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

State of Illinois

Application for 9-1-1 Modification Plan
Long Form

ISP 7-310 (06/25)

INTRODUCTION

The following document provides the application for submitting a 9-1-1 Modification Plan that will supply the Illinois State Police (ISP), the Illinois Commerce Commission (ICC), and the Statewide 9-1-1 Administrator (Administrator) with the necessary information about your proposal to modify your 9-1-1 system. All modification plans must comply with 83 Ill. Adm. Code Part 1324.300 and 1324.310.

LONG FORM MODIFICATION PLAN:

NOTE: If the modification results in increased network costs for the State, the costs must be pre-approved by the Administrator pursuant to Section 1326.210 before submitting the Modification Plan.

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

1. Changing geographic boundaries for wireline, wireless, VoIP, and text where it requires an intergovernmental agreement between 9-1-1 Authorities to modify those boundaries
2. Changes in network configuration, or 9-1-1 system provider except as provided for in subsection 1325.200(h), (i.e., implementation of a Next Generation 9-1-1 (NG9-1-1) system) or Cloud-Based 9-1-1 Call Handling Equipment (Narrative Statement required)
3. Change of Backup PSAP arrangement or Pre-Determined Alternate Route(s).

The Modification 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 sent to 9-1-1 System Provider with a copy of the plan.
Narrative Statement	A detailed summary of the changes to 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. Include the email request and Administrator's approval that support your network costs.
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 directly dispatched by the 9-1-1 System.
Adjacent 9-1-1 Authorities	List all adjacent 9-1-1 authorities that provide call handling and/or aid outside of your jurisdictional boundary.
Originating Service Providers (OSP)	A list of each OSP's exchange(s), prefix(es), and the 9-1-1 System Providers (OSP) configurations that will be used in the proposed system.
Test Plan	The 9-1-1 System's overall plan detailing how and to what extent the network and database will be tested. A Test Plan is required for all modifications.
Zip Codes	List each Zip Code within the 9-1-1 System boundary.

Attachments (if applicable)

Backup PSAP Agreement	The agreement that establishes back-up service due to interruptions or overflow services between PSAPs. ☐ Backup PSAP Agreement is not Changed/Affected by this Modification.
Call Handling Agreements	Call handling agreements describe the primary and secondary dispatch agreement method(s) to be used by requesting parties within their respective jurisdictions. ☐ Call Handling Agreement(s) are not Changed/Affected by this Modification.
Contracts	The contract for a new NG9-1-1 system provider.
Network Diagram	Provided by the 9-1-1 system provider showing network, backup configuration and pre-determined alternate route(s).

Modification Plans must be filed electronically on the ISP's website at:

https://isp.illinois.gov/Statewide911Division/ConsolidationPlansAndWaivers where you will see the box below:

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

GENERAL INFORMATION

DATE: _____

SYSTEM NAME	POPULATION SERVED	LAND AREA IN SQ. MILES

LIST PSAPS, SAPS, AND VAPS:	PRIMARY	SECONDARY

911 System Contact: _____

Street Address: _____

City, State and Zip Code: _____

Office Telephone: _____

Cellular Telephone: _____

Email: _____

Please check:

☐ Receive Integrated 9-1-1 Text (SMS)

☐ Receive Integrated 9-1-1 Text (RTT)

☐ Receive 9-1-1 Videos/Pictures (MMS)

Text Control Center: _____

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 Illinois State Police for approval.

Thank you for your assistance in this matter.

Sincerely,

_____

_____

enclosure: Modification Plan

NARRATIVE STATEMENT

Please answer the questions below and provide a detailed summary to assist the Illinois State Police (ISP), the Illinois Commerce Commission (ICC), and the Statewide 9-1-1 Administrator (Administrator) with an understanding of the plan and the nature of the modification as it applies to this application. Please use additional sheets if necessary.

1. Explain the reason for submitting the modification and provide the name and contact information for your certified 9-1-1 system provider, NGCS provider, and NOC/SOC provider.

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, dependable, and diverse/redundant network and whether other 9-1-1 Authorities will be sharing the equipment.

4. Explain what security measures will be placed on the PSAP's 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.

5. Identify the backup PSAP. (Name and Address)

6. Indicate the PSAP Name(s) and Address(es) for your predetermined alternate route(s) or specify if none.

7. Explain how split exchanges will be managed.

8. Explain how the GIS database will be maintained and how boundary, address point, and street center line errors will be corrected and updated on a continuing basis.

9. Indicate who will be responsible for updating and maintaining the data. Updates are required whenever there is a change to the Road Centerline layer that includes a new or changed road name(s) or a database change, or annexation that modifies the Law, Fire, or EMS Boundary Layer, and whenever an updated version of the workflow tool is released.

☐ Narrative Statement - Cloud-Based 9-1-1 Call Handling Equipment

General System Requirements

- Is the cloud-based 911 Call Handling solution NG911-compliant and aligned with NENA i3 standards?
- Is the vendor/system authorized to connect to the state or regional ESInet?
- Does the redundant cloud hosting environment utilize geographically diverse data centers? Provide specific details.
- Is the system architecture scalable to accommodate fluctuating call volumes?
- Are 24/7 monitoring and technical support services available?

Connectivity & Network Readiness

- Are there secure and redundant connection paths to the ESInet? Provide detailed specifications.
- Is Network-to-Network Interface (NNI) configuration supported?
- Does the system utilize IP-based SIP trunking with TLS and SRTP encryption protocols?
- Are Public Safety Grade Service Level Agreements (SLAs) in place? Attach SLAs.
- Have all relevant IP addresses and DNS details been provided to the ESInet provider (AT&T, Aurelian (Comtech), or INdigital)?

Call Handling Capabilities

- Can the cloud-based Call Handling Equipment (CHE) receive SIP-based 911 calls with complete PIDF-LO location information?
- Is Real-Time Text (RTT) supported?
- Does the system provide TTY compatibility?
- Are transfer capabilities to and from adjacent PSAPs over the ESInet supported, including full metadata preservation?
- Are features such as call queuing, priority routing, and selective routing implemented?

Location & Data Handling

- Is the system integrated with a Location Information Server (LIS)?
- Can location data be displayed and acted upon in real time?
- Are logs and records of ALI, PIDF-LO, and routing decisions stored securely and in compliance with applicable standards?
- Does the CHE support NG911 multimedia data types such as video, images, telematics, and sensor data?

Interoperability Testing

- Has the cloud provider successfully completed test scenarios with the ESInet provider?
- Has end-to-end call flow—covering call origination, routing, handling, and transfer—been validated?
- Has the accurate receipt and preservation of SIP headers and metadata been confirmed? Provide test results and outcomes.

Security & Compliance

- Is the system compliant with CJIS security requirements and SOC 2 Type II certified?
- Does the system support end-to-end encryption for both voice and data using TLS 1.2 or higher?
- Are role-based access controls and system audit logs implemented?
- Is a cybersecurity incident response plan in place? Attach the plan.

Training & Documentation

- Provide a training plan for telecommunicators and IT staff.
- Provide detailed documentation covering call flow, failover mechanisms, recovery processes, and maintenance schedules.
- Include Tier 1 and Tier 2 support contact information.
- Include escalation procedures and confirm they have been shared with the ESInet provider.

Go-Live Preparation

- Have test calls been scheduled and coordinated with the ESInet provider? Provide testing schedule.
- Has a cutover plan been developed and shared? Attach the plan.
- Is a backup call routing plan confirmed? Attach the plan.
- Provide a contingency plan for system failure or degraded performance.

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 $ _____

Additional Recurring Costs as a Result of the Modification – Provide Explanation Below $ _____

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. Include the email request and Administrator's approval that support your network costs.

COMMUNITIES SERVED

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

(ADD ADDITIONAL PAGES AS NEEDED)

CITY, TOWN, OR VILLAGE	STREET ADDRESS, CITY, ZIP CODE

PARTICIPATING AGENCIES

Provide a list of public safety agencies (Police, Fire, EMS etc.) that are directly dispatched by the 9-1-1 System. Do not forget to include County Sheriff's jurisdiction and Illinois State Police Troops, if applicable. Each agency that appears on this list needs to have signed a call handling agreement.

(ADD ADDITIONAL PAGES AS NEEDED)

9-1-1 PARTICIPATING AGENCY	STREET ADDRESS, CITY, ZIP CODE	ADMINISTRATIVE TELEPHONE NO.	DIRECT DISPATCH	TRANSFER

ADJACENT 9-1-1 AUTHORITIES

Provide a list of 9-1-1 Authorities that are adjacent to the proposed system's boundaries. Each 9-1-1 Authority that appears on this list needs to have signed a call handling agreement.

AGENCY	STREET ADDRESS, CITY, ZIP CODE	TELEPHONE NUMBER

ORIGINATING SERVICE PROVIDERS (OSP)

(Wireline, Wireless, VoIP, Text)

A list of each OSP's exchange(s), prefix(es), and the 9-1-1 System Providers (OSP) configurations that will be used in the proposed system.

(ADD ADDITIONAL PAGES AS NEEDED)

ORIGINATING SERVICE PROVIDER	STREET ADDRESS, CITY, ZIP CODE	TELEPHONE NUMBER

TEST PLAN

1. The Test Plan defines testing with all OSPs and Aggregators who are known, including but not limited to, call testing, system overflow, system backup, pre-determined alternate routing, call transfers, NG9-1-1 address components and functionality, Integrated Text to 9-1-1 for Short Message Service (SMS) or Real Time Text (RTT) and if applicable, Multimedia Messaging Service (MMS), measurement tools, reporting solutions and voice and speech quality. The Test Plan should include Failover Test Cases, Network Equipment Test Cases, Call Handling Equipment Test Cases, Call Processing Test Cases including Text and Split Exchange Testing.

2. List wireline exchanges to be tested.

3. List the Wireless, Text, and VoIP Carriers to be tested.

ZIP CODES

Provide a list of Zip Codes for the communities within the boundary of your 9-1-1 System along with those being added. The Statewide 9-1-1 Bureau will determine the 9-1-1 Authority's zip code percentage using the NG9-1-1 GIS Address Point data within each Zip Code Boundary.