

TENNESSEE EMERGENCY COMMUNICATIONS BOARD

Application for a Rate Increase ¹

_____ ECD

ECD Address: _____
Current Board Chair: _____
Board Chair Address: _____
Board Chair Telephone Number: _____
Current ECD Director: _____
County Population: _____ Date of Count: _____
Current Approved Rate: Residential _____ Business _____
Requested Rate: Residential _____ Business _____
Recent Count of Subscriber Lines
From all Area Providers of Service: Residential _____ Business _____
Estimated additional revenue: \$ _____

Have your last three audits been filed with the Tennessee Comptroller of the Treasury, County Audit Division? If not, your application cannot be processed. Yes No

Information Submitted:

1. Copy of Rate Increase Resolution. The resolution must contain at least the proposed rates (residential and commercial), desired effective date(s), amount of additional revenue, and justification for the rate increase request.

2. (a) Copy of Statement (with copy of certified letter receipt) signed by the County Executive (for a county ECD) or Mayor (for municipal ECD) showing receipt of letter of intent to raise rates;
OR
(b) Copy of Certified Letter (with copy of certified letter receipt) notifying the County Executive (for a county ECD) or Mayor (for a municipal ECD) of the ECD's intent to petition the ECB for a rate increase.

¹ TECB Policy 26 states, "Effective July 16, 2004, all applications for increases to the emergency telephone service charge and all applications for extensions of such increases shall be filed with the Tennessee Emergency Communications Board ("TECB") no later than thirty (30) days prior to the public meeting during which such application shall be considered. The TECB shall not consider applications that are filed after the thirty (30) day deadline and/or are inaccurate or incomplete absent extraordinary circumstances which could not be prevented by the exercise of prudence, diligence and due care."

3. Copy of Minutes of Public Hearing when rate increase was deliberated.
4. Notarized copy of newspaper public meeting notices (two times in at least 30 days but not more than 60 days before the hearing).
5. Justification for the rate increase request and how additional revenue will be used.
 - (a) If additional revenue is to be used to pay for equipment and/or capital projects, describe the item or items and provide projected cost and estimated payback period.
 - (b) If additional revenue is to be used to increase salary costs, provide the current dispatcher's salary schedule, the new salary schedule and the number of additional dispatcher positions established, if any.
6. List functions currently being performed by ECD and, if in support of other agencies, please identify the agencies and the type of support.
7. Attach a copy of every interlocal agreement entered into by the ECD currently in effect. A written interlocal agreement should memorialize relationships in which the ECD shares, jointly uses, contributes, or obtains any facilities, equipment, resources or income of any kind with another governmental entity.
8. List the number of positions employed by ECD, broken down by function, for most recent three years. Do not count employees of the County or City. If you operate more than one PSAP, please provide a separate list for each PSAP. Provide additional sheet(s), as needed.

Fiscal Year	FY	FY	FY
Director			
Other Administrative Staff			
Lead Supervisor			
Shift Leader			
Full Time Call Takers / Dispatchers			
Part Time Call Takers / Dispatchers			
Other PSAP Staff			

9. List all PSAP(s) within the District. Identify those PSAPs which are managed and operated by the ECD. Identify those PSAPs that do not have 911 equipment.

PSAP Location	Managed/ Operated by ECD?		Does PSAP have 911 Equipment?	
	Yes	No	Yes	No
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Do you have a mobile PSAP? Yes No
11. District's plan of action for continuation of 911 service if application is rejected (that is, a realistic and reasonable contingency plan).
12. Action taken by ECD to increase revenues, and outcome of such action.
13. Provide details on any outstanding debt and obligations by type.
14. Provide two projected budgets for the current and next two fiscal years (include equipment purchases and building projects): (a) Budget one should include (**with**) the additional revenue from the requested rate increase; and (b) Budget two should be (**without**) the additional revenue from the requested rate increase. The budget documents should demonstrate the effect on the change in net assets and cash reserves. (Provide an electronic copy in excel format. A copy of a sample budget is provided.)
15. Certify that emergency call taker or public safety dispatchers who receives an initial or transferred 911 call from the public who work for or, pursuant to an interlocal agreement, on behalf of the ECD have satisfied the minimum requirements for dispatcher training established in Tenn. Comp. R. & Reg. 0780-6-2. (A certification form has been attached for completion and signature before a notary.)

CHECKLIST OF REQUIRED INFORMATION

The following is a list of required documentation which must be submitted with application.

- 1. Copy of Rate Increase Resolution
- 2. Copy of Local Government certified receipt of notice of ECD intent to raise rates
- 3. Copy of minutes of Public Hearing deliberations on rate increase
- 4. Notarized copy of newspaper notices (2) of public meeting
- 5. Justification for the rate increase
- 5. (a) If applicable, new equipment and/or capital projects details
- 5. (b) If applicable, salary details
- 6. ECD functions and other agency support
- 7. If applicable, copy of Interlocal Agreement
- 8. List of positions employed by ECD
- 9. Plan of action if rate increase not approved
- 10. Action taken to increase revenue and outcomes
- 11. If applicable, details of outstanding debt
- 12. List of all PSAPs in the ECD district
- 14. (a) Projected budgets **with** the additional funds
- 14. (b) Projected budgets **without** the additional funds
- 15. Dispatcher training certification

Item #14 sample form that may be used to assist in providing information. Copy or duplicate the form to provide one for budget projections without the increase and one for budget projections with the increase.

Budget projections for current and next two years. Without Increase With Increase

	Acct. #	Account Name	FY20__	FY20__	FY20__
Revenues	3001	E-911 Service Charge (Landline)			
	3002	TECB - Shared Wireless Charge (25%)			
	3003	TECB - Operational Funding			
	5001	Investment & Interest Income less Expenses			
	5004	Contributions From Local Governments			
	5006	TECB - Grants and Reimbursements			
	5XXX	Other Revenue			
Total Revenue					
Expenses					
Salaries and Wages	4001	Director			
	4002	Administrative Personnel			
	4003	Dispatchers			
	4004	Telecommunicators / Call-takers			
	4005	Other Full-time Personnel			
	4008	Overtime Pay			
	4009	Part-time Personnel			
		Subtotal Employee Salaries			
Employee Benefits	4101	Social Security and Medicare (7.65%)			
	4103	Life Insurance			
	4104	Medical & Dental Insurance			
	4106	Disability Insurance			
	4107	Unemployment Compensation			
	4108	Retirement Contributions			
	4109	Other Fringe Benefits			
		Subtotal Employee Benefits			
Operating Expenses	4201	Addressing/Mapping Services Expenses			
	4203	Auditing & Accounting Services			
	4207	Contracts With Government Agencies			
	4212	Contract Fees Paid to Phone Service Providers			
	4217	Legal Services			
	42XX	Maintenance Agreements			
	4220	NCIC/TBI/TIES Expenses			
	423X	Maintenance and Repairs			
	4300	Supplies, Materials, Postage & Small Equipment			
	4306	Uniforms and Shirts			
	430X	Utilities: gas, water, electric, phones & pagers			
	4402	Board Meeting Expenses			
	4405	Dues and Memberships			
	440X	Insurance: liability, buildings/contents, vehicles			
	4407	Workers' Compensation Insurance			
	4413	Licenses and Fees			
	4414	Premiums on Surety Bonds			
	4415	Public Education			
	4418	Training Expenses			
	4419	Travel Expenses			
	4499	Other Charges not identified above			
Attach details	45XX	Building/Equipment purchase or lease costs			
	4500	Depreciation			
Total Expenses					
Change in Net Assets		<i>Revenues less Expenses</i>			
Beginning Net Assets					
Ending Net Assets					
Beginning Cash Balance					
Net Increase/(Decrease)					
Total Cash + Cash Equivalent					

Certification of Dispatcher Training

I hereby certify that each emergency call taker or public safety dispatcher who receives an initial or transferred 911 call from the public who is working for or, pursuant to an interlocal agreement, on behalf of the _____ Emergency Communications District has satisfied the minimum requirements for dispatcher training established in Tenn. Comp. R. & Reg. 0780-6-2. I further certify that evidence of completion of such training is available for inspection, as are attendance records, course outlines and lesson plans.

Signature

Date

Title

State of Tennessee
County of _____

On this day of _____, 20__,
before me personally appeared _____
to me known to be the person named herein and who executed the foregoing instrument and acknowledged the same was executed by such person as their free act and deed.

Notary Public