

COUNTY E911 FISCAL INFORMATION

Item No.	E911 Fee Revenues		
1	Calendar Year	<input style="width: 100%;" type="text"/>	
2	Wireless E911 Fee Revenue	\$	<input style="width: 80%;" type="text"/>
3	Non-wireless E911 Fee Revenue	\$	<input style="width: 80%;" type="text"/> (LEC, wireline, & VoIP)
4	Total E911 Fee Revenue	\$	<input style="width: 80%;" type="text"/> Item #2 + Item #3

E911 Expenditures			
5	E911 Fee Expenditures	\$	<input style="width: 80%;" type="text"/>
6	County E911 Expenditures	\$	<input style="width: 80%;" type="text"/>
7	Subtotal Expenditures	\$	<input style="width: 80%;" type="text"/> Item #5 + Item #6
8	E911 Grant Expenditures	\$	<input style="width: 80%;" type="text"/>
9	Total E911 Expenditures	\$	<input style="width: 80%;" type="text"/> Item #5 + #6+ #8

Single Payment Expenditure Requiring Annual Payment Conversion			
Capital Equipment or Service	Year Purchased	Cost	Included in Item

E911 Carry Forward & Excess Cost Recovery Calculation			
10	Allowable County Carry Forward Amount	\$	<input style="width: 80%;" type="text"/> maximum allowable (30% of fee revenue Item #4)
11	Actual County Carry Forward Amount	\$	<input style="width: 80%;" type="text"/> assure amount is equal to or less than Item #10
12	Actual County Carry Forward Percentage	\$	<input style="width: 80%;" type="text"/> maximum 30% of calendar year fee revenue
13	Excess Cost Recovery	\$	<input style="width: 80%;" type="text"/> Item #4 - #7 - #11 Positive amount equals excess cost recovery amount to be returned to the E911 Board.

Additional Information Requested
The following items are requested for use in preparing the E911 Board Annual Report

14	Number of PSAPs (Primary/Secondary)	<input style="width: 80%;" type="text"/>
15	Number of PSAPs (Backup only)	<input style="width: 80%;" type="text"/>
16	Number of 911 Call Takers	<input style="width: 80%;" type="text"/> (not the number of 911 work stations)
17	Number of 911 Calls/Year	<input style="width: 80%;" type="text"/>
<input type="checkbox"/> Automatic calculation		<input style="width: 80%;" type="text"/> Information to be submitted
<input type="checkbox"/> Submit if applicable		

Contact Information	
18	Name of person preparing response: <input style="width: 90%;" type="text"/>
19	Title/Position of person preparing response: <input style="width: 90%;" type="text"/>
20	Telephone number: <input style="width: 90%;" type="text"/>
21	E-Mail address of person preparing response: <input style="width: 90%;" type="text"/>
22	Date: <input style="width: 90%;" type="text"/>