NEBRASKA
PUBLIC SERVICE COMMISSION

State 911 Department
PSAP Application for Annual Funding

LOCATION INORMATION

PSAP Name [   ]   Contact Name [   ]

E-mail Address [   ]   Phone Number [   ]

How many Fire/EMS agencies does the PSAP serve? [   ]

How many law enforcement agencies does the PSAP serve? [   ]

What region is the PSAP in? [   ]

Has the PSAP's geographical area changed?   ◯ Yes   ◯ No   If yes, please describe? [   ]

CALL PROCESSING EQUIPMENT

Make of Call Processing Equipment
[   ]

Model of Call Processing Equipment
[   ]

Description of Call Processing Equipment
[   ]

Has the PSAP signed a new CPE or CAD contract within the last year?   ◯ Yes   ◯ No   If "Yes" please provide a copy of the contract.

Maintenance Contract End Date [   ]   Text-to-911 Implementation Date [   ]

Hardware		Software		CAD	
Date Installed	[ ]	Date Installed	[ ]	Vendor	[ ]
Date Last Upgraded	[ ]	Date Last Upgraded	[ ]	Date Installed	[ ]
Next Upgrade Expected	[ ]	Next Upgrade Expected	[ ]	Next Upgrade Expected	[ ]

What company provides the PSAP's internet service? [   ]

When was the PSAP's last cybersecurity assessment? [   ]

Does the PSAP have a continuity of operations plan (COOP)   Yes   No

Does the PSAP use EMD?   Yes   No   What software/program or vendor guide cards are used

GEOGRAPHIC INFORMATION SYSTEMS

GIS Analyst/Vendor [ ]

Has the PSAP signed a new GIS contract within the last year? ○ Yes   ○ No   If "Yes" please provide a copy of the contract.

Start Date of GIS Maintenance/Support Contract [ ]

Name Mapping system
software/vendor in your PSAP

End Date of GIS Maintenance/Support Contract [ ]

Name of PSAP's MSAG Coordinator [ ]   Date of Last Submission of GIS Data to the PSC [ ]

Does the PSAP have a Next Generation Compliant Address Point Layer? ○ Yes   ○ No

STAFFING & TRAINING

Number of call taking seats [ ]

Number of full-time call takers [ ]

Number of part-time call takers [ ]

Is PSAP fully staffed? ○ Yes   ○ No

Has the PSAP staff met the training requirements? ○ Yes   ○ No

How many of the following full-time staff does the PSAP have?

Position	Number of Staff
Supervisors	
Managers	
Training Officers	

Which training program does the PSAP use? [ ]

FUNDING

What was the total cost to operate your PSAP for the **previous calendar** year? Please list the amount spent for each of the resources below.

Source	Amount	Other Type
General Funds		
Landline		
Wireless		
Other		
Other		
Other		
Total		

Call Volume will be figured using ECaTS data.

Failure to file the completed application by the March 31 may result in loss of funding.

I verify that all information on the above application is true and correct to the best of my knowledge.

I certify that this PSAP has not diverted wireless, wireline, or VOIP 911 surcharge funds to other than 911 uses, and we have complied with all federal rules regarding 911 fee diversion.

Signature _____   Date: _____