State of California **California 9-1-1 Emergency Communications Office**

COMMITMENT TO FUND 9-1-1 EQUIPMENT AND SERVICES

TD-288 (Rev. 06/02)

Public Agency:	**Contractor Name:**
Address:	Mailing Address:
City, State, Zip:	City, State, Zip
PSAP Manager:	Representative:
E-mail Address:	E-Mail Address:
Phone Number:	Phone Number:
Fax Number:	Fax Number:

Type of Funding Request:

- ☐ Telephone System
- ☐ E9-1-1 System
- ☐ E9-1-1 Phone Lines
- ☐ County Coordinator Expense
- ☐ 7-Digit Phone Lines
- ☐ 9-1-1 Education
- ☐ Alternate Answer
- ☐ Other:
- ☐ ALI Retrieval Circuit
- ☐ Training

Description of Equipment and Services to be funded:

Purchase/Service Information: Contractor must provide (below or on attachment): Equipment or service description, quantity, part number, unit cost, installation cost, monthly cost, tax and total cost.

Description	Quantity	Service/ Eqmt. ID#	Unit Cost	Installation	Monthly Cost	Total Recurring Cost	Total Non-Recurring Cost
						$0.00	$0.00
						$0.00	$0.00
						$0.00	$0.00
						$0.00	$0.00
						$0.00	$0.00
						$0.00	$0.00
						$0.00	$0.00
						$0.00	$0.00
						$0.00	$0.00
						$0.00	$0.00
					Subtotal	$0.00	$0.00
					Tax and Surcharge	$0.00	$0.00
					Total	$0.00	

State 9-1-1 Program Office Use Only

Amount of State 9-1-1 Program Funds committed: **Fiscal Year:**

All invoices shall refer to tracking number: **Account Name:**

The State's monetary obligation under this agreement in subsequent fiscal years is subject to and contingent upon availability of funds. The Commitment to Fund does not constitute a binding purchase order agreement. If applicable, a purchase order must be provided to the contractor by the ordering agency.

RECOMMENDED FOR APPROVAL BY	Telephone Number	APPROVED BY	Date