



U.S. Mail form to: **Cal OES PSC 601 Sequoia Pacific Blvd. Sacramento, CA 95811-0231**

This Form To Be Completed By The State 9-1-1 Branch Only						
State Agency:		CA 9-1-1 Branch		Contractors Name:		
Mailing Address:		601 Sequoia Pacific Blvd., MS-911		Mailing Address:		
City, State Zip		Sacramento, CA 95811-0231		City, State Zip		
E-mail Address:		CA911 Branch@caloes.ca.gov		E-mail Address:		
Phone Number:		(916) 984-5007		Phone Number:		
9-1-1 Project				CPCN Number		
Lead:				Representative:		
PSAP Name:						
Contract Number:				Contract Expiration Date:		
1. Type of Next Generation Services: NG 9-1-1 Prime    NG 9-1-1 Regional    NG 9-1-1 Services						
2. Service category(ies) must be checked:						
<input type="checkbox"/> NG 9-1-1 Aggregation Services <input type="checkbox"/> NG 9-1-1 Statewide GIS <input type="checkbox"/> NG 9-1-1 Trunk Services <input type="checkbox"/> NG 9-1-1 Core Services <input type="checkbox"/> NG Text to 9-1-1 Services <input type="checkbox"/> Other						
Description of Next Generation Services to be funded:						
Purchase/Service Information: Include service description, service #, quantity, unit cost, installation cost, monthly cost, and total cost. Attached SOW or supporting documentations, where applicable.						
Description Reference to CPUC's Advice Letter No. and Sheet No.)	NG Service#	Unit of Measure	One Time Cost (NRC)	Monthly Cost (MRC)	Total NRC Cost	Total MRC Cost
			\$	\$	\$	\$
			\$	\$	\$	\$
			\$	\$	\$	\$
			\$	\$	\$	\$
			\$	\$	\$	\$
			\$	\$	\$	\$
			\$	\$	\$	\$
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			\$	\$	\$	\$
			\$	\$	\$	\$
			\$	\$	\$	\$
			\$	\$	\$	\$
			\$	\$	\$	\$
			\$	\$	\$	\$
Subtotal					\$	\$
Total Approved					\$	\$
TDe-289 expiration date:		N/A		Fiscal Year:		
All invoices shall refer to tracking number:				Account Name:		
The State of California's monetary obligation under this agreement in subsequent fiscal years is subject to, and contingent upon, availability of funds in the State Emergency Telephone Number Account. Please be advised that this commitment to fund does not constitute a binding master agreement.						
RECOMMENDED BY:		Date:		APPROVED BY:		Date: