

Approved by OMB 3060-1122 Expires: March 31, 2018

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hours

### **Annual Collection of Information**

Related to the Collection and Use of 911 and E911 Fees by States and Other Jurisdictions

Pursuant to OMB authorization 3060-1122, the FCC's Public Safety and Homeland Security Bureau seeks the following specific information in order to fulfill the Commission's obligations under Section 6(f)(2) of the NET 911 Act:

### A. Filing Information

### 1. Name of State or Jurisdiction

State or Jurisdiction
Esmerelda County Sheriff's Office – State of Nevada

### 2. Name, Title and Organization of Individual Filing Report

Name	Title	Organization
Tamara J. Davis	Administrative Assistant	Esmerelda Co. S.O.



#### B. Overview of State or Jurisdiction 911 System

1. Please provide the total number of active Public Safety Answering Points (PSAPs) in your state or jurisdiction that receive funding derived from the collection of 911/E911 fees during the annual period ending December 31, 2016:

PSAP Type <sup>1</sup>	Total
Primary	
Secondary	
Total	N/A

2. Please provide the total number of active telecommunicators<sup>2</sup> in your state or jurisdiction that were funded through the collection of 911 and E911 fees during the annual period ending December 31, 2016:

Number of Active Telecommunicators	Total
Full-Time	N/A
Part-time	N/A

3. For the annual period ending December 31, 2016, please provide an estimate of the total cost to provide 911/E911 service in your state or jurisdiction.

Amount		
(\$)		

<sup>&</sup>lt;sup>1</sup> A Primary PSAP is one to which 911 calls are routed directly from the 911 Control office. A secondary PSAP is one to which 911 calls are transferred from a Primary PSAP. *See* National Emergency Number Association, Master Glossary of 9-1-1 Terminology (*Master Glossary*), July 29, 2014, at 118, 126, available at <a href="https://c.ymcdn.com/sites/www.nena.org/resource/resmgr/Standards/NENA-ADM-000.18-2014\_2014072.pdf">https://c.ymcdn.com/sites/www.nena.org/resource/resmgr/Standards/NENA-ADM-000.18-2014\_2014072.pdf</a>.

<sup>&</sup>lt;sup>2</sup> A telecommunicator, also known as a call taker or a dispatcher, is a person employed by a PSAP who is qualified to answer incoming emergency telephone calls and/or who provides for the appropriate emergency response either directly or through communication with the appropriate PSAP. *See Master Glossary* at 137.



3a. If an amount cannot be provided, please explain why.

	e provide the total number of 911 calls od January 1, 2014 to December 31, 20		C
	Type of Service	Total 911 Calls	
	Wireline	Total 711 Cans	
	Wireless		
	VoIP		
	Other		
	Total	N/A	
<u>Descript</u>	ion of Authority Enabling Establishm		<u>chanisms</u>
1. Has y there	ion of Authority Enabling Establishm our State, or any political subdivision ein as defined by Section 6(f)(1) of the gnated for or imposed for the purpose use include a citation to the legal author	nent of 911/E911 Funding Mec n, Indian tribe, village or region NET 911 Act, established a fu ns of 911 or E911 support or in	onal corporation unding mechani nplementation
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1b. If yes, during the annual period January 1 - December 31, 2016, did your state or jurisdiction amend, enlarge, or in any way alter the funding mechanism.

N/A	
	of the following best describes the type of authority arrangement for the collection of 11 fees? Check one.  The State collects the fees
•	A hybrid approach where two or more governing bodies (e.g., state and local authority) collect the fees
3. Describe	e how the funds collected are made available to localities.
N/A	



## D. Description of State or Jurisdictional Authority That Determines How 911/E911 Fees are Spent

1. Indicate which entities in your state have the collected for 911 or E911 purposes.	authority to approve the e	expenditure of funds
Jurisdiction	Authority to Approve Expenditure of Funds (Check one)	
	Yes	No
State		
Local (e.g., county, city, municipality)		
1b. Please briefly describe any limitations on the a to fees collected by the entity, limited to wireline of		risdiction (e.g., limited
N/A		
2. Has your state established a funding mechanis used? <i>Check one</i> .	sm that mandates <i>how</i> coll	ected funds can be
2a. If you checked YES, provide a legal citatio	_	m of any such criteria.
N/A		
2b. If you checked NO, describe how your stat be used.	te or jurisdiction decides h	ow collected funds can
N/A		



## E. <u>Description of Uses of Collected 911/E911 Fees</u>

1.	Provide a statement identifying with specificity all activities, programs, and organizations for whose benefit your state, or political subdivision thereof, has obligated or expended funds collected for 911 or E911 purposes and how these activities, programs, and organizations support 911 and E911 services or enhancements of such services.
N/	A



2. Please identify the allowed uses of the collected funds. <i>Check all that apply</i> .				
	Yes	No		
	Lease, purchase, maintenance of customer premises equipment (CPE) (hardware and software)			
Operating Costs	Lease, purchase, maintenance of computer aided dispatch (CAD) equipment (hardware and software)			
	Lease, purchase, maintenance of building/facility			
Personnel Costs	Telecommunicators' Salaries			
	Training of Telecommunicators			
Administrative Costs	Program Administration			
	Travel Expenses			
Dispatch Costs	Reimbursement to other law enforcement entities providing dispatch			
-	Lease, purchase, maintenance of Radio Dispatch Networks			
Grant Programs		If Yes, see 2a.		
2a. During the annual period ending December 31, 2016, describe the grants that your state paid for through the use of collected 911/E911 fees and the purpose of the grant.				
N/A				



## F. Description of 911/E911 Fees Collected

1. Please describe the amount of the fees or charges imposed for the implementation and support of 911 and E911 services. Please distinguish between state and local fees for each service type.		
Service Type	Fee/Charge Imposed	Jurisdiction Receiving Remittance (e.g., state, county, local authority, or a combination)
Wireline		
Wireless		
Prepaid Wireless		
Voice Over Internet Protocol (VoIP)		
Other		

2. For the annual period ending December 31, 2016, please report the total amount collected pursuant to the assessed fees or charges described in Question F 1.

Service Type	<b>Total Amount Collected (\$)</b>
Wireline	
Wireless	
Prepaid Wireless	
Voice Over Internet Protocol	
Other	
Total	



# 2a. If an amount cannot be provided, please explain why. Esmerelda County does not receive or collect funds for 911 3. Please identify any other sources of 911/E911 funding. N/A Question Yes No 4. For the annual period ending December 31, 2016, were any 911/E911 fees that were collected by your state or jurisdiction combined with any federal, state or local funds, grants, special collections, or general budget appropriations that were designated to support 911/E911/NG911 services? Check one.

N/A



5. Please provide an estimate of the proportional contribution from each funding source towards the total cost to support 911 in your state or jurisdiction.	Percent
State 911 Fees	
Local 911 Fees	
General Fund - State	
General Fund - County	
Federal Grants	
State Grants	



## G. <u>Description of Diversion or Transfer of 911/E911 Fees for Other Uses</u>

	Yes	No	
1. In the annual period funds collected for 91 jurisdiction made avadesignated by the fun Question 5? Check or			
1a. If No, please identify what amount of funds collected for 911 or E911 purposes were made available or used for any purposes other than the ones designated by the funding mechanism or used for purposes otherwise unrelated to 911 or E911 implementation or support, including any funds transferred, loaned, or otherwise used for the state's general fund. Along with identifying the amount, please include a statement identifying the non-related purposes for which the collected 911 or E911 funds were made available or used.			
Amount of Funds (\$)  Identify the non-related purpose(s) for which the 911/E911 funds wer used. (Add lines as necessary)			



Yes

No

## H. Oversight and Auditing of Collection and Use of 911/E911 Fees

Question

mechanisms or procedures to determine whether collected

1. Has your state established any oversight or auditing

funds have been made available or used for the purposes designated by the funding mechanism or otherwise used to implement or support 911? <i>Check one.</i>		
1a. If yes, provide a description of the mechanisms or procedure corrective actions undertaken in connection with such auditing ending December 31, 2016. (Enter "None" if no actions were taken	authority, for the a	
N/A		
Question	Yes	No
Question  2. Does your state have the authority to audit service providers to ensure that the amount of 911/E911 fees collected form subscribers matches the service provider's number of subscribers? Check one.	Yes	No
2. Does your state have the authority to audit service providers to ensure that the amount of 911/E911 fees collected form subscribers matches the service provider's	or other corrective	e actions



## I. <u>Description of Next Generation 911 Services and Expenditures</u>

Question		Yes	No	
1. Does your state or jurisdiction classify expenditures. Next Generation 911 as within the scope of permiss expenditures of funds for 911 or E911 purposes? Chone.	ible			
1a. If yes, in the space below, please cite any specific leg	al authorit	<b>y</b> :		
N/A				
Question		Yes	No	
2. In the annual period ending December 31, 2016, has your state or jurisdiction expended funds on Next Generation 911 programs? Check one.				
2a. If yes, in the space below, please enter the dollar amount that has been expended.				
Amount (\$)				



3. For the annual period ending December 31, 2016, please describe the type and number of NG911 Emergency Service IP Network(s) (ESInets) that operated within your state.							
Type of ESInet	Yes	No	If Yes, Enter Total PSAPs Operating on	interconnect w	e type of ESInet ith other state, ocal ESInets?		
			the ESInet	Yes	No		
a. A single, state-wide ESInet							
b. Local (e.g., county) ESInet							
c. Regional ESInets			[If more than one Regional ESInet is in operation, in the space below, provide the total PSAPs operating on each ESInet]				
Name of Regional ESIn	iet:						
Name of Regional ESIn	iet:						



4. Please provide a description of any NG911 projects completed or underway during the annual period ending December 31, 2016.

N/A		

	Question	Total PSAPs Accepting Texts
5.	During the annual period ending December 31, 2016, how many PSAPs within your state implemented text-to-911 and are accepting texts?	
	Question	Estimated Number of PSAPs that will Become Text Capable
6.	In the next annual period ending December 31, 2017, how many PSAPs do you anticipate will become text capable?	



## J. <u>Description of Cybersecurity Expenditures</u>

Question		k the riate box	If Yes, Amount Expended (\$)
1. During the annual period ending December 31, 2016, did your state expend funds on cybersecurity programs for PSAPs?	Yes	No	N/A

Question	Total PSAPs
2. During the annual period ending December 31, 2016, how many PSAPs in your state either implemented a cyber security program or participated in a regional or state-run cyber security program?	N/A

Question	Yes	No	Unknown
3. Does your state or jurisdiction adhere to the National Institute of Standards and Technology Framework for Improving Critical Infrastructure Cybersecurity (February 2014) for networks supporting one or more PSAPs in your state or jurisdiction?			



1. Please provide an assessment of the effects achieved from the expenditure of state 911/E911 or

### K. Measuring Effective Utilization of 911/E911 Fees

NG911 funds, including any criteria your state or jurisdiction uses to measure the effect of the use of 911/E911 fees and charges. If your state conducts annual or other period assessments, please provide an electronic copy (e.g., Word, PDF) of the latest such repsubmission of this questionnaire to the FCC or provide links to online versions of such in the space below.	lic oort upon
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