



Federal Communications Commission  
Washington, D.C. 20554

Approved by OMB  
3060-1122  
Expires: March 31, 2021  
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:

**A. Filing Information**

**1. Name of State or Jurisdiction**

State or Jurisdiction
Nevada

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

Name	Title	Organization
Ben Trotter	Sheriff	Churchill County Sheriff's Office



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**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, 2017:

PSAP Type <sup>1</sup>	Total
Primary	1
Secondary	1
<b>Total</b>	<b>2</b>

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, 2017:

Number of Active Telecommunicators	Total
Full-Time	0
Part-time	0

3. For the annual period ending December 31, 2017, please provide an estimate of the total cost to provide 911/E911 service in your state or jurisdiction.

<b>Amount</b> <b>(\$)</b>	\$450,000.00
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<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*), Aug. 8, 2017, at 167, available at [https://c.ymcdn.com/sites/www.nena.org/resource/resmgr/standards/NENA-ADM-000.21-2017\\_FINAL\\_2.pdf](https://c.ymcdn.com/sites/www.nena.org/resource/resmgr/standards/NENA-ADM-000.21-2017_FINAL_2.pdf).

<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 196.



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

4. Please provide the total number of 911 calls your state or jurisdiction received during the period January 1, 2017 to December 31, 2017.

Type of Service	Total 911 Calls
Wireline	1200
Wireless	1612
VoIP	0
Other	0
<b>Total</b>	2812

**C. Description of Authority Enabling Establishment of 911/E911 Funding Mechanisms**

1. 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 .....
- No .....

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

Nevada Revised Statutes 244A.7641-7647



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**1b. If YES, during the annual period January 1, 2017 to December 31, 2017, did your state or jurisdiction amend, enlarge, or in any way alter the funding mechanism.**

Our jurisdiction did not.  
The State legislature added an allowance to increase the E911 fee to help pay for body cameras for officers. See NRS 289.830

**2. 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 .....
- A Local Authority collects the fees .....
- A hybrid approach where two or more governing bodies  
(e.g., state and local authority) collect the fees .....

**3. Describe how the funds collected are made available to localities.**

Collected by communications providers and transferred to the County.





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

<b>1. Indicate which entities in your state have the authority to approve the expenditure of funds collected for 911 or E911 purposes.</b>		
Jurisdiction	Authority to Approve Expenditure of Funds (Check one)	
	Yes	No
State	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Local (e.g., county, city, municipality)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>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.)</b>		

**2. Has your state established a funding mechanism that mandates *how* collected funds can be used? Check one.**

- Yes .....
- No .....

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

Nevada Revised Statutes 244A.7641-7647

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



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**E. Description of Uses of Collected 911/E911 Fees**

- 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.**

Funds were expended from our E911 fund to pay CC Communications for the ALI/ANI DBMS system they provided for the County for many years. This ALI/ANI was changed over in late 2017/early 2018 to an in-house system not affiliated with CC Communications. ALI/ANI provide address, GPS...details for E911 Dispatch when callers call 911.

We continue to pay CC Communications from this fund for the needed 911 trunk/phone lines.



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2. Please identify the allowed uses of the collected funds. <i>Check all that apply.</i>			
Type of Cost		Yes	No
<b>Operating Costs</b>	Lease, purchase, maintenance of customer premises equipment (CPE) (hardware and software)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Lease, purchase, maintenance of computer aided dispatch (CAD) equipment (hardware and software)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Lease, purchase, maintenance of building/facility	<input type="checkbox"/>	<input type="checkbox"/>
<b>Personnel Costs</b>	Telecommunicators' Salaries	<input type="checkbox"/>	<input type="checkbox"/>
	Training of Telecommunicators	<input type="checkbox"/>	<input type="checkbox"/>
<b>Administrative Costs</b>	Program Administration	<input type="checkbox"/>	<input type="checkbox"/>
	Travel Expenses	<input type="checkbox"/>	<input type="checkbox"/>
<b>Dispatch Costs</b>	Reimbursement to other law enforcement entities providing dispatch	<input type="checkbox"/>	<input type="checkbox"/>
	Lease, purchase, maintenance of Radio Dispatch Networks	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Grant Programs</b>		<input type="checkbox"/> If YES, see 2a.	<input type="checkbox"/>
<b>2a. During the annual period ending December 31, 2017, describe the grants that your state paid for through the use of collected 911/E911 fees and the purpose of the grant.</b>			



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**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.**

<b>Service Type</b>	<b>Fee/Charge Imposed</b>	<b>Jurisdiction Receiving Remittance (e.g., state, county, local authority, or a combination)</b>
Wireline	\$0.25/line/month	County
Wireless	\$0.25/line/month	County
Prepaid Wireless		
Voice Over Internet Protocol (VoIP)	\$0.25/line/month	County
Other	\$2.50 each truck line per month	County

**2. For the annual period ending December 31, 2017, please report the total amount collected pursuant to the assessed fees or charges described in Question F 1.**

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



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<b>Total</b>	\$109,158.49
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2a. If an amount cannot be provided, please explain why.

3. Please identify any other sources of 911/E911 funding.

Question	Yes	No
<p>4. For the annual period ending December 31, 2017, 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? <i>Check one.</i></p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p>4a. If YES, please describe the federal, state or local funds and amounts that were combined with 911/E911 fees.</p>		



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<b>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.</b>	<b>Percent</b>
State 911 Fees	0%
Local 911 Fees	24%
General Fund - State	76%
General Fund - County	0%
Federal Grants	0%
State Grants	0%



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**G. Description of Diversion or Transfer of 911/E911 Fees for Other Uses**

Question	Yes	No
<b>1. In the annual period ending December 31, 2017, 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? <i>Check one.</i></b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>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.</b>		
<b>Amount of Funds (\$)</b>	<b>Identify the non-related purpose(s) for which the 911/E911 funds were used. <i>(Add lines as necessary)</i></b>	



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

Question	Yes	No
<b>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? <i>Check one.</i></b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>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, 2017. (Enter "None" if no actions were taken.)</b>		
Funds are placed in a special revenue fund just for E-911. Annual external audit as of June 30, 2017.		

Question	Yes	No
<b>2. 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? <i>Check one.</i></b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>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, 2017. (Enter "None" if no actions were taken.)</b>		





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

Question	Yes	No
<b>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? <i>Check one.</i></b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>1a. If YES, in the space below, please cite any specific legal authority:</b>		

Question	Yes	No
<b>2. In the annual period ending December 31, 2017, has your state or jurisdiction expended funds on Next Generation 911 programs? <i>Check one.</i></b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>2a. If YES, in the space below, please enter the dollar amount that has been expended.</b>		
<b>Amount (\\$)</b>		



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3. For the annual period ending December 31, 2017, 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
a. A single, state-wide ESInet	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
b. Local (e.g., county) ESInet	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
c. Regional ESInets	<input type="checkbox"/>	<input type="checkbox"/>	[If more than one Regional ESInet is in operation, in the space below, provide the total PSAPs operating on each ESInet]	<input type="checkbox"/>	<input type="checkbox"/>
Name of Regional ESInet:				<input type="checkbox"/>	<input type="checkbox"/>
Name of Regional ESInet:				<input type="checkbox"/>	<input type="checkbox"/>



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4. Please provide a description of any NG911 projects completed or underway during the annual period ending December 31, 2017.

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Question	Total PSAPs Accepting Texts
5. During the annual period ending December 31, 2017, how many PSAPs within your state implemented text-to-911 and are accepting texts?	Unknown
Question	Estimated Number of PSAPs that will Become Text Capable
6. In the next annual period ending December 31, 2018, how many PSAPs do you anticipate will become text capable?	Unknown



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**J. Description of Cybersecurity Expenditures**

Question	Check the appropriate box		If Yes, Amount Expended (\$)
<b>1. During the annual period ending December 31, 2017, did your state expend funds on cybersecurity programs for PSAPs?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown

Question	Total PSAPs
<b>2. During the annual period ending December 31, 2017, how many PSAPs in your state either implemented a cybersecurity program or participated in a regional or state-run cybersecurity program?</b>	Unknown

Question	Yes	No	Unknown
<b>3. Does your state or jurisdiction adhere to the National Institute of Standards and Technology <i>Framework for Improving Critical Infrastructure Cybersecurity</i> (February 2014) for networks supporting one or more PSAPs in your state or jurisdiction?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>



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

- 1. 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.**



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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
Pershing County, NV

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

Name	Title	Organization
Charles L. Sparke	Dir. of Emerg. Mgmt.	Pershing County DEM



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**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, 2017:

PSAP Type <sup>1</sup>	Total
Primary	1
Secondary	0
<b>Total</b>	1

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, 2017:

Number of Active Telecommunicators	Total
Full-Time	0 (our calltakers are not funded by (911))
Part-time	0

3. For the annual period ending December 31, 2017, please provide an estimate of the total cost to provide 911/E911 service in your state or jurisdiction.

<b>Amount</b> <b>(\$)</b>	29,830
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<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*), Aug. 8, 2017, at 167, available at [https://c.ycdn.com/sites/www.nena.org/resource/resmgr/standards/NENA-ADM-000.21-2017\\_FINAL\\_2.pdf](https://c.ycdn.com/sites/www.nena.org/resource/resmgr/standards/NENA-ADM-000.21-2017_FINAL_2.pdf).

<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 196.



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

N/A

4. Please provide the total number of 911 calls your state or jurisdiction received during the period January 1, 2017 to December 31, 2017.

Type of Service	Total 911 Calls
Wireline	not tracked
Wireless	not tracked
VoIP	not tracked
Other	not tracked
<b>Total</b>	not available

**C. Description of Authority Enabling Establishment of 911/E911 Funding Mechanisms**

1. 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 .....
- No .....

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

Pershing County Code 3.52.080 "Imposition of Telephone Surcharge"





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**1b. If YES, during the annual period January 1, 2017 to December 31, 2017, did your state or jurisdiction amend, enlarge, or in any way alter the funding mechanism.**

No

**2. 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 .....
- A Local Authority collects the fees .....
- A hybrid approach where two or more governing bodies  
(e.g., state and local authority) collect the fees .....

**3. Describe how the funds collected are made available to localities.**

The telecommunication companies collect the fees and forward them directly to our County for the Landwire, Mobil and Voip. Property Tax revenue also collects a small portion.



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

<b>1. Indicate which entities in your state have the authority to approve the expenditure of funds collected for 911 or E911 purposes.</b>		
Jurisdiction	Authority to Approve Expenditure of Funds (Check one)	
	Yes	No
State	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Local (e.g., county, city, municipality)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>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.)</b>		
No limitations as all fees collected go the operation of our 911 and it's always under-funded by half.		

**2. Has your state established a funding mechanism that mandates *how* collected funds can be used? Check one.**

- Yes .....
- No .....

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

unknown

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

in our County Code cited earlier



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**E. Description of Uses of Collected 911/E911 Fees**

- 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.**

Partially (half in 2017) pays for the cost of the 911 hardware and connections to the telephone company to make it work. Salary of 911 operators is not covered as they are paid under a different budget/funding source.



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2. Please identify the allowed uses of the collected funds. Check all that apply.			
Type of Cost		Yes	No
<b>Operating Costs</b>	Lease, purchase, maintenance of customer premises equipment (CPE) (hardware and software)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Lease, purchase, maintenance of computer aided dispatch (CAD) equipment (hardware and software)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Lease, purchase, maintenance of building/facility	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Personnel Costs</b>	Telecommunicators' Salaries	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Training of Telecommunicators	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Administrative Costs</b>	Program Administration	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Travel Expenses	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Dispatch Costs</b>	Reimbursement to other law enforcement entities providing dispatch	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Lease, purchase, maintenance of Radio Dispatch Networks	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Grant Programs</b>		<input type="checkbox"/> If YES, see 2a.	<input checked="" type="checkbox"/>
<b>2a. During the annual period ending December 31, 2017, describe the grants that your state paid for through the use of collected 911/E911 fees and the purpose of the grant.</b>			



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**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	.25 per line/2.50 per trunk	County
Wireless	.50 per phone	County
Prepaid Wireless	unkown	County
Voice Over Internet Protocol (VoIP)	unknown	County
Other	.0035% of assessed property value	County

**2. For the annual period ending December 31, 2017, please report the total amount collected pursuant to the assessed fees or charges described in Question F 1.**

Service Type	Total Amount Collected (\$)
Wireline	12,799 combined w/others
Wireless	see above
Prepaid Wireless	see above
Voice Over Internet Protocol (VoIP)	see above
Other	2,108



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<b>Total</b>	14,907
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2a. If an amount cannot be provided, please explain why.

3. Please identify any other sources of 911/E911 funding.

Pershing County Property Tax Assessment – 911 Service

Question	Yes	No
<p>4. For the annual period ending December 31, 2017, 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? <i>Check one.</i></p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<p>4a. If YES, please describe the federal, state or local funds and amounts that were combined with 911/E911 fees.</p>		
<p>From County General Fund – collected fees only cover half of the expenses.</p>		



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<b>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.</b>	<b>Percent</b>
State 911 Fees	0
Local 911 Fees	50
General Fund - State	0
General Fund - County	50
Federal Grants	0
State Grants	0



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**G. Description of Diversion or Transfer of 911/E911 Fees for Other Uses**

Question	Yes	No
<b>1. In the annual period ending December 31, 2017, 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? <i>Check one.</i></b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>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.</b>		
<b>Amount of Funds (\$)</b>	<b>Identify the non-related purpose(s) for which the 911/E911 funds were used. <i>(Add lines as necessary)</i></b>	





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

Question	Yes	No
<b>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.</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>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, 2017. (Enter "None" if no actions were taken.)</b>		
Annual audits by contracted company and the fees collected are never enough anyway.		

Question	Yes	No
<b>2. 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.</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>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, 2017. (Enter "None" if no actions were taken.)</b>		
unknown		



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

Question	Yes	No
<b>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.</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>1a. If YES, in the space below, please cite any specific legal authority:</b>		
unknown as we don't have it yet – in the process of upgrading to it.		

Question	Yes	No
<b>2. In the annual period ending December 31, 2017, has your state or jurisdiction expended funds on Next Generation 911 programs? Check one.</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>2a. If YES, in the space below, please enter the dollar amount that has been expended.</b>		
<b>Amount</b> <b>(\$)</b>		



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**3. For the annual period ending December 31, 2017, 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
a. A single, state-wide ESInet	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
b. Local (e.g., county) ESInet	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
c. Regional ESInets	<input type="checkbox"/>	<input type="checkbox"/>	[If more than one Regional ESInet is in operation, in the space below, provide the total PSAPs operating on each ESInet]	<input type="checkbox"/>	<input type="checkbox"/>
Name of Regional ESInet:				<input type="checkbox"/>	<input type="checkbox"/>
Name of Regional ESInet:				<input type="checkbox"/>	<input type="checkbox"/>



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4. Please provide a description of any NG911 projects completed or underway during the annual period ending December 31, 2017.

Unknown

Question	Total PSAPs Accepting Texts
<p>5. During the annual period ending December 31, 2017, how many PSAPs within your state implemented text-to-911 and are accepting texts?</p>	<p>In negotiations will telecommunications provider for this upgrade for our County</p>
Question	Estimated Number of PSAPs that will Become Text Capable
<p>6. In the next annual period ending December 31, 2018, how many PSAPs do you anticipate will become text capable?</p>	<p>unknown</p>



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**J. Description of Cybersecurity Expenditures**

Question	Check the appropriate box		If Yes, Amount Expended (\$)
	Yes	No	
1. During the annual period ending December 31, 2017, did your state expend funds on cybersecurity programs for PSAPs?	<input type="checkbox"/>	<input type="checkbox"/>	unknown

Question	Total PSAPs
2. During the annual period ending December 31, 2017, how many PSAPs in your state either implemented a cybersecurity program or participated in a regional or state-run cybersecurity program?	unknown

Question	Yes	No	Unknown
3. Does your state or jurisdiction adhere to the National Institute of Standards and Technology <i>Framework for Improving Critical Infrastructure Cybersecurity</i> (February 2014) for networks supporting one or more PSAPs in your state or jurisdiction?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>



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

- 1. 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.**

Works as designed on our end. Biggest failure is the sole provider of the transmission line service – they demand all of our calls route to Reno, NV first (90 miles away) and then come back to our PSAP. Even if we go with another company or a stand-alone system, that sole provider still routes the calls to Reno first, then back to us and charges accordingly. Both failures of the system in the last 10 years have been due to that sole provider (transmission line cut by technician by accident just outside of Reno that wiped out the whole northern part of the state for at least 4 hours and the eastern part for 3 days) and when their router in Reno itself went down and nobody had 911 service for 2-3 days. No redundancy and no way to get a private provider to add it.



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Approved by OMB  
3060-1122  
Expires: March 31, 2021  
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:

**A. Filing Information**

**1. Name of State or Jurisdiction**

State or Jurisdiction
Douglas County

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

Name	Title	Organization
Ron Sagen	Director	911 Emergency Services





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**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, 2017:

PSAP Type <sup>1</sup>	Total
Primary	1
Secondary	0
<b>Total</b>	<b>1</b>

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, 2017:

Number of Active Telecommunicators	Total
Full-Time	0
Part-time	0

3. For the annual period ending December 31, 2017, please provide an estimate of the total cost to provide 911/E911 service in your state or jurisdiction.

<b>Amount</b> <b>(\$)</b>	\$220,000.00
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<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*), Aug. 8, 2017, at 167, available at [https://c.ycmdn.com/sites/www.nena.org/resource/resmgr/standards/NENA-ADM-000.21-2017\\_FINAL\\_2.pdf](https://c.ycmdn.com/sites/www.nena.org/resource/resmgr/standards/NENA-ADM-000.21-2017_FINAL_2.pdf).

<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 196.



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

N/A

4. Please provide the total number of 911 calls your state or jurisdiction received during the period January 1, 2017 to December 31, 2017.

Type of Service	Total 911 Calls
Wireline	6645
Wireless	20141
VoIP	0
Other	0
<b>Total</b>	<b>26786</b>

C. Description of Authority Enabling Establishment of 911/E911 Funding Mechanisms

1. 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 .....
- No .....

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

Douglas County Ordinance 2007-1212 in accordance with NRS 244A.7641 through NRS 244A.7647 inclusive.



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**1b. If YES, during the annual period January 1, 2017 to December 31, 2017, did your state or jurisdiction amend, enlarge, or in any way alter the funding mechanism.**

No.

**2. 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 .....
- A Local Authority collects the fees ..... X
- A hybrid approach where two or more governing bodies  
(e.g., state and local authority) collect the fees .....

**3. Describe how the funds collected are made available to localities.**

The 911 surcharge funds are collected by Douglas County, a local government entity. Telecommunications providers send monthly checks to the Douglas County 911 Emergency Services Department. All funds are deposited in a 911 surcharge account for the sole purpose of maintaining and replacing 911 equipment.



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

<b>1. Indicate which entities in your state have the authority to approve the expenditure of funds collected for 911 or E911 purposes.</b>		
Jurisdiction	Authority to Approve Expenditure of Funds (Check one)	
	Yes	No
State	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Local (e.g., county, city, municipality)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>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.)</b>		
N/A		

**2. Has your state established a funding mechanism that mandates *how* collected funds can be used? Check one.**

- Yes .....
- No .....

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

NRS 244A.7641 through NRS 244A.7647 inclusive.

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

N/A



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**E. Description of Uses of Collected 911/E911 Fees**

- 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.**

The 911 surcharge funds are used for the sole purpose of replacement and maintenance of the E911 system.



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<b>2. Please identify the allowed uses of the collected funds. Check all that apply.</b>			
<b>Type of Cost</b>		<b>Yes</b>	<b>No</b>
<b>Operating Costs</b>	Lease, purchase, maintenance of customer premises equipment (CPE) (hardware and software)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Lease, purchase, maintenance of computer aided dispatch (CAD) equipment (hardware and software)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Lease, purchase, maintenance of building/facility	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Personnel Costs</b>	Telecommunicators' Salaries	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Training of Telecommunicators	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Administrative Costs</b>	Program Administration	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Travel Expenses	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Dispatch Costs</b>	Reimbursement to other law enforcement entities providing dispatch	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Lease, purchase, maintenance of Radio Dispatch Networks	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Grant Programs</b>		<input type="checkbox"/> If YES, see 2a.	<input checked="" type="checkbox"/>
<b>2a. During the annual period ending December 31, 2017, describe the grants that your state paid for through the use of collected 911/E911 fees and the purpose of the grant.</b>			
N/A			



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**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.**

<b>Service Type</b>	<b>Fee/Charge Imposed</b>	<b>Jurisdiction Receiving Remittance (e.g., state, county, local authority, or a combination)</b>
Wireline	.25 Cents	County
Wireless	.25 Cents	County
Prepaid Wireless	0	
Voice Over Internet Protocol (VoIP)	0	
Other	\$2.50 Trunk Lines	County

**2. For the annual period ending December 31, 2017, please report the total amount collected pursuant to the assessed fees or charges described in Question F 1.**

<b>Service Type</b>	<b>Total Amount Collected (\$)</b>
Wireline	See total
Wireless	See total
Prepaid Wireless	0
Voice Over Internet Protocol (VoIP)	0
Other	0
<b>Total</b>	<b>\$149,000.00</b>



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

N/A

3. Please identify any other sources of 911/E911 funding.

911 Emergency Services must augment the 911 surcharge fund as the amount collected from the 911 surcharge does not cover the cost of the service.

Question	Yes	No
<b>4. For the annual period ending December 31, 2017, 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.</b>	<b>X</b>	<input type="checkbox"/>
<b>4a. If YES, please describe the federal, state or local funds and amounts that were combined with 911/E911 fees.</b>		
\$71,000.00, local funds from 911 Emergency Services		





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<b>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.</b>	<b>Percent</b>
State 911 Fees	0
Local 911 Fees	72
General Fund - State	0
General Fund - County	28
Federal Grants	0
State Grants	0



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**G. Description of Diversion or Transfer of 911/E911 Fees for Other Uses**

Question		Yes	No
1. In the annual period ending December 31, 2017, 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? <i>Check one.</i>		X	<input type="checkbox"/>
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. <i>(Add lines as necessary)</i>		



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

Question	Yes	No
<b>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.</b>	X	<input type="checkbox"/>
<b>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, 2017. (Enter "None" if no actions were taken.)</b>		
911 Surcharge Advisory Board.		

Question	Yes	No
<b>2. 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.</b>	<input type="checkbox"/>	X
<b>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, 2017. (Enter "None" if no actions were taken.)</b>		
N/A		



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

Question	Yes	No
<b>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.</b>	X	<input type="checkbox"/>
<b>1a. If YES, in the space below, please cite any specific legal authority:</b>		
NRS 244A.7641 through NRS 244A.7647 inclusive.		

Question	Yes	No
<b>2. In the annual period ending December 31, 2017, has your state or jurisdiction expended funds on Next Generation 911 programs? Check one.</b>	<input type="checkbox"/>	X
<b>2a. If YES, in the space below, please enter the dollar amount that has been expended.</b>		
<b>Amount (\$)</b>	N/A	



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3. For the annual period ending December 31, 2017, 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
a. A single, state-wide ESInet	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
b. Local (e.g., county) ESInet	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
c. Regional ESInets	<input checked="" type="checkbox"/>	<input type="checkbox"/>	[If more than one Regional ESInet is in operation, in the space below, provide the total PSAPs operating on each ESInet]	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Name of Regional ESInet: <b>AT&amp;T Hosted Solution</b>				<input type="checkbox"/>	<input type="checkbox"/>
Name of Regional ESInet:				<input type="checkbox"/>	<input type="checkbox"/>



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4. Please provide a description of any NG911 projects completed or underway during the annual period ending December 31, 2017.

N/A

Question	Total PSAPs Accepting Texts
5. During the annual period ending December 31, 2017, how many PSAPs within your state implemented text-to-911 and are accepting texts?	None
Question	Estimated Number of PSAPs that will Become Text Capable
6. In the next annual period ending December 31, 2018, how many PSAPs do you anticipate will become text capable?	1



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**J. Description of Cybersecurity Expenditures**

Question	Check the appropriate box		If Yes, Amount Expended (\$)
	Yes	No	
1. During the annual period ending December 31, 2017, did your state expend funds on cybersecurity programs for PSAPs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Question	Total PSAPs
2. During the annual period ending December 31, 2017, how many PSAPs in your state either implemented a cybersecurity program or participated in a regional or state-run cybersecurity program?	Unk

Question	Yes	No	Unknown
3. Does your state or jurisdiction adhere to the National Institute of Standards and Technology <i>Framework for Improving Critical Infrastructure Cybersecurity</i> (February 2014) for networks supporting one or more PSAPs in your state or jurisdiction?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>



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

- 1. 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.**

The current amount collected from the surcharge does not cover the cost of the AT&T hosted 9-1-1 service. Funds from the 911 Emergency Services Department must be used to augment the surcharge to cover the cost of the service.



