**9-8-8 NEW LIFELINE CRISIS CENTER SERVICE PLAN/AGREEMENT**

|  |  |
| --- | --- |
| Date Prepared |  |
| Lifeline Crisis Center (LCC) Name: | | | LCC Manager: |
| Street, City, Zip Code: | | | Telephone: |

\*\*\* The portion below must be completed when establishing a new Lifeline Crisis Center or when network changes impact other jurisdictions\*\*\*

| List California Counties your agency supports |
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| List California agencies your agency supports |
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***Statement of Compliance: We each of the undersigned, affirm that the lifeline crisis center that we represent will participate in the 9-8-8 Emergency Number System described in this plan in accordance with California Government Code 53123.4 Section (b) (2) et seq. and the California Standards for 9-8-8 Systems published by the State 9-1-1 Office. The Responsible Lifeline Crisis Center of this plan will be the recipient of applicable State financial assistance and, if the five-year commitment is not met, a financial penalty will be imposed for the remaining period of the 9-8-8 equipment and network services costs as provisioned below.***

**Officials Authorized to Sign for the CA 988 Lifeline Crisis Center**

|  |  |  |  |
| --- | --- | --- | --- |
| Center Director | Name | Title | Telephone |
| Signature | | |
| Finance Officer | Name | Title | Telephone |
| Signature | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **9-8-8-/9-1-1 OFFICE 5-YEAR FUNDING PLAN COSTS** | | | | |
| Network | Monthly  $ | Annual  $ | Non-Recurring  $ | Total 5-Year Network Costs |
| CHS | Monthly  $ | Annual  $ | Non-Recurring  $ | Total 5-Year CHS Costs |