Request for Backup Plan Approval

PSAP Name:

PSAP Plan Contact (title/telephone number/email address):

**Location**

Where is the Primary PSAP located (street address)?

Where is the Backup PSAP located (street address)?

For the purposes of defining shared resource expenses, what, if any, other departments are located in the Backup PSAP facility?

How far is the Primary PSAP from the Backup PSAP in airline miles? (There is currently no defined distance requirement but a one mile minimum is a reasonable expectation.)

**Positions/Workstations**

How many telecommunicator positions are normally manned in the Primary PSAP?

How many telecommunicator positions are in the Backup PSAP?

**Equipment**

Please describe the make and model of the telephone switch in the Primary PSAP.

Please describe the make and model of the telephone switch in the Backup PSAP.

Please describe the make and model of the CAD in the Primary PSAP.

Please describe the make and model of the CAD in the Backup PSAP.

Please describe the make and model of the recorder in the Primary PSAP.

Please describe the make and model of the recorder in the Backup PSAP.

**Radio Equipment**

What equipment in the Backup PSAP will be used to dispatch 911 calls?

How will the radio equipment in the Backup PSAP connect to the radio network?

**Network**

How many 911 trunks are currently in the Primary PSAP and who is the carrier?

How many admin lines are currently in the Primary PSAP and who is the carrier?

How many 911 trunks will be in Backup PSAP and who is the carrier?

How many admin lines will be in the Backup PSAP and who is the carrier?

What is the process to re-route 911 trunks from the Primary PSAP to the Backup PSAP?

How long will it take to re-route 911 trunks from the Primary PSAP to the Backup PSAP?

What is the process to re-route admin trunks from the Primary PSAP to the Backup PSAP?

How long will it take to re-route admin trunks from the Primary PSAP to the Backup PSAP?

How will the Primary PSAP be network connected to the Backup PSAP?

Who is the carrier?

What is the bandwidth?

How will this network connection between the Primary PSAP to the Backup PSAP be used? For instance will it be used to keep the CAD data current at both locations? Will it be used to carry 911 calls from the B side of the switch at the backup location to the A side at the Primary location? Will other applications be running on this network connection?

**Transition to Backup PSAP**

Who will answer your 911 calls while you are relocating to the Backup PSAP?

How long will it take to relocate staff to the Backup PSAP and begin taking calls?

What is the process to re-route calls from the Primary PSAP to the Interim PSAP while relocating staff to the Backup PSAP?

What is the process to re-route calls from the Interim PSAP while relocating staff to the Backup PSAP?

Please attach a signed Memorandums of Understanding (MOUs) and any other applicable agreements. Please insure that the signatories have the appropriate authority to commit their respective agencies.

**Power**

Describe the back-up power system at the Primary PSAP?

What is the capacity of the generator and the UPS in the Primary PSAP?

How much fuel is stockpiled for the generator at the Primary PSAP and how long will this provide uninterrupted operation?

Describe the back-up power system at the Backup PSAP?

What is the capacity of the generator and the UPS in the Backup PSAP?

How much fuel is stockpiled for the generator at the Backup PSAP and how long will this provide uninterrupted operation?

**Additional**

Please provide a diagram of your back-up plan. Show the equipment to be supported in the Primary PSAP and the Backup PSAP, the network connections between the Primary PSAP and the Backup PSAP, the trunking to the Primary PSAP and the Backup PSAP, and any other relevant information.

**Financial Documentation**

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| **Non-Eligible Costs** |  | **Eligible Costs** |  | **Comments** |
| **Product/Service** |  | **Product/Service** |  |  |
|  | **Cost** | **One-Time Costs** | **Cost** |  |
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**The Plan**

Please provide a narrative on how the proposed Backup plan will work.

How often will you test your Backup plan?

How long will you take calls at the Backup PSAP when you exercise your plan?