ILLINOIS STATE POLICE Office of the Statewide 9-1-1 Administrator



State of Illinois

Application for 9-1-1 **Modification Plan**

911 GENERAL INFORMATION

Type of Change:	Change: Long Form Modification Plan Short Form Modification Plan			
Current System Name:	Population Served	Land Ar	ea in Sq Miles	
List PSAPs:		Primary	Secondary	
911 System Contact:				
Street Address:				
City, State and Zip Code:				
Office Telephone:				
Cellular Telephone:				
Email:				
Wireless Coverage for Consolidated System:	Please check if applicab	lo:		
% Phase II compliant	NG9-1-1 capable			
% Phase I compliant	Receive 9-1-1 Te			
	Receive 9-1-1 Vi			

VERIFICATION

I, Josh Gasparini I am 911 system manager foregoing plan by me subscribed an substance and in fact, except as to t those, I believe same to be true.	, first being duly sworn upon oath, depose and say that, of Logan County ETSB; that I have read the d know the contents thereof; that said contents are true in hose matters stated upon information and belief, and as to
Subscribed and sworn to before me	
this 13 day of	, 20 <u>23</u> .
Meny Hedrick NOTARY PUBLIC, ILLINOIS	

CHERYL HEDRICK
OFFICIAL SEAL
PUBLIC STATE OF ILLINOIS
My Commission Expires
May 28, 2024

9-1-1 SYSTEM PROVIDER LETTER OF INTENT

7/13/2023
(Date)
Lisa Wirtanan
(9-1-1 System Provider Company Representative)
AT&T
(9-1-1 System Provider Company Name)
4918 W. 95th St.
(Street Address)
Oak Lawn, IL. 60453
(City, State, Zip Code)
Dear Ms. Wirtanan :
This letter is to confirm our intent to modify our 9-1-1 System. Enclosed is your copy of ou modification plan to be filed with the Department of the Illinois State Police for approval. Thank you for your assistance in this matter.

(Name) Title)

Sincerely,

enclosure: Modification Plan

NARRATIVE STATEMENT:

(Provide a detailed summary of system operations for a modified 9-1-1 plan. Also, if incorporating an NG9-1-1 solution, please include the additional items listed below pursuant to 1325.205 b)12).

- 1) Indicate the name of the certified 9-1-1 system provider being utilized.
- 2) Explain the national standards, protocols and/or operating measures that will be followed.
- 3) Explain what measures have been taken to create a robust, reliable and diverse/redundant network and whether other 9-1-1 Authorities will be sharing the equipment.
- 4) Explain how the existing 9-1-1 traditional legacy wireline, wireless and VoIP network, along with the databases, will interface and/or be transitioned into the NG9-1-1 system.
- 5) Explain how split exchanges will be handled.
- 6) Explain how the databases will be maintained and how address errors will be corrected and updated on a continuing basis.
- 7) Explain who will be responsible for updating and maintaining the data, at a minimum on a daily basis Monday through Friday.
- 8) Explain what security measures will be placed on the IP 9-1-1 network and equipment to safeguard it from malicious attacks or threats to the system operation and what level of confidentiality will be placed on the system in order to keep unauthorized individuals from accessing it.

Plan Narrative:		

Plan Narrative:			

FINANCIAL INFORMATION

prior to modification	\$
Projected annual recurring 9-1-1 network costs after modification	\$
Installation cost of the project	\$
Anticipated annual revenues	\$

FIVE YEAR STRATEGIC PLAN FOR MODIFIED PLAN

(Provide a detailed summary of the proposed system's operation, including but not limited to, a five-year strategic plan for implementation of the modified 9-1-1 plan with financial projections)

arrative:	

COMMUNITIES SERVED

Provide a list of all communities to be served by the proposed 9-1-1 System. Please include the name of the community and the official mailing address including street address, city and zip code.

USE ADDITIONAL SHEETS AS NECESSARY

City, Town or Village Street Address, City, Zip Code		

PARTICIPATING AGENCIES

Provide a list of public safety agencies (Police, Fire, EMS etc.) that are to be dispatched by the 9-1-1 System. Each Agencies land area(s) in square miles and estimated population which will have access to the proposed 9-1-1 System. Do not forget to include County Sheriff's jurisdiction and Illinois State Police Districts. Each agency that appears on this list should also have signed a call handling agreement.

9-1-1 Participant Agencies	Street Address, City, Zip Code	Administrative Telephone No.	Direct Dispatch	Transfer	Call Relay

PARTICIPATING AGENCIES

Provide a list of public safety agencies (Police, Fire, EMS etc.) that are to be dispatched by the 9-1-1 System. Each Agencies land area(s) in square miles and estimated population which will have access to the proposed 9-1-1 System. Do not forget to include County Sheriff's jurisdiction and Illinois State Police Districts. Each agency that appears on this list should also have signed a call handling agreement.

9-1-1 Participant Agencies	Street Address, City, Zip Code	Administrative Telephone No.	Direct Dispatch	Transfer	Call Relay

ADJACENT AGENCIES LIST

Provide a list of public safety agencies and existing 9-1-1Systems that are adjacent to the proposed system's boundaries. Each agency that appears on this list should also have signed a call handling agreement and/or aid outside jurisdictional boundaries.

AGENCY	STREET ADDRESS, CITY, ZIP CODE	TELEPHONE NUMBER
	15	

CARRIER LISTING

(Wireline, Wireless, VoIP)

Provide a list of each carrier that will be involved in the proposed system.

(USE ADDITIONAL SHEETS AS NECESSARY)

CARRIERS	STREET ADDRESS, CITY, ZIP CODE	TELEPHONE NUMBER

ATTACHMENTS

Ordinance - The local ordinance which created an ETSB prior to January 1, 2016.

Contracts - The contract for a new 9-1-1 system provider or for NG 9-1-1 service.

Intergovernmental Agreement

Back-up PSAP Agreement - The agreement that establishes back-up service due to interruptions or overflow services between PSAPs.

Network Diagram - Diagram provided by the 9-1-1 System Provider. Re-evaluate P.01 grade of Service for cost savings and network efficiency.

CALL HANDLING AND AID OUTSIDE JURISDICTIONAL BOUNDARIES AGREEMENT

For 9-1-1 Emergency Communications

This agreement is made between the 9-1-1 Auth	nority, and the (Public Safety Agency) the purpose of effective handling and routing of 9-1-1 Emergency
calls.	and purpose of encourse managing and reading of or relating energy
CALL HANDLING	
(9-1-1 System Name) jurisdiction shall dispatch the call in the following	receiving a call for emergency services in your manner:
Primary: if talk group-identify name, if telephone-identity t	(State Specific Procedures if radio frequency-identity number, relephone number)
Secondary: frequency number, if talk group-identify name, if	(State Specific Procedures if radio frequency-identity telephone-identity number)
AID OUTSIDE JURISDICTION BOUNDARIES	
	se to a request through the system, such unit shall render its service or the unit is operating outside its normal jurisdictional boundaries.
The legislative intent is that 9-1-1 be used for elemergency nature shall be referred to your ager	mergency calls only. Therefore, all calls of an administrative or non- ncy's published telephone number.
The PSAP Center agrees to keep all records, participants of the 9-1-1 System.	times, and places of all calls. All records will be available to all
It shall be the responsibility of your agency to ma	aintain the report of the call and the disposition of each call received.
All agreements, management, records, and serv	rice will be the responsibility of the 9-1-1 authority.
9-1-1 Authority	Public Safety Agency
Ву	By
Title	Title

TEST PLAN DESCRIPTION

1)) Description of test plan (back-up, overflow, failure, database).		
2)	List wireline exchanges to be tested.		
3)	List of wireless and VoIP Carriers to be tested.		

Test Plan Description i3

TEST #	TEST CASE	TYPE
1	Trunk Verification (SIP)	Call Routing
2	Trunk Verification (SS7 Ingress from LSR)	Call Routing
3	Trunk Verification (SS7 Egress from AGC to LSR)	Call Routing
4	Perform reboot and validation on each AT&T network edge router at PSAP	Failover test
5	Perform WAN interface shutdown and validation on each AT&T network	Failover
	edge router at PSAP	
6	Perform reboot and validation on each ATT Interface Router (between CPE	
	and AT&T router)	
7	Wireline Call Routed to PSAP through AT&T ESInet	Equipment
8	Wireless Call Routed to PSAP through AT&T Esinet	Equipment
9	VOIP Call Routed to PSAP through AT&T ESInet	Equipment
10	CPE bids i3 Components	Call Handling
11	i3 Routing Fails, Routing via SRDB for Wireline call	Call Routing
12	i3 Routing via ECRF for Wireline call	Call Routing
13	i3 Transfer: Fixed Bridge Conferencing Confirmation (Call to IP PSAP then	Call Handling
	bridge to i3 PSAP if available – willing PSAP)	
14	S/R Transfer: Selective Bridge Conferencing Confirmation, if used by the PSAP	Call Handling
15	S/R Transfer: Fixed Bridge Conferencing Confirmation	Call Handling
16	S/R Transfer: Fixed Bridge Conferencing Confirmation	Call Handling
17	PSTN Transfer: Fixed Bridge Conferencing Confirmation	Call Handling
18	Manual Transfer to valid local TN	Call Handling
19	Manual conference bridging to invalid unassigned number	Call Handling
20	Manual conference bridging to a valid 8YY number	Call Handling
21	Manual conference bridging to a valid Busy number	Call Handling
22	Manual conference bridging to a Multi-Party Conference	Call Handling
23	Manual conference bridging to a valid long-distance cell	Call Handling
24	Alternate Routing	Call Routing
25	Ring no Answer Timer	Call Routing
26	No position Logged In	Call Routing
27	Abandonment Routing	Call Routing
28	Un-Abandonment Routing	Call Routing
29	Abandonment Routing – PAD Testing (if PAD available)	Call Routing
30	Un-Abandonment Routing – PAD Testing (if PAD available)	Call Routing
31	Test line appearances that appear on each CPE	Call Processing
32	TTY call	Call Handling
33	TTY conference call	Call Handling