NEBRASKA
PUBLIC SERVICE COMMISSION

State 911 Department
PSAP Application for Annual Funding

Rev. 02-2020

PSAP Name _____ Contact Name _____

E-mail Address _____ Phone Number _____

Describe PSAP's geographical service area: _____

How many Fire/EMS agencies do you serve? _____ How many law enforcement agencies do you serve? _____

Is PSAP part of a region? ◯ Yes ◯ No If yes, which region? _____

CALL PROCESSING EQUIPMENT

Make/Model/Description of Call Processing Equipment _____

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? _____

Is PSAP connected to a selective router? ◯ Yes ◯ No How many 911 trunks do you have? _____

Does your PSAP have a management information system (MIS) that allows you to analyze statistical information such as call volume, answer times, and trunk utilization? ◯ Yes ◯ No

GEOGRAPHIC INFORMATION SYSTEMS

GIS Analyst/Vendor _____

Date Last Updated _____ Start Date of GIS Maintenance/Support Contract _____

Next Update Expected _____ End Date of GIS Maintenance/Support Contract _____

Last MSAG Pull _____ Date of Last Submission of GIS Data to the PSC _____

STAFFING

Number of call taking seats _____ Number of full-time call takers _____

Is PSAP fully staffed? ◯ Yes ◯ No Number of part-time call takers _____

FUNDING

What is the wireline surcharge set at?

List your other funding sources. (i.e. general fund, wireline)

Describe the proposed use of these Wireless E911 funds:

CALL VOLUME INFORMATION

Month	Total 911 Calls	Landline Calls	Wireless Calls	VoIP Calls	Texts
January					
February					
March					
April					
May					
June					
July					
August					
September					
October					
November					
December					
Totals					

Please send supporting documentation of your call volumes.

If you have entered into a new maintenance contract within the last year, please attach it to this form.

Failure to file an application by the April 15 deadline may result in the assessment of a fine.

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

Signature _____ Date: _____