**Approved by OMB**

**3060-1122**

**Expires: March 31, 2024**

**Estimated time per response: 10-55 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:

1. **Filing Information**
2. **Name of State or Jurisdiction**

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| **State or Jurisdiction** |
| MONTANA |

1. **Name, Title and Organization of Individual Filing Report**

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| --- | --- | --- |
| **Name** | **Title** | **Organization** |
| QUINN NESS | BUREAU CHIEF | DEPARTMENT OF ADMINISTRATION |

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| **Addendum Section A** |
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1. **Overview of State or Jurisdiction 911 System**
2. **Please provide the total number of active Public Safety Answering Points (PSAPs) in your state or jurisdiction that received funding derived from the collection of 911/E911 fees during the annual period ending December 31, 2020:**

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| **PSAP Type[[1]](#footnote-1)** | **Total** |
| Primary | 53 |
| Secondary |       |
| **Total** | 53 |

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| **Addendum Section B1** |
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1. **Please provide the total number of active telecommunicators[[2]](#footnote-2) in your state or jurisdiction that were funded through the collection of 911 and E911 fees during the annual period ending December 31, 2020:**

|  |  |
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| **Number of Active Telecommunicators** | **Total** |
| Full Time | NA |
| Part Time | NA |

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| **Addendum Section B2** |
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1. **For the annual period ending December 31, 2020, please provide an estimate of the total cost to provide 911/E911 service in your state or jurisdiction.**

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| **Amount****($)** | NA |

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

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| NO REPORTING MECHANISM |

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| **Addendum Section B3** |
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1. **Please provide the total number of 911 calls your state or jurisdiction received during the period January 1, 2020 to December 31, 2020.**

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| **Type of Service** | **Total 911 Calls** |
| Wireline | NA |
| Wireless  | NA |
| VoIP | NA |
| Other | NA |
| **Total** |       |

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| **Addendum Section B4** |
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1. **Description of Authority Enabling Establishment of 911/E911 Funding Mechanisms**
2. **Has your State, or any political subdivision, Indian Tribe, village or regional corporation therein as defined by Section 6(f)(1) of the NET 911 Act, established a funding mechanism designated for or imposed for the purposes of 911 or E911 support or implementation (please include a citation to the legal authority for such mechanism)?** *Check one.*
* Yes ………………….. [x]
* No ………………..….. [ ]

**1a. If YES, provide a citation to the legal authority for such a mechanism.**

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| TITLE 10 CHAPTER 4 MONTANA CODE ANNOTATED |

**1b. If YES, during the annual period January 1, 2020 to December 31, 2020, did your state or jurisdiction amend, enlarge, or in any way alter the funding mechanism.**

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| NO |

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| **Addendum Section C1** |
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1. **Which of the following best describes the type of authority arrangement for the collection of 911/E911 fees?** *Check one*.
* The State collects the fees ………………………………….. [x]
* A Local Authority collects the fees ……………………….. [ ]
* A hybrid approach where two or more governing bodies

 (*e.g.*, state and local authority) collect the fees …………….. [ ]

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| **Addendum Section C2** |
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1. **Describe how the funds collected are made available to localities.**

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| FUNDS ARE ALLOCATED AND DISTRIBUTED TO LOCAL AND TRIBAL GOVERNMENTS THAT HOST PRIMARY PSAPS ON A QUARTERLY BASIS AND AWARDED AS GRANTS FOR E911 PROJECTS  |

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

|  |
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| 1. **Indicate which entities in your state have the authority to approve the expenditure of funds collected for 911 or E911 purposes.**
 |
| **Jurisdiction** | **Authority to Approve** **Expenditure of Funds*****(Check one)*** |
| **Yes** | **No** |
| State | **[x]**  | **[ ]**  |
| Local (*e.g.*, county, city, municipality) | **[x]**  | **[ ]**  |
| **1b. Please briefly describe any limitations on the approval authority per jurisdiction (*e.g.*, limited to fees collected by the entity, limited to wireline or wireless service, etc.)** |
| DISTRIBUTED FEES MUST BE EXPENDED FOR ALLOWABLE COSTS AND FOR THE PURPOSE OF THE AWARDED GRANT |

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| **Addendum Section D1** |
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1. **Has your state established a funding mechanism that mandates *how* collected funds can be used? *Check one*.**
* Yes ………………….. [x]
* No ………………..….. **[ ]**

**2a.** **If you checked YES, provide a legal citation to the funding mechanism of any such criteria.**

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| TITLE 10 CHAPTER 4 MONTANA CODE ANNOTATED |

**2b.** **If you checked NO, describe how your state or jurisdiction decides how collected funds can be used.**

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1. **Description of Uses of Collected 911/E911 Fees**
2. **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.**

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| PRIMARY PSAPS THAT ARE HOSTED BY LOCAL OR TRIBAL GOVERNMENTS AND PRIVATE TELCOMMUNICATIONS PROVIDERS ARE THE ONLY ELIGIBLE RECIPIENTS OF THE FUNDS. FUNDING CAN ONLY BE EXPENDED FOR ALLOWABLE COSTS THAT SUPPORT 911 AND E911.  |

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| 1. **Please identify the allowed uses of the collected funds. *Check all that apply*.**
 |
| **Type of Cost** | **Yes** | **No** |
| **Operating Costs** | Lease, purchase, maintenance of customer premises equipment (CPE) (hardware and software) | **[x]**  | **[ ]**  |
| Lease, purchase, maintenance of computer aided dispatch (CAD) equipment (hardware and software) | **[x]**  | **[ ]**  |
| Lease, purchase, maintenance of building/facility | **[x]**  | **[ ]**  |
| **Personnel Costs** | Telecommunicators’ Salaries | **[x]**  | **[ ]**  |
| Training of Telecommunicators | **[x]**  | **[ ]**  |
| **Administrative Costs** | Program Administration | **[x]**  | **[ ]**  |
| Travel Expenses | **[x]**  | **[ ]**  |
| **Dispatch Costs** | Reimbursement to other law enforcement entities providing dispatch | **[x]**  | **[ ]**  |
| Lease, purchase, maintenance of Radio Dispatch Networks | **[x]**  | **[ ]**  |
| **Grant Programs** |  | **[x]** **If YES, see 2a.** | **[ ]**  |
| **2a. During the annual period ending December 31, 2020, describe the grants that your state paid for through the use of collected 911/E911 fees and the purpose of the grant.** |
| ALL GRANTS MUST USED FOR THE IMPLEMENTATION, OPERATION AND MAINTENANCE OF 911 SYSTEMS, EQUIPEMNT, DEVICES AND DATA |

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| **Addendum Section E2** |
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1. **Description of 911/E911 Fees Collected**

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| 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 | $1 PER MONTH PER SUBSCRIBER LINE | STATE |
| Wireless | $1 PER MONTH PER SUBSCRIBER LINE | STATE |
| Prepaid Wireless | PENDING ADOPTION OF LEGISLATION | STATE |
| Voice Over Internet Protocol (VoIP) |       |       |
| Other |       |       |

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| **Addendum Section F1** |
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1. **For the annual period ending December 31, 2020, please report the total amount collected pursuant to the assessed fees or charges described in Question F 1.**

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| --- | --- |
| **Service Type** | **Total Amount Collected ($)** |
| Wireline |       |
| Wireless |       |
| Prepaid Wireless |       |
| Voice Over Internet Protocol (VoIP) |       |
| Other |       |
| **Total** | $13M |

**2a. If an amount cannot be provided, please explain why.**

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| **Addendum Section F2** |
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1. **Please identify any other sources of 911/E911 funding.**

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| **Question** | **Yes** | **No** |
| 1. **For the annual period ending December 31, 2020, 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.*
 | **[x]**  | **[ ]**  |
| **4a.** **If YES, please describe the federal, state or local funds and amounts that were combined with 911/E911 fees.** |
| LOCAL GOVERNMENT GENERAL FUND |

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| **Addendum Section F4** |
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| 1. **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 | $13M |
| Local 911 Fees |       |
| General Fund - State |       |
| General Fund - County | $43M |
| Federal Grants |       |
| State Grants |       |

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| **Addendum Section F5** |
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1. **Description of Diversion or Transfer of 911/E911 Fees for Other Uses**

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| **Question** | **Yes** | **No** |
| 1. **In the annual period ending December 31, 2020, were funds collected for 911 or E911 purposes in your state or jurisdiction made available or used solely for the purposes designated by the funding mechanism?** *Check one*.
 | **[x]**  | **[ ]**  |
| **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 were used. (*Add lines as necessary*)** |
|       |       |
|       |       |
|       |       |
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| **Addendum Section G1** |
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1. **Oversight and Auditing of Collection and Use of 911/E911 Fees**

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| **Question** | **Yes** | **No** |
| 1. **Has your state established any oversight or auditing mechanisms or procedures to determine whether collected funds have been made available or used for the purposes designated by the funding mechanism or otherwise used to implement or support 911?** *Check one.*
 | **[x]**  | **[ ]**  |
| **1a.** **If YES, provide a description of the mechanisms or procedures and any enforcement or other corrective actions undertaken in connection with such auditing authority, for the annual period ending December 31, 2020.** *(Enter “None” if no actions were taken.)* |
| ALL FUNDING RECIPIENTS EXPENDITURES ARE MONITORED ON AN ANNUAL BASIS |

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| **Question** | **Yes** | **No** |
| 1. **Does your state have the authority to audit service providers to ensure that the amount of 911/E911 fees collected from subscribers matches the service provider’s number of subscribers?** *Check one.*
 | **[x]**  | **[ ]**  |
| **2a. If YES, provide a description of any auditing or enforcement or other corrective actions undertaken in connection with such auditing authority, for the annual period ending December 31, 2020.** *(Enter “None” if no actions were taken.)* |
| TITLE 10 CHAPTER 4 MONTANA CODE ANNOTATED |

1. **Description of Next Generation 911 Services and Expenditures**

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| **Question** | **Yes** | **No** |
| 1. **Does your state or jurisdiction classify expenditures on Next Generation 911 as within the scope of permissible expenditures of funds for 911 or E911 purposes?** *Check one.*
 | **[ ]**  | **[x]**  |
| **1a. If YES, in the space below, please cite any specific legal authority:** |
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|  |  |  |
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| **Question** | **Yes** | **No** |
| 1. **In the annual period ending December 31, 2020, has your state or jurisdiction expended funds on Next Generation 911 programs?** *Check one.*
 | **[ ]**  | **[x]**  |
| **2a. If YES, in the space below, please enter the dollar amount that has been expended.** |
| **Amount****($)** |       |

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| **Addendum Section I2** |
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| 1. **For the annual period ending December 31, 2020, 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 the ESInet** | **If Yes, does the type of ESInet interconnect with other state, regional or local ESInets?** |
| **Yes** | **No** |
| 1. A single, state-wide ESInet
 | **[x]**  | **[ ]**  | 53 | **[ ]**  | **[x]**  |
| 1. Local (*e.g.*, county) ESInet
 | **[ ]**  | **[ ]**  |       | **[ ]**  | **[ ]**  |
| 1. 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 ESInet 1:      |       | **[ ]**  | **[ ]**  |
| Name of Regional ESInet 2:      |       | **[ ]**  | **[ ]**  |
| Name of Regional ESInet 3:      |       | **[ ]**  | **[ ]**  |
| Name of Regional ESInet 4:      |       | **[ ]**  | **[ ]**  |
| Name of Regional ESInet 5:      |       | **[ ]**  | **[ ]**  |
| Name of Regional ESInet 6:      |       | **[ ]**  | **[ ]**  |
| Name of Regional ESInet 7:      |       | **[ ]**  | **[ ]**  |
| Name of Regional ESInet 8:      |       | **[ ]**  | **[ ]**  |
| Name of Regional ESInet 9:      |       | **[ ]**  | **[ ]**  |
| Name of Regional ESInet 10:      |       | **[ ]**  | **[ ]**  |
| Name of Regional ESInet 11:      |       | **[ ]**  | **[ ]**  |
| Name of Regional ESInet 12:      |       | **[ ]**  | **[ ]**  |
| Name of Regional ESInet 13:      |       | **[ ]**  | **[ ]**  |
| Name of Regional ESInet 14:      |       | **[ ]**  | **[ ]**  |
| Name of Regional ESInet 15:      |       | **[ ]**  | **[ ]**  |
| Name of Regional ESInet 16:      |       | **[ ]**  | **[ ]**  |
| Name of Regional ESInet 17:      |       | **[ ]**  | **[ ]**  |
| Name of Regional ESInet 18:      |       | **[ ]**  | **[ ]**  |
| Name of Regional ESInet 19:      |       | **[ ]**  | **[ ]**  |
| Name of Regional ESInet 20:      |       | **[ ]**  | **[ ]**  |
| Name of Regional ESInet 21:      |       | **[ ]**  | **[ ]**  |
| Name of Regional ESInet 22:      |       | **[ ]**  | **[ ]**  |
| Name of Regional ESInet 23:      |       | **[ ]**  | **[ ]**  |
| Name of Regional ESInet 24:      |       | **[ ]**  | **[ ]**  |
| Name of Regional ESInet 25:      |       | **[ ]**  | **[ ]**  |
| Name of Regional ESInet 26:      |       | **[ ]**  | **[ ]**  |
| Name of Regional ESInet 27:      |       | **[ ]**  | **[ ]**  |
| Name of Regional ESInet 28:      |       | **[ ]**  | **[ ]**  |
| Name of Regional ESInet 29:      |       | **[ ]**  | **[ ]**  |
| Name of Regional ESInet 30:      |       | **[ ]**  | **[ ]**  |
| Name of Regional ESInet 31:      |       | **[ ]**  | **[ ]**  |
| Name of Regional ESInet 32:      |       | **[ ]**  | **[ ]**  |
| Name of Regional ESInet 33:      |       | **[ ]**  | **[ ]**  |
| Name of Regional ESInet 34:      |       | **[ ]**  | **[ ]**  |
| Name of Regional ESInet 35:      |       | **[ ]**  | **[ ]**  |

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| **Addendum Section I3** |
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1. **Please provide a description of any NG911 projects completed or underway during the annual period ending December 31, 2020.**

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| **Question** | **Total PSAPs****Accepting Texts** |
| 1. **During the annual period ending December 31, 2020, how many PSAPs within your state implemented text-to-911 and are accepting texts?**
 | NA |
| **Question** | **Estimated Number of PSAPs****that will Become Text Capable** |
| 1. **In the next annual period ending December 31, 2021, how many PSAPs do you anticipate will become text capable?**
 | NA |

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| **Addendum Section I5** |
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| **Addendum Section I6** |
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1. **Description of Cybersecurity Expenditures**

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| **Question** | **Check the appropriate box** | **If Yes,****Amount Expended ($)** |
| 1. **During the annual period ending December 31, 2020, did your state expend funds on cybersecurity programs for PSAPs?**
 | Yes**[ ]**  | No**[x]**  |       |

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| **Addendum Section J1** |
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| **Question** | **Total PSAPs** |
| 1. **During the annual period ending December 31, 2020, how many PSAPs in your state either implemented a cybersecurity program or participated in a regional or state-run cybersecurity program?**
 | NA |

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| **Addendum Section J2** |
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| **Question** | **Yes** | **No** | **Unknown** |
| 1. **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?**
 | **[ ]**  | **[ ]**  | **[x]**  |

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| **Addendum Section J3** |
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1. **Measuring Effective Utilization of 911/E911 Fees**
2. **Please provide an assessment of the effects achieved from the expenditure of state 911/E911 or NG911 funds, including any criteria your state or jurisdiction uses to measure the effectiveness of the use of 911/E911 fees and charges.**  **If your state conducts annual or other periodic assessments, please provide an electronic copy (*e.g.*, Word, PDF) of the latest such report upon submission of this questionnaire to the FCC or provide links to online versions of such reports in the space below.**

|  |
| --- |
| NA |

**We have estimated that your response to this collection of information will take an average of 10 to 55 hours. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD‑PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060‑1122). We will also accept your PRA comments via the Internet if you send an e-mail to** **PRA@fcc.gov****.**

**Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060‑1122.**

**THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.**

1. 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*), Apr. 13, 2018, at 162, available at <https://cdn.ymaws.com/www.nena.org/resource/resmgr/standards/NENA-ADM-000.22-2018_FINAL_2.pdf>. [↑](#footnote-ref-1)
2. 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 192. [↑](#footnote-ref-2)