agency's 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



# ADJACENT AGENCIES LIST

Provide a list of public safety 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.

AGENCY	STREET ADDRESS, CITY, ZIP CODE	TELEPHONE NUMBER

# 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

# 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

# ATTACHMENTS

**Ordinance** - Documentation that supports the dissolution of the individual ETSB and its replacement with a JOINT ETSB per an intergovernmental agreement once the consolidation plan is approved by the Statewide 9-1-1 Administrator.

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

**Intergovernmental Agreement** - The agreement creating the Joint ETSB.

**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.O1 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-identity name, if telephone-identity telephone number)

Secondary: \_\_\_\_\_ (State Specific Procedures if radio frequency-identity frequency number, if talk group-identity 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 non-emergency 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
By _____	By _____
Title _____	Title _____

# 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.