| Text-to-911 Reimbursement Request Form 1T | County: | |
| :--- | :--- | :--- |
| | Date: | |

## Section 1. Non-recurring Initial Construction Cost
*(If construction costs are required please specify in Section Five (5) Summary.)*

| Per PSAP | Quantity | Type of Construction | Cost | Cost |
| :--- | :---: | :--- | ---: | ---: |
| Maximum Allowable | 0 | | $3,000.00 | $0.00 |
| Actual Cost | 0 | | $0.00 | $0.00 |
| Smaller of the Two Amounts | | | | $0.00 |
| Total of Non-recurring Initial Construction Cost | | | | $0.00 |

## Section 2. IP Circuit(s), Maximum of **Two Reimbursable** Per PSAP or Hosted Site

| Per PSAP | Number of PSAPs | Number of Circuits Claimed | Monthly Cost | Annual Cost | Cost |
| :--- | :---: | :---: | ---: | ---: | ---: |
| Maximum Allowable | 0 | 0 | $800.00 | $9,600.00 | $0.00 |
| Actual Cost | | | $0.00 | $0.00 | $0.00 |
| Smaller of the Two Amounts | | | | | $0.00 |
| Total of Circuit Costs | | | | | $0.00 |

## Section 3. Text Aggregation Annual Costs
Choose section that applies to your invoice type, by Seat, by PSAP, or by Population

| Cost Per PSAP | *Leave Blank* | Number of PSAPs | Monthly Cost | Annual Cost | Cost |
| :--- | :---: | :---: | ---: | ---: | ---: |
| Maximum Allowable | | 0 | $950.00 | $11,400.00 | $0.00 |
| Actual Cost | | | $0.00 | $0.00 | $0.00 |
| Cost Per Seat | Number of Seats | *Leave Blank* | Monthly Cost | Annual Cost | |
| Actual Cost | 0 | | $0.00 | $0.00 | $0.00 |
| Population Based Cost | Population | Per Person Cost | Monthly Cost | Annual Cost | |
| Actual Cost | 0 | $0.00000000 | $0.00 | $0.00 | $0.00 |
| Smaller of the Amounts | | | | | $0.00 |
| Total Annual Recurring Fee | | | | | $0.00 |

| Section 4. | Non-Recurring Setup / Provisioning Costs Per PSAP | | | | |
|---|---|---|---|---|---|
| **Per PSAP** | **Number of PSAPs** | *Leave Blank* | **Unit** | *Leave Blank* | **Cost** |
| **Maximum Allowable** | 0 | | $1,500.00 | | $0.00 |
| **Actual Cost** | | | $0.00 | | $0.00 |
| Smaller of the Two Amounts | | | | | $0.00 |
| Total Setup / Provisioning Cost Per PSAP | | | | | $0.00 |

| Section 5. | Managed Services Costs | | | | |
|---|---|---|---|---|---|
| **Per PSAP** | **Number of PSAPs** | **Number of Positions** | **Unit Cost/Month** | **Cost/Year** | **Cost** |
| **Maximum Allowable** | 0 | 0 | *Leave Blank* | $2,000.00 | $0.00 |
| **Actual Cost** | | | $0.00 | $0.00 | $0.00 |
| Total of the Smaller of the Two Amounts | | | | | $0.00 |
| Total Service Management Costs | | | | | $0.00 |
| **Total allowable Text-to-911 Costs** | | | | | **$0.00** |

| Section 6. Reason for Request | |
|---|---|
| | |

| **Printed or Typed Name** | **Date** | **Signature** |
|---|---|---|
| | | |