

**Federal Communications Commission  
Washington, D.C. 20554**

**Seventeenth 911 Annual Fee Report, Response for Calendar Year 2024**

Landing Section

**Landing 1**

**Approved by OMB  
3060-1122**

**Expires: December 31, 2027**

**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 (the Bureau) seeks the following specific information in order to fulfill the Commission's obligations under Section 6(f)(2) of the NET 911 Act, as amended by Section 902.<sup>1</sup>

<sup>1</sup> See Consolidated Appropriations Act, 2021, Public Law 116-260, Division FF, Title IX, section 902.

**Privacy Act Statement**

**Authority:** The Commission is authorized to pursue this collection pursuant to the authority contained in 47 U.S.C. §§ 151, 154(i), 251(e), 615a-1(f)(2).

**Purpose:** The Commission is required by statute to submit an annual report to Congress on the collection and distribution of 911 and Enhanced 911 (E911) fees and charges by the states, the District of Columbia, and U.S. territories (collectively, "reporting entities"). To prepare the annual report, the Commission annually contacts and requests certain information from the reporting entities via this questionnaire. This form collects business contact information, which the Commission uses for implementation activities.

**Routine Uses:** The FCC may release information provided in this form when necessary and appropriate under 5 U.S.C. § 552a(b) of the Privacy Act to: the public in FCC releases of notices or actions or when required to comply with federal laws or FCC regulations requiring public disclosure of the information contained in our records; to third parties, including individuals and businesses in the communications industry and public safety, FCC vendors and their contractors, and to other federal agencies or state, local, U.S. territorial, and Tribal government entities to administer, support, participate in, or receive information related to, FCC programs and activities; or to ensure compliance with the confidentiality and other rules regarding information sharing in the FCC's programs and activities; to other federal agencies or to other administrative or adjudicative bodies before which the FCC is authorized to appear; to federal, state, or local law enforcement when FCC becomes aware of an indication of a violation or potential violation of a civil or criminal statute, law, regulation, or order; to federal agencies, non-federal entities, their employees, and agents for the purpose of detecting and preventing fraud, waste, and abuse in federal programs; to non-federal personnel, including contractors, grantees, and volunteers who have been engaged to assist the FCC in the performance of a contract service, grant, cooperative agreement, or other activity related to this system of records and who need to have access to the records in order to perform their activity; and, to appropriate agencies, entities, and persons when the FCC suspects or has confirmed that there has been a breach of information related to this system.

A complete list of the routine uses can be found in the system of records notice associated with this collection, FCC-2, Business Contacts and Certifications, posted at <https://www.fcc.gov/managing-director/privacy-transparency/privacy-act-information>.

**Disclosure:** Submission of this form is mandatory for a state or taxing jurisdiction that receives a grant under 47 U.S.C. § 942 after December 27, 2020. See 47 U.S.C. § 615a-1(f)(4) and 47 CFR § 9.25. Failure to submit this form may result in a failure to meet the conditions of the grant received under 47 U.S.C. § 942 after December 27, 2020, or enforcement action by the Commission for such a state or taxing jurisdiction.

Submission of this form is voluntary for a reporting entity that does not

receive a grant under 47 U.S.C. § 942 after December 27, 2020. However, failure to provide complete information to the FCC, including name, contact information, and/or other necessary personally identifiable information (PII), could result in the inclusion of partial or incomplete information in the annual 911 fee report on the collection and distribution of 911 and E911 fees and charges in such a state or jurisdiction.

## **Landing 2**

### **Paperwork Reduction Act Notice**

**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-PPM, 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](mailto: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.**

## **Landing 3**

### **Web Links:**

- [Questions in the Annual Information Collection](#)
  - Tip: You may use the questionnaire link above to download and preview the questions. You may opt to close the questionnaire at this time, prepare your responses offline, re-access this system later using

your original questionnaire link, and copy and paste your responses into this questionnaire. We advise that you enter all responses in a single session.

- [Instructions](#)
- [Frequently Asked Questions \(FAQs\)](#)
- [FCC Notice Required by the Paperwork Reduction Act](#)
- [Privacy Act Statement](#)

Publication of the Annual Information Collection – Responses will be made publicly available on the Commission’s [911 Fee Reports and Reporting web page](#), except to the extent that any material or information is afforded confidential treatment.

**WARNING : You are accessing a U.S. Government information system provided by the Federal Communications Commission for FCC-authorized users only. All communications occurring on this information system are subject to being monitored, recorded, and audited; therefore, you have no reasonable expectation of privacy regarding any communications or data transmitted or stored in this information system. Unauthorized or improper use of the information system or information stored in this information system is prohibited and subject to criminal, civil, and/or administrative penalties. Any data transmitted or stored in this information system may be disclosed to law enforcement or other Federal agencies or their contractors in the course of conducting an investigation or other forensic analysis. USE OF THIS INFORMATION SYSTEM INDICATES CONSENT TO MONITORING AND RECORDING.**

#### **Landing 4**

**Important Technical Notices** – We ask all respondents to review the form technical limitations before answering the questions below.

- **Answers to the Questions Are Only Provided After Submission.** A PDF document with your responses will be available after you complete the questionnaire.
- **Carefully Review Your Answer Before Continuing to the Next Question.** We encourage the respondent to carefully review answers to each question before moving to the next question.
- **Copies of Questions and Responses:** It may be helpful to save a copy of each response before continuing to the next question. For example, you may print answers, save answers as a PDF, or take a screen shot of answers before moving to the next question.
- **Timing Out After One Hour of Inactivity.** The One-Time Information Collection will time out after one hour of inactivity. Depending on your web browser settings, if you are unable to resume progress on the questionnaire via the original questionnaire link, you will need to access the system again via the original questionnaire link to retake the questionnaire.
- **Do Not Use the Back Button on the Browser** - Depending on your web browser settings, if you click on the “Back” button of the browser or open an embedded link, your prior responses may not be saved. You may need to access the questionnaire again via the original survey link to retake the questionnaire.
- **How to Open Embedded Links** - To open embedded links in any part of the form, we recommend that the respondent “right click” on a link and select “Open Link in New Tab.”
  - Depending on your web browser settings, if you directly click on and open an embedded link within the same window or tab, you navigate away from the questionnaire, and your prior responses may not be saved if you try to go back. You may need to access the system again via the original questionnaire link to retake the questionnaire.
- **Character Limit** - By default, the maximum number of characters permitted in a single text entry field is 20,000. *This system does not provide a character count.* If you encounter a character limit error for one or more responses, only enter "See Supplement" in the response field. Separately, please prepare a supplemental document that names your state or jurisdiction, identifies the affected question number(s), and includes the intended full response(s). Any time after completing and

submitting the questionnaire, but before the questionnaire deadline, you may email the supplemental document to [911FeeReport@fcc.gov](mailto:911FeeReport@fcc.gov).

- **This system does not perform math checks. Please ensure that any requested totals are accurate.**

## **Landing 5**

### **Instructions for Filling Out the Questionnaire**

#### **Please read and follow these general instructions:**

- Other than entering the name, title, organization, and business contact information (phone number and email address) of the individual completing the questionnaire, please do not enter any personally identifiable information (PII) in the questionnaire because responses will be made public.
  - PII is any information that permits the identity of an individual to be directly or indirectly revealed. Likewise, information that, when used together, may reveal a person's identity is considered PII (e.g. address, birthdate, place of birth, etc.).
- Please complete all sections of this questionnaire.
- Please enter only numeric responses where requested.
  - Dollar or percentage signs are not necessary because they are already specified on the form.
  - Blank responses are also acceptable.
  - "None" or similar non-numeric responses are not acceptable. Enter "0" instead.
  - "Unknown", "N/A", or similar non-numeric responses are not acceptable in numeric fields, and should instead be reported in associated Addendum fields.
  - To facilitate the Bureau's calculations for the Annual Fee Report, please avoid stray characters such as: \*, ~, (), or [] in numeric responses.
- Use the associated Addendum fields to enter other information, such as footnotes, qualifiers, text, descriptions, and/or explanations.
- All responses should pertain to calendar year (January 1 – December 31), not fiscal year.

- Unless otherwise directed (such if you encounter a character count limit), please provide requested information directly on this survey, rather than submit, refer to, and/or rely on supplemental materials.
- Please consolidate separate responses (and/or responses to individual questions) completed by counties, municipalities, or other local jurisdictions into one response for the entire state, using sums and averages as appropriate.

## A. Filing Information

### A. Filing Information

#### A1. Name of State or Jurisdiction (select one from drop-down menu)

#### A2. Name, Title, Organization, and Business Contact Information of Individual Filing Report

Name	<input type="text"/>
Title	<input type="text"/>
Organization	<input type="text"/>
Phone Number	<input type="text"/>
Email Address	<input type="text"/>

**Addendum Section A.** Enter any other information, such as footnotes, qualifiers, text, descriptions, and/or explanations here.

## B. Overview of State or Jurisdiction 911 System

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

**B1. Please provide the total number of active primary and secondary 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, 2024. PSAPs that did not receive funding derived from the collection of 911/E911 fees need not be included in the response boxes, but may be reported in Addendum Section B1.**

*Please enter numbers only.*

*If you wish to enter “None”, enter the number zero: “0” instead.*

*If you wish to enter “Unknown”, “N/A” or similar non-numeric responses, please leave the numeric field blank and instead fill out the associated Addendum field.*

PSAP Type<sup>2</sup>

Number of PSAPs

Primary

Secondary

Total

<sup>2</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 (NENA), Master Glossary of 9-1-1 Terminology at 174 (June 22, 2021), [https://cdn.ymaws.com/www.nena.org/resource/resmgr/standards-archived/na-na-adm-000.24-2021\\_final\\_2.pdf](https://cdn.ymaws.com/www.nena.org/resource/resmgr/standards-archived/na-na-adm-000.24-2021_final_2.pdf).

**Addendum Section B1.** Enter any other information, such as footnotes, qualifiers, text, descriptions, and/or explanations here.

**B2. Please provide the total number of active telecommunicators<sup>3</sup> in your state or jurisdiction that were funded through the collection of 911 and E911 fees during the annual period ending December 31, 2024.**



**Telecommunicators that were not funded through the collection of 911 and E911 fees need not be included in the response boxes, but may be reported in Addendum Section B2.**

*Please enter numbers only.*

*If you wish to enter “None”, enter the number zero: “0” instead.*

*If you wish to enter “Unknown”, “N/A” or similar non-numeric responses, please leave the numeric field blank and instead fill out the associated Addendum field.*

Telecommunicator Type

Number of Active Telecommunicators Funded by  
911/E911 Fees

Full Time

Part Time

<sup>3</sup> For the purposes of this questionnaire, 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 voice, text, and multi-media calls and/or who provides for the appropriate emergency response either directly or through communication with the appropriate PSAP. *See* <https://kb.nena.org/wiki/Telecommunicator>.

**Addendum Section B2.** Enter any other information, such as footnotes, qualifiers, text, descriptions, and/or explanations here.

**B3. For the annual period ending December 31, 2024, please provide an estimate of the total cost to provide 911/E911 service in your state or jurisdiction.**

*A dollar (\$) sign is assumed; do not include "\$" in your response.*

*Please enter numbers only.*

*If you wish to enter “None”, enter the number zero: “0” instead.*

*If you wish to enter “Unknown”, “N/A” or similar non-numeric responses,*

*please leave the numeric field blank and instead fill out the associated Addendum field.*

Amount

Amount (\$)

**B3a. If an amount cannot be provided, please explain why.**

**Addendum Section B3.** Enter any other information, such as footnotes, qualifiers, text, descriptions, and/or explanations here.

**B4. Please provide the total number of 911 voice calls that your state or jurisdiction received during the period January 1, 2024 to December 31, 2024.**

*Please enter numbers only.*

*If you wish to enter "None", enter the number zero: "0" instead.*

*If you wish to enter "Unknown", "N/A" or similar non-numeric responses, please leave the numeric field blank and instead fill out the associated Addendum field.*

Type of Service

Total 911 Voice Calls

Wireline

Wireless

VoIP

Total 911 Voice Calls

Other (*Please describe in Addendum Section B4 below. Report 911 texts separately below in B4a.*)

Total

**B4a. Please provide the total number of 911 texts that your state or jurisdiction received during the period January 1, 2024 to December 31, 2024.**

*Please enter numbers only.*

*If you wish to enter “None”, enter the number zero: “0” instead.*

*If you wish to enter “Unknown”, “N/A” or similar non-numeric responses, please leave the numeric field blank and instead fill out the associated Addendum field.*

Texts to 911

Texts to 911

**Addendum Section B4.** Enter any other information, such as footnotes, qualifiers, text, descriptions, and/or explanations here.

**C. 911/E911 Funding Mechanisms**

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

**C1. 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)? Select one. If you intended to select both, please choose the most applicable response and**

*explain in the associated Addendum Section below. Please select Yes if any political subdivision, Indian Tribe, village, or regional corporation in your State has established such a funding mechanism.*

Yes

No

**C1a. If YES to C1, provide a citation to the legal authority for such a mechanism.**

**C1b. If YES to C1, during the annual period January 1, 2024 to December 31, 2024, did your state or jurisdiction amend, enlarge, or in any way alter the funding mechanism? Select one (leave blank if NO to C1). If you intended to select more than one, please choose the most applicable response and explain in the associated Addendum Section below.**

Yes

No

Unknown

**C1c. If YES to C1b., provide a description of amendments, enlargements, or alterations to the funding mechanism, if applicable.**

**Addendum Section C1.** Enter any other information, such as footnotes, qualifiers, text, descriptions, and/or explanations here.

**C2. Which of the following best describes the type of authority arrangement for the collection of 911/E911 fees? Select one. If both State and local authorities collect fees, please select the “hybrid approach” option only.**

- 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

**Addendum Section C2.** Enter any other information, such as footnotes, qualifiers, text, descriptions, and/or explanations here.

**C3. Describe how the funds collected are made available to localities.**

**D. Description of State or Jurisdictional Authority**

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

**D1. Indicate which entities in your state have the authority to approve the expenditure of funds collected for 911 or E911 purposes. *If both State and local governing bodies have authority to approve expenditure of funds, please select the “hybrid approach” option only. Select one.***

- The State has authority to approve the expenditure of funds
- One or more local authorities has authority to approve the expenditure of funds
- A hybrid approach where two or more governing bodies (e.g., state and local authority) have authority to approve the expenditure of funds

**D1a. 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.).**

**Addendum Section D1.** Enter any other information, such as footnotes, qualifiers, text, descriptions, and/or explanations here.

**D2. Has your state established a funding mechanism that mandates *how* collected funds can be used? Select one. If you intended to select both, please choose the most applicable response and explain in Questions D2a and D2b below.**

- Yes
- No

**D2a. If you selected YES for D2, provide a legal citation to the funding mechanism of any such criteria.**

**D2b. If you selected NO for D2, describe how your state or jurisdiction decides how collected funds can be used.**

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

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

**E1. 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.** *This system has a text field limit of 20,000 characters, but this system does not provide a character count. If you encounter a character limit error for this question or for other questions, enter "See Supplement." in the response field. Separately, please prepare a supplemental document that names your state or jurisdiction, identifies the affected question number(s), and includes the intended full response(s). Any time after completing and submitting the questionnaire, but before the questionnaire deadline, you may email the supplemental document to [911FeeReport@fcc.gov](mailto:911FeeReport@fcc.gov).*

**E2. (1 of 5) Please identify the uses of the collected funds.**<sup>4</sup> *Select yes for all that apply; otherwise select no. If you intended to select more both, please choose the most applicable response and explain in the associated Addendum Section below.*

**Type of cost:**

**PSAP operating costs, including technological innovation that supports 911**

- |   |                       |                       |
|---|-----------------------|-----------------------|
| Lease, purchase, maintenance, replacement, and upgrade of customer premises equipment (CPE) (hardware and software)       | Yes                   | No                    |
|   | <input type="radio"/> | <input type="radio"/> |
| Lease, purchase, maintenance, replacement, and upgrade of computer aided dispatch (CAD) equipment (hardware and software) | Yes                   | No                    |
|   | <input type="radio"/> | <input type="radio"/> |
| Lease, purchase, maintenance, replacement, and upgrade of PSAP building/facility  | Yes                   | No                    |
|   | <input type="radio"/> | <input type="radio"/> |



NG911, cybersecurity, pre-arrival instructions, and emergency notification systems (ENS) Yes No

<sup>4</sup> See 47 CFR § 9.23(b)(1)–(5).

**E2. (2 of 5) PSAP personnel costs**

Telecommunicators' Salaries Yes No

Training of Telecommunicators Yes No

**E2. (3 of 5) PSAP administrative costs**

Program Administration Yes No

Travel Expenses Yes No

**E2. (4 of 5) Costs for integration and interoperability of 911 systems and public safety/first responder radio systems**

Integrating public safety/first responder dispatch and 911 systems, including lease, purchase, maintenance, and upgrade of CAD hardware and software to support integrated 911 and public safety dispatch operations Yes No

Providing for the interoperability of 911 systems with one another and with public safety/first responder radio systems Yes No

**E2. (5 of 5) Grant programs**

Grant programs (if YES, see E2a.) Yes No

**E2a. If you selected YES for E2 Grant programs, during the annual period ending December 31, 2024, describe the grants that your state paid for through the use of collected 911/E911 fees and the purpose of such grants.**

**Addendum Section E2.** Enter any other information, such as footnotes, qualifiers, text, descriptions, and/or explanations here.

**F. Description of 911/E911 Fees Collected**

**F. Description of 911/E911 Fees Collected**

**F1. Please describe the amount of 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.**

*Although we permit non-numeric characters and number range responses for this question, we encourage respondents to enter only numeric data and only a single number, and to use the associated Addendum field for any qualifiers (e.g. “monthly,” “per month,” “per line,” etc.), number ranges, exceptions, and other explanations.*

**Service Type – provide *either* fee (\$) or percentage (%) (leave inapplicable cell blank for each type)**

	Fee/Charge Imposed		Jurisdiction Receiving Remittance. Select one for each Service Type. If both State and County/Local Authorities receive remittances, please select the "Combination" but only.		
	Monthly Flat Fee (\$)	Percentage (%)	State	County or Local Authority	Combination of State and County/L
Wireline – monthly fee (\$ or percentage (%)	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wireless – monthly fee (\$ or percentage (%)	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prepaid Wireless – flat fee (\$ or percentage (%) per retail transaction	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Voice Over Internet Protocol (VoIP) – monthly fee (\$ or percentage (%)	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other – monthly fee (\$) or percentage (%) <i>(Please describe in Addendum Section F1 below.)</i>	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



**Addendum Section F1.** Enter any other information, such as footnotes, qualifiers, text, descriptions, and/or explanations here.

**F2. For the annual period ending December 31, 2024, please report the total amount collected pursuant to the assessed fees or charges described in Question F1.**

*Dollar (\$) signs are assumed; do not include them in your responses.*

*Please enter numbers only.*

*If you wish to enter "None", enter the number zero: "0" instead.*

*If you wish to enter "Unknown", "N/A" or similar non-numeric responses, please leave the numeric field blank and instead fill out the associated Addendum field.*

**Service Type**

**Total Amount Collected (\$)**

Wireline

Wireless

Prepaid Wireless

Voice Over Internet  
Protocol (VoIP)

Other (*Please  
describe in  
Addendum Section  
F2 below.*)

Total

**F2a. If an amount cannot be provided, please explain why.**

**Addendum Section F2.** Enter any other information, such as footnotes, qualifiers, text, descriptions, and/or explanations here.

**F3. Please identify any other sources of 911/E911 funding.**

**F4. For the annual period ending December 31, 2024, 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? Select one. If you intended to select both, please choose the most applicable response and explain in the associated Addendum Section below.**

Yes

No

**F4a. If YES for F4, please describe the federal, state or local funds and amounts that were combined with 911/E911 fees.**

**Addendum Section F4.** Enter any other information, such as footnotes, qualifiers, text, descriptions, and/or explanations here.

**F5. 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 signs (%) are assumed; do not enter them in your responses.*

*Please ensure responses total 100%. If other funding sources support 911, please describe in Addendum Section F5 below.*

*Please enter numbers only. Ranges are not accepted. Enter a single number*

*in a field and provide any range information in the Addendum field below. If you wish to enter "None", enter the number zero: "0" instead. If you wish to enter "Unknown", "N/A" or similar non-numeric responses, please leave the numeric field blank and instead fill out the associated Addendum field.*

	Percent (%)
State 911 Fees	<input type="text"/>
Local 911 Fees	<input type="text"/>
General Fund - State	<input type="text"/>
General Fund - County	<input type="text"/>
Federal Grants	<input type="text"/>
State Grants	<input type="text"/>

**Addendum Section F5.** Enter any other information, such as footnotes, qualifiers, text, descriptions, and/or explanations here.

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

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

For the purposes of this questionnaire, diversion is the obligation or expenditure of a 911 fee or charge for a purpose or function other than the purposes and functions identified in 47 CFR § 9.23 of the Commission's rules as acceptable.

**G1. In the annual period ending December 31, 2024, were funds collected for 911 or E911 purposes in your state or jurisdiction obligated or expended solely for acceptable purposes and functions as provided under 47 CFR § 9.23? Select one. If you intended to select both, please choose the most applicable response and explain in the associated Addendum Section below.**

Yes

No

**G1a. If NO to G1, please identify what amount of funds collected for 911 or E911 purposes were obligated or expended for purposes or functions other than those designated as acceptable under 47 CFR § 9.23, 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 purposes or functions for such funds.**

*For the Amount of Funds column, dollar (\$) signs are assumed; do not enter them in your response.*

*Please enter numbers only.*

*If you wish to enter "None", enter the number zero: "0" instead.*

*If you wish to enter "Unknown", "N/A" or similar non-numeric responses, please leave the numeric field blank and instead fill out the associated Addendum field.*

	Amount of Funds (\$)	Identify the purposes or functions other than those designated as acceptable by the Commission for which the 911/E911 funds were obligated or expended. (If you need more rows for your response, please enter the information in Addendum Section G1.)
	Amount	Other Purposes or Functions
1	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>

**Addendum Section G1.** Enter any other information, such as footnotes, qualifiers, text, descriptions, and/or explanations here.

**G2. In the annual period ending December 31, 2024, were funds collected for 911 or E911 purposes in your state or jurisdiction obligated or expended for the purchase, maintenance, replacement, or upgrade of public safety radios, networks, equipment, or related infrastructure?**

*Select **one**. If you intended to select both, please choose the most applicable response and explain in the associated Addendum Section below.*

Yes

No

**G2a. If YES to G2, are all of the public safety radios, networks, equipment, or related infrastructure on which funds were obligated or expended used to deliver 911-originated information to emergency responders? For the purposes of this questionnaire, 911-originated information includes all data and information delivered between the 911 request for assistance and the emergency responders. Select **one**. If you intended to select both, please choose the most applicable response and explain in the associated Addendum Section below.**

Yes

No

**G2a(i). If NO to G2a, please explain.**



**G2b. If YES to G2, please itemize the amounts that were obligated or expended and include descriptions of the public safety radios, networks, equipment, or related infrastructure.**

*For the Amount of Funds column, dollar (\$) signs are assumed; do not enter them in your responses.*

*Please enter numbers only.*

*If you wish to enter "None", enter the number zero: "0" instead.*

*If you wish to enter "Unknown", "N/A" or similar non-numeric responses, please leave the numeric field blank and instead fill out the associated Addendum field.*

	Amount of Funds (\$)	Description of such obligations or expenditures. (If you need more rows for your response, please enter the information in Addendum Section G2.)
	Amount (\$)	Description
1	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>

**Addendum Section G2.** Enter any other information, such as footnotes, qualifiers, text, descriptions, and/or explanations here.

**Safe Harbor for Multi-Purpose Fees.** Section 9.23(d) of the rules provides an elective safe harbor for states and taxing jurisdictions that designate multi-purpose fees or charges for “public safety,” “emergency services,” or other similar purposes where a portion of those fees or charges supports 911 services. *See* 47 CFR § 9.23(d). The rule provides that the obligation or expenditure of such a fee or charge will not constitute diversion if the state or taxing jurisdiction (i) specifies the amount or percentage of such fees or charges that is dedicated to 911 services; (ii) ensures that the 911 portion of such fees or charges is segregated and not commingled with any other funds; and (iii) obligates or expends the 911 portion of such fees or charges for acceptable purposes and functions as defined under the Commission’s rules.

**G3. Does your state or taxing jurisdiction collect multi-purpose fees or charges designated for “public safety,” “emergency services,” or other similar purposes where a portion of those fees or charges supports 911 services?**<sup>5</sup> *Select one. If you intended to select both, please choose the most applicable response and explain in the associated Addendum Section below.*

- Yes
- No

<sup>5</sup> For purposes of this question, please report only multi-purpose fees or charges “applicable to commercial mobile services, IP-enabled voice services, or other emergency communications services,” where a portion of those fees or charges supports 911 services. 47 CFR § 9.22. Please do not report multi-purpose fees or charges applicable to other types of items (e.g., do not report multi-purpose fees on real estate where a portion of those fees supports 911 services).

**IF YES to G3, please answer Questions G3a – G3c below. If NO to G3 above, leave Questions G3a – G3c below blank.**

**G3a. Does the state or taxing jurisdiction specify the amount or percentage of such fees or charges that is dedicated to 911 services?**  
*Select one. If you intended to select both, please choose the most applicable response and explain in the associated Addendum Section below.*

Yes

No

**G3a(i).** Cite to the authority by which the state or taxing jurisdiction specifies the amount or percentage.

**G3a(ii).** Indicate the amount or percentage of such a fee dedicated to 911 services. Provide *either* dollar amount or percentage. (Leave inapplicable cell blank.)

*Dollar (\$) and percent (%) signs are assumed for each respective field; do not include them in your responses.*

*Please enter numbers only.*

*If you wish to enter "None", enter the number zero: "0" instead.*

*If you wish to enter "Unknown", "N/A" or similar non-numeric responses, please leave the numeric field blank and instead fill out the associated Addendum field.*

Dollar amount (\$)

Percentage (%)

**G3b.** Does the state or taxing jurisdiction ensure that the 911 portion of such fees or charges is segregated and not commingled with any other funds? Select one. If you intended to select both, please choose the most applicable response and explain in the associated Addendum Section below.

Yes

No

**G3b(i).** Cite to the authority by which the state or taxing jurisdiction segregates such fees.

**G3c. Does the state or taxing jurisdiction obligate or expend the 911 portion of such fees or charges only for the purposes and functions designated by the Commission as acceptable pursuant to 47 CFR § 9.23? Select one. If you intended to select both, please choose the most applicable response and explain in the associated Addendum Section below.**

- Yes
- No

**G3c(i). If NO to G3c, please explain.**

**Addendum Section G3.** Enter any other information, such as footnotes, qualifiers, text, descriptions, and/or explanations here.

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

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

**H1. Has your state established any oversight or auditing mechanisms or procedures to determine whether collected funds have been obligated or expended for acceptable purposes and functions as designated under the Commission's rules? Select one. If you intended to select both, please choose the most applicable response and explain in the associated Addendum Section below.**

- Yes
- No

**H1a. If YES to H1, provide a description of: (i) the mechanisms or procedures and (ii) any enforcement or other corrective actions undertaken in connection with such auditing authority, for the annual period ending December 31, 2024. (Enter “None” if no actions were taken.)**

**Addendum Section H1.** Enter any other information, such as footnotes, qualifiers, text, descriptions, and/or explanations here.

**H2. 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? Select one. If you intended to select both, please choose the most applicable response and explain in the associated Addendum Section below.**

- Yes
- No

**H2a. Did your state conduct an audit of service providers in connection with such auditing authority during the annual period ending December 31, 2024? Select one; select N/A if Question H2 response above is No. If you intended to select more than one, please choose the most applicable response and explain in the associated Addendum Section below.**

- Yes
- No
- N/A

**H2b. If YES to H2 and H2a, 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, 2024. (Leave blank if not applicable / no actions were taken.)**

**Addendum Section H2.** Enter any other information, such as footnotes, qualifiers, text, descriptions, and/or explanations here.

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

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

**I1. Does your state or jurisdiction classify expenditures on Next Generation 911 (NG911) as within the scope of acceptable purposes and functions for the obligation or expenditure of 911 fees or charges? *Select one. If you intended to select both, please choose the most applicable response and explain in the associated Addendum Section below.***

Yes

No

**I1a. If YES to I1, please cite any specific legal authority:**

**I2. In the annual period ending December 31, 2024, has your state or jurisdiction expended funds on NG911 programs? *Select one. If you***

*intended to select both, please choose the most applicable response and explain in the associated Addendum Section below.*

- Yes
- No

**I2a. If YES to I2, please enter the dollar amount that has been expended on NG911 programs during the annual period.**

*A dollar (\$) sign is assumed; do not include "\$" in your response.*

*Please enter numbers only.*

*If you wish to enter "None", enter the number zero: "0" instead.*

*If you wish to enter "Unknown", "N/A" or similar non-numeric responses, please leave the numeric field blank and instead fill out the associated Addendum field.*

Amount (\$)

**Addendum Section I2.** Enter any other information, such as footnotes, qualifiers, text, descriptions, and/or explanations here.

**I3. For the annual period ending December 31, 2024, please provide the number of PSAPs that operated on each type of NG911 Emergency Service IP Network(s) (ESInets) that operated within your state. (See next question for Regional ESInet(s).)**

*For the Total PSAPs column: Please enter numbers only.*

*If you wish to enter "All PSAPs", enter the actual total number from Question B1.*

*If you wish to enter "None", enter the number zero: "0" instead.*

*If you wish to enter "Unknown", "N/A" or similar non-numeric responses, please leave the numeric field blank and instead fill out the associated Addendum field.*

*If you need to select both Yes and No, please explain in the associated Addendum Section below.*

**Type of ESInet**

	Indicate whether each type of ESInet(s) operated within your state.		If Yes, Enter Total PSAPs Operating on the ESInet	If Yes, does of ESInet interconnect other state, 1 or local ES
	Yes	No	# of PSAPs	Yes
I3a. A single, state-wide ESInet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
I3b. Local (e.g., county) ESInet(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>

**I3c. (1 of 3) Indicate whether Regional ESInet(s) operated within your state. Select one. If you intended to select both, please choose the most applicable response and explain in the associated Addendum Section below.**

- Yes
- No

**I3c. (2 of 3) If one Regional ESInet is in operation, provide the total PSAPs that operated on the ESInet on the first line below.**

**If more than one Regional ESInet is in operation, provide the total PSAPs operating on each ESInet.**

*For the Total PSAPs column: Please enter numbers only.*

*If you wish to enter "None", enter the number zero: "0" instead.*

*If you wish to enter "Unknown", "N/A" or similar non-numeric responses, please leave the numeric field blank and instead fill out the associated Addendum field.*

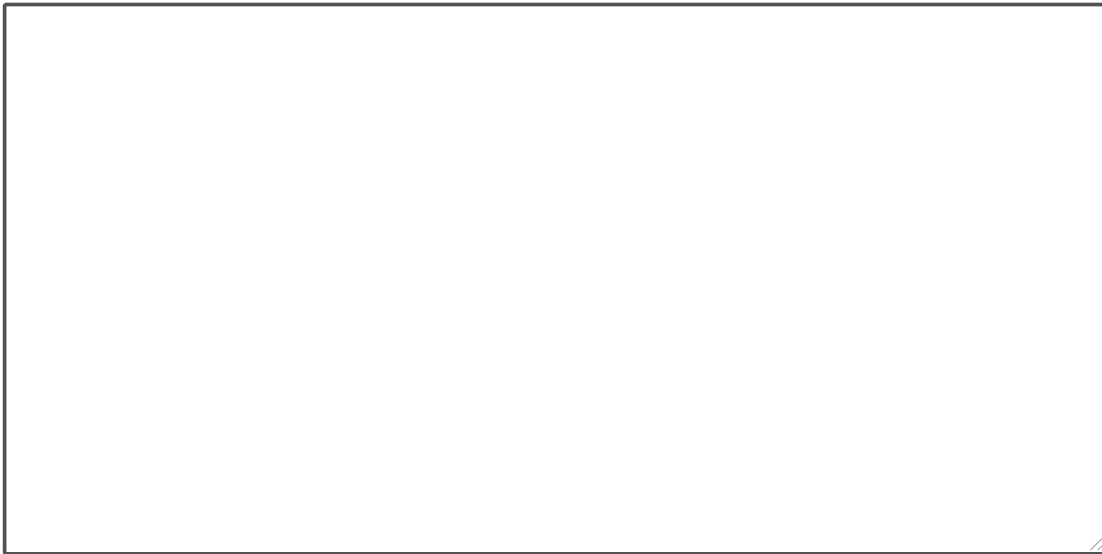
*If you need to select both Yes and No, please explain in the associated Addendum Section below.*



	Enter Total PSAPs Operating on the ESInet	Does the regional ESInet interconnect with other state, regional or local ESInets?	
	# of PSAPs	Yes	No
Name of Regional ESInet 1: <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Regional ESInet 2: <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Regional ESInet 3: <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Regional ESInet 4: <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Regional ESInet 5: <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Regional ESInet 6: <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Regional ESInet 7: <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

**I3c. (3 of 3) If more Regional ESInets operate in your state or taxing jurisdiction, please list the names of Regional ESInets 8 and higher, and numbers of associated PSAPs, in the space below:**

**Addendum Section I3.** Enter any other information, such as footnotes, qualifiers, text, descriptions, and/or explanations here.



**I4. Please provide a description of any NG911 projects completed or underway during the annual period ending December 31, 2024.** *This system has a text field limit of 20,000 characters, but this system does not provide a character count. If you encounter a character limit error for this question or for other questions, enter "See Supplement." in the response field. Separately, please prepare a supplemental document that names your state or jurisdiction, identifies the affected question number(s), and includes the intended full response(s). Any time after completing and submitting the questionnaire, but before the questionnaire deadline, you may email the supplemental document to [911FeeReport@fcc.gov](mailto:911FeeReport@fcc.gov).*



**I4a. Based on your response to I4, please indicate which categories of NG911 expenditures from this non-exhaustive list apply.**

Select all that apply.

- General Project or Not Specified
- Planning or Consulting Services
- ESInet Construction
- NG911 Core Services
- Hardware or Software Purchases or Upgrades
- GIS
- NG911 Security Planning
- Training

**I5. As of December 31, 2024, how many PSAPs within your state have implemented text-to-911 and are accepting texts?**

*Please enter numbers only.*

*If you wish to enter "All PSAPs", enter the actual total number from Question B1.*

*If you wish to enter "None", enter the number zero: "0" instead.*

*If you wish to enter "Unknown", "N/A" or similar non-numeric responses, please leave the numeric field blank and instead fill out the associated Addendum field.*

Total Number of PSAPs Accepting Texts as of December 31, 2024

**Addendum Section I5.** Enter any other information, such as footnotes, qualifiers, text, descriptions, and/or explanations here.

**I6. By the end of the next annual period ending December 31, 2025, how many total PSAPs do you anticipate will have implemented text-to-911 and will be accepting texts?**

*Please enter numbers only.*

*If you wish to enter "All PSAPs", enter the actual total number from*

*Question B1.*

*If you wish to enter “None”, enter the number zero: “0” instead.*

*If you wish to enter “Unknown”, “N/A” or similar non-numeric responses, please leave the numeric field blank and instead fill out the associated Addendum field.*

Estimated Total Number of PSAPs Accepting Texts as of December 31, 2025

**Addendum Section I6.** Enter any other information, such as footnotes, qualifiers, text, descriptions, and/or explanations here.

**J. Cybersecurity Expenditures**

**J. Cybersecurity Expenditures**

**J1. During the annual period ending December 31, 2024, did your state expend funds on cybersecurity programs for PSAPs? Select one.** *If you intended to select both, please choose the most applicable response and explain in the associated Addendum Section below.*

Yes

No

**J1a. If YES to J1, enter amount expended.**

*A dollar (\$) sign is assumed; do not include "\$" in your response.*

*Please enter number only.*

*If you wish to enter “None”, enter the number zero: “0” instead.*

*If you wish to enter “Unknown”, “N/A” or similar non-numeric responses, please leave the numeric field blank and instead fill out the associated Addendum field.*

Amount Expended (\$)

**Addendum Section J1.** Enter any other information, such as footnotes, qualifiers, text, descriptions, and/or explanations here.

**J2. During the annual period ending December 31, 2024, how many PSAPs in your state either had a cybersecurity program or participated in a regional or state-run cybersecurity program?**

*Please enter numbers only.*

*If you wish to enter “All PSAPs”, enter the actual total number from Question B1.*

*If you wish to enter “None”, enter the number zero: “0” instead.*

*If you wish to enter “Unknown”, “N/A” or similar non-numeric responses, please leave the numeric field blank and instead fill out the associated Addendum field.*

Total PSAPs

**Addendum Section J2.** Enter any other information, such as footnotes, qualifiers, text, descriptions, and/or explanations here.

**J3. Does your state or jurisdiction adhere to the National Institute of Standards and Technology *Framework for Improving Critical Infrastructure Cybersecurity* (April 2018) for networks supporting one or more PSAPs in your state or jurisdiction?<sup>6</sup> Select one. If you intended to select more than one, please choose the most applicable response and explain in the associated Addendum Section below.**

Yes

No

<sup>6</sup> National Institute of Standards and Technology, Framework for Improving Critical Infrastructure Cybersecurity (2018), <https://nvlpubs.nist.gov/nistpubs/cswp/nist.cswp.04162018.pdf>.

**Addendum Section J3.** Enter any other information, such as footnotes, qualifiers, text, descriptions, and/or explanations here.

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

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

**K1. 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 email an electronic copy (e.g., Word, PDF) of the latest such report upon submission of this questionnaire to the FCC at [911FeeReport@fcc.gov](mailto:911FeeReport@fcc.gov) or provide links to online versions of such reports in the space below.**

*This system has a text field limit of 20,000 characters, but this system does not provide a character count. If you encounter a character limit error for this question or for other questions, enter "See Supplement." in the response field. Separately, please prepare a supplemental document that names your state or jurisdiction, identifies the affected question number(s), and includes the intended full response(s). Any time after completing and submitting the questionnaire, but before the questionnaire deadline, you may email the supplemental document to [911FeeReport@fcc.gov](mailto:911FeeReport@fcc.gov).*

**L. Underfunding of 911**

**L. Underfunding of 911**

For the purposes of this questionnaire, underfunding occurs when funding levels are below the levels required for optimal performance of 911 operations.

**L1. Describe the impact of any underfunding of 911 services in your state or taxing jurisdiction during the annual period ending December 31, 2024. Indicate N/A if your state or taxing jurisdiction did not experience underfunding.**

**L2. Describe how any fee diversion affected 911 underfunding in your state or taxing jurisdiction during the annual period ending December 31, 2024. Indicate N/A if your state or taxing jurisdiction did not divert.**



**IMPORTANT NOTE: Keyboard-only users must use the tab button, then the space bar or enter key to continue to the next page.**

To review earlier responses, use the "Previous" button in the lower left corner of each page. Depending on your web browser settings, if you click on the "Back" button of the web browser or open an embedded link within the same window or tab as the questionnaire, prior responses may not be saved, in which case you will need to start over to retake the questionnaire. We encourage you to carefully review your answer to each question before moving to the next question. It may be helpful to save a copy of each response before continuing to the next question. For example, you may print answers, save answers as a PDF, or take a screen shot of answers before moving to the next question.







