ALABAMA 9·1·1 BOARD

ECD Annual Certification

Due January 31, 2023

In accordance with Act 2012-293, the Alabama 9-1-1 Board is directed to make disbursements out of funds collected by the "Board" to each participating Emergency Communications District (the "ECDs") in accordance with the distribution formula to be used by the "ECDs" to establish, operate, maintain, and replace an emergency communication system as outlined under § 11-98-6, Code of Alabama 1975.

The undersigned "Authorized Official" does hereby affirm and attest that the "ECD" listed below has been and will be operated in compliance with the Code of Alabama, and that the ECD is a valid organization authorized to receive distributions from the "Board". *

	∨

Type the first two letters of your ECD and choose from the list.

By checking this box you are indicating you are the "authorized person" to make these affirmations and understand that any changes to the following information should be reported to the Board within 30 days.*

☐ I am the person authorized to sign this form.

By checking one of the boxes below, I am stating I have received and reviewed the ECD Data sheet prepared by the Alabama 9-1-1 Board.

☐ I have received and reviewed the ECD Data Sheet and agree with the data.

☐ I have received and reviewed the ECD Data Sheet and need to make changes. (If you indicate you need to make changes, Board staff will contact you.)

Date	Printed Name of Official*	Title of Official*
12/30/2022 🗓		

Contact Information

ECD Director Name*

[   ]

ECD Director Email*

[myEmail@gmail.com   ]

ECD Director Office Phone Number*

[(123) 123-1234   ]

ECD Director Cell or Emergency Phone Number*

[(123) 123-1234   ]

Do you have a Deputy Director?*

○ Yes   ○ No

Do you have an Operations Manager/Administrator?*

○ Yes   ○ No

Office Mailing Address*

[   ]

P O Box number or street address

Office Physical Address*

[   ]

Street Address

Office City*

[   ]

City*

[   ]

State*

[Alabama   ]

Mailing Zip Code*

[82110   ]

State*

[Alabama   ]

Zip Code*

[82110   ]

What is the name of your local oversight agency? *

[   ]

county commission/local 911 board/etc.

Describe your process for requesting a call recording:*

[   ]

Who do they call? Is there a special phone number?

Distribution Contact *

Distribution Contact Email*

myEmail@gmail.com

Training Contact Name*

Training Contact Email*

myEmail@gmail.com

Training Contact Phone Number*

(123) 123-1234

Addressing Contact Name*

Addressing Contact Phone Number*

(123) 123-1234

Describe your procedure for a citizen to request an address.*

GIS Contact Name*

GIS Contact Email*

myEmail@gmail.com

GIS Contact Phone Number*

(123) 123-1234

What GIS-specific software do you use, if any?

PSAP Information

How many primary PSAPs are in your District?*

6

Additonal fields for information on the PSAPs will generate based on your answer.

PSAP#1 Admin phone number*

(123) 123-1234

If you have more than one primary PSAP, you will be able to add additional numbers below.

PSAP#1 Non-emergency 24/7 number*

(123) 123-1234

If you have more than one primary PSAP, you will be able to add additional numbers below.

Is the mailing or physical address of PSAP#1 different from the ECD address?*

● Yes   ○ No

Primary PSAP#1 Mailing Address*

Do any of the primary PSAPs receive any portion of your 9-1-1 funding provided by the Alabama 9-1-1 Board?*

[⌄]

Additional Comments

[   ]

Any comment on how 9-1-1 funds are used for primary

Primary PSAP#1 City*

[   ]

State#1   Zip Code#1*

[AL]   [82110]

PSAP#1 Physical Address*

[   ]

Primary PSAP #1 City*

[   ]

State #1*   Zip Code #1*

[AL]   [82110]

PSAP#2 Mailing Address*

[   ]

PSAP#2 City*

[   ]

State#2*   Zip Code#2*

[AL]   [82110]

PSAP#2 Physical Address*

[   ]

PSAP #2 City*

[   ]

State #2*   Zip Code #2*

[AL]   [82110]

PSAP#2 Training Coordinator *

[   ]

PSAP#2 Contact Person*

[   ]

PSAP#2 Contact Email*

[myEmail@gmail.com]

PSAP#2 Admin Phone Number*

[(123) 123-1234]

PSAP#2 Non-Emergency 24/7 Number*

[(123) 123-1234]

PSAP#3 Mailing Address*

[   ]

PSAP#3 City*

[   ]

State#3*   Zip Code#3*

[AL]   [82110]

PSAP#3 Physical Address*

[   ]

PSAP #3 City*

[   ]

State #3*   Zip Code #3*

[AL]   [82110]

PSAP#3 Training Coordinator*

[   ]

PSAP#3 Contact Person*

[   ]

PSAP#3 Contact Email*

[myEmail@gmail.com]

PSAP#3 Admin Phone Number*

(123) 123-1234

PSAP#3 Non-Emergency 24/7 Number*

(123) 123-1234

PSAP#4 Mailing Street*

PSAP#4 City*

State#4*

AL

Zip Code#4*

PSAP#4 Physical Address*

PSAP #4 City*

State #4 *

AL

Zip Code #4*

82110

PSAP#4 Training Coordinator*

PSAP#4 Contact Person*

PSAP#4 Contact Email*

myEmail@gmail.com

PSAP#4 Admin Phone Number*

(123) 123-1234

PSAP#4 Non-Emergency 24/7 Number*

(123) 123-1234

PSAP#5 Mailing Address*

PSAP#5 City*

State#5*

AL

Zip Code#5*

82110

PSAP#5 Physical Address*

PSAP #5 City*

State #5*

AL

Zip Code #5*

82110

PSAP#5 Training Coordinator*

PSAP#5 Contact Person*

PSAP#5 Contact Email*

myEmail@gmail.com

PSAP#5 Admin Phone Number*

(123) 123-1234

PSAP#5 Non-Emergency 24/7 Number*

(123) 123-1234

PSAP#6 Mailing Address*

PSAP#6 City*

State#6*

AL

Zip Code#6*

82110

PSAP#6 Physical Address*

PSAP #6 City*

State #6*

AL

Zip Code #6*

82110

PSAP#6 Training Coordinator*

PSAP#6 Contact Person*

PSAP#6 Contact Email*

myEmail@gmail.com

PSAP#6 Admin Phone Number*

(123) 123-1234

PSAP#6 Non-Emergency 24/7 Number*

(123) 123-1234

What is the starting hourly wage for a newly hired public safety telecommunicator?

Please list per PSAP separated by a comma

Please list what benefits are offered to the telecommunicators in your PSAP(s)

Please list per PSAP. Insurance (health, dental, life, disability), retirement, paid time off, etc.

What is the total number of positions/consoles that are dispatch and call-taking capable in your primary PSAP(s)?*

List the number for each PSAP separated by a comma

How many of the consoles are staffed on any given shift?*

Please attach a list of the names of the agencies you serve and specify if they are Law/Fire /EMS/Other.*

📎 **Click to browse**
or drag a file here

.pdf,.doc,.docx,.xls,.xlsx,.txt,.zip

Do you have dispatch contracts with any of these agencies?*

⌄

If you are willing to share your dispatch contracts, please attach them here.

📎 **Click to browse**
or drag a file here

.pdf,.doc,.docx,.xls,.xlsx,.txt,.zip

How many secondary PSAPs are in your District?*

3

How many seats are in each secondary PSAP?*

separate multiple PSAPs with commas

Do any of the secondary PSAPs receive any portion of your 9-1-1 funding provided by the Alabama 9-1-1 Board?*

Address(es) of Secondary PSAP(s)*

Number of Calls Received

Please pull these numbers from your call handling solution from 1/1/22 12:00 a.m. though 12/31/22 11:59 p.m.

Wireline calls:*

Wireless calls:*

VoIP calls:*

Inbound text sessions:*

Outbound text sessions:*

What analytics package did you pull these numbers from?*

CPE reporting package

Other class of service calls:*

List other COS types:

Board Meetings

Please provide the dates or freqency of your District's Board Meetings for 2023*

Attach a file listing ECD Board Members' names, email address, and term expiration dates*

📎 **Click to browse** or drag a file here

.pdf,.doc,.docx,.xls,.xlsx,.txt,.zip

Please attach a copy of your ECD By-laws if they have changed in the last 12 months

📎 **Click to browse** or drag a file here

.pdf,.doc,.docx,.xls,.xlsx,.txt,.zip

Audits

Do you have an audit conducted by an independent firm?*

[▾]

How frequently is this audit conducted?

[▾]

What is the cost of the independent audit?

[ ]

Is the audit conducted only on 911 operations or is it part of a county/municpal audit?

[▾]

Did you discontinue indpendent audits when the State Examiner's office began auditing 911 operations?

[▾]

Systems

What call taking platform program do you use?*

[ ]

What software version is it?*

[ ]

Who maintains it?*

[ ]

What computer-aided dispatch program do you use?*

[ ]

What software version is it?*

Who maintains it?*

Does it have integrated mapping?*

Do you have aerial imagery?*

If so, what is the source of the aerial imagery?

What recorder do you use?*

Who maintains it?*

Is it IP capable?*

Does your center have a battery back-up/uninterrupted power supply/UPS?*

How long can you sustain systems on battery back-up?*

Number of minutes/hours

Does your center have a generator?*

Is it regularly tested regularly?

How frequently is it tested?

Is it tested under a full load?

How often is it tested under a full load?

Who maintains the generator?

How long can you maintain operations under generator power?

hours/days

Do you have planned upgrades/changes to any of your systems (CPE/CAD/recorder/etc)? *

Do you have formal, written back-up plan procedures?*

Do you have a COOP plan for:

Pandemic?*   **Civil Unrest?***   **Natural Disasters?***   **Would you be willing to share these with us?***

[▾]   [▾]   [▾]   [▾]

You may attach any COOPs you would like to share.

📎 **Click to browse**
or drag a file here

If the submit button is greyed out, hold your mouse over it and it will tell you what required fields you have missed.

[Submit]