

# California 9-1-1 Branch Annual Training Allotment Overview

Fiscal Year 2024/2025

# Annual Training Allotment (ATA)

## Objective

Cal OES allocates ATA funding to support the professional development of personnel across California's Public Safety Answering Points (PSAPs).



## Annual Training Allotment (ATA)

#### **Funding Levels**

| Funding Level | ATA Before One-<br>Time Increase | ATA After One-Time Increase of 50% |
|---------------|----------------------------------|------------------------------------|
| Two           | \$10,000.00                      | \$15,000.00                        |
| Three         | \$15,000.00                      | \$22,500.00                        |
| Four          | \$20,000.00                      | \$30,000.00                        |
| Five          | \$25,000.00                      | \$37,500.00                        |

Each Public Safety Answering Point and County Coordinator receives an Annual Training Allotment.

Funding cycle resets at conclusion of each State fiscal year (July 1 through June 30).

# Annual Training Allotment (ATA)

#### **Funding Levels: FAQs**

Q: How are funding levels determined?

A: Funding levels are based on the three highest call volume months from the past 18 months.

<u>Chapter III Funding, Page 9</u>

Q: Do unused funds carry over to the next fiscal year?

A: No, the unspent ATA balance <u>does not</u> carry over to the next fiscal year.

Q: Does the one-time ATA increase apply to FY 2025/2026?

A: No, funding will revert to its previous amount.

One-Time ATA Increase Notice (2024-2025)

Cal OES

GOVERNOR'S OFFICE
OF EMERGENCY SERVICES

## Annual Training Allotment: Course Approval

#### **Branch Notices**

<u>CA 9-1-1 Notices</u> contains a list of pre-approved events (courses, conferences, seminars) that are eligible for ATA reimbursement.

Requesting ATA approval for event not listed on <u>CA 9-1-1 Notices</u>? Send a flyer of the prospective event to Janee Dabrowski <u>Janee.Dabrowski@CalOES.ca.gov</u> for confirmation on ATA reimbursement eligibility.

#### **Event Requirements for ATA Approval**

- Located in California
- Support PSAP operations
- Must be POST Plan N/A (not reimbursable through POST)

Cal OES

GOVERNOR'S OFFICE
OF EMERGENCY SERVICES

#### ATA Reimbursement

#### Requirements

Reimbursements are processed using the PSC-290 and PSC-290A reimbursement claim forms. Claims can be submitted by mail or email, with email being the preferred method for more direct communication.

All documentation must be combined into a single PDF, organized in the order listed below, and submitted to the reimbursement claims coordinator.

- 1. A <u>PSC-290 form</u> is required for all ATA reimbursement claims.
- 2. Additionally, a <u>PSC-290A form</u> must be completed along with the PSC-290 form <u>if</u> requesting reimbursement for mileage and/or wages.
- 3. Must provide proof of payment/supporting documentation for all itemized reimbursement requests.

Cal OES

GOVERNOR'S OFFICE
OF EMERGENCY SERVICES

## PSC-290 Reimbursement Form

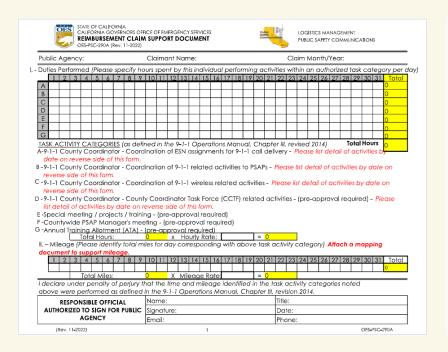
Step-by-step instructions located on page 2 and 3 of PSC-290 form

| Public Agency:   |              |                |                        |                                 |   | Accounts Payable                       | Name and Address                                   |
|--|--------------|----------------|------------------------|---------------------------------|---|--|--|
| Address:   |              |                |                        |                                 |   |  |  |
| SAP Manager:   |              |                |                        |                                 |   |  |  |
| -mail Address:   |              |                |                        |                                 |   |  |  |
| hone Number:   |              |                |                        |                                 |   |  |  |
| ax Number:   | 1.01         |                |                        |                                 |   |  |  |
| ype of Reimburse   | ment Clai    | m: All reimi   |                        |                                 |   |  | ety (90) calendar days<br>ds have been expended.   |
| п  | Annual Tr    | aining Allot   |                        |                                 |   | g Allotment - PSAF                     | _  |
|  | I hav        | ve attende     | d and part             | icipate                         | d in the trainin                        | g event.                               |  |
|  | Must c       | heck if filing | g Annual Tr            | aining /                        | Allotment (ATA                          | () claim                               |  |
| CPE Equipme  | nt I         | County         | Coordinat              | or Even                         | ntet 🖂                                  | Education Materi                       | als  |
|  |              |                |                        |                                 |   |  | uis  |
| CPE Mainten  | ance         | County         | Coordinat              | or Task I                       | Force                                   | Other:                                 |  |
|  |              |                | being subm             | itted for                       | reimbursement                           | in accordance wit                      | h CA 9-1-1 Branch Operations                       |
| Manual, Chapter  | III (Rev. 20 | 14):           |                        |                                 |   |  |  |
| Please provide   | itemized,    | detailed       | Issued by<br>the CA 9- | Diag                            | mandala alcie                           | Amount claimed                         | CA 9-1-1 Branch                                    |
| eceipt copies for  |              |                | 1-1                    | Please provide date<br>range(s) |   | per item                               | Use Only   |
| as a claimant  | and item     | claimed        | Branch                 |                                 |   | description                            | 330310331243                                       |
| Des  | cription     |                | Tracking#              | Time Period of Claim            |   | Total Cost Per<br>Item                 | Amount<br>Approved                                 |
|  |              |                |                        |                                 |   |  |  |
|  |              |                |                        |                                 |   |  |  |
|  |              |                |                        |                                 |   |  |  |
|  |              |                |                        |                                 |   |  |  |
|  |              |                |                        |                                 |   |  |  |
|  |              |                |                        |                                 |   |  |  |
|  |              |                |                        |                                 |   |  |  |
|  |              |                |                        |                                 |   |  |  |
| REIMBURSEM   | ENT CLAIM    | TOTAL          |                        |                                 |   | -                                      | \$0.00   |
| l declare under p  |              |                |                        |                                 |   | mbursement is con<br>ncy Telephone Nur | ect and is a legitimate claim for<br>nber Account. |
| Name:  |              |                |                        | Title:                          |   |  |  |
| FINANCIAL OFFICIAL AUTHORIZED TO SIGN FOR PUBLIC AGENCY Address: |              |                |                        |                                 | Date:                                   |  |  |
|  |              |                |                        |                                 | , |  |  |
| (other than claimant named for reimbursement)                    |              |                | Phone:                 |                                 |   |  |  |
|  |              |                |                        | CA 9-1-                         | 1 Branch Use O                          | nly                                    |  |
| RECOMMENDED APPROVAL PSAP Date                                   |              |                |                        |                                 | OVED BY                                 | Date                                   |  |
|  |              | Code           | Jul                    |                                 | Arri                                    |  | Dule   |
|  |              |                |                        |                                 |   |  |  |
| CA: 17000  | Fiscal Yea   |                |                        |                                 | Approved Amount:                        |  |  |
| Index: 7350 Object Code: 702.                                    |              |                | Approved By:           |                                 |   |  |  |
| ndex: 7350   |              | Vendor Number: |                        |                                 | Date:                                   |  |  |



#### PSC-290A Reimbursement Form

#### Instructions located on PSC-290A Form



| DATE      | # HOURS | ACTIVITY DESCRIPTION   | DATE   | # HOURS  | ACTIVITY DESCRIPTION |
|-----------|---------|--|--|--|----------------------|
|           |         |  | 1  |  |                      |
|           |         |  |  |  |                      |
|           |         |  |  |  |                      |
|           |         |  | 1  |  |                      |
|           |         |  | 1  |  |                      |
|           |         |  |  |  |                      |
|           |         |  |  |  |                      |
|           |         |  |  |  |                      |
|           |         |  | l  |  |                      |
|           |         |  | l  |  |                      |
|           |         |  |  |  |                      |
|           |         |  |  |  |                      |
|           |         |  | l  |  |                      |
|           |         |  | <b>├</b>   |  |                      |
|           |         |  | <b>├</b>   |  |                      |
|           |         |  | l  |  |                      |
|           |         |  | <b>├</b>   |  |                      |
|           |         |  | <b>├</b>   | <del>                                     </del> |                      |
|           |         |  | <del>                                     </del> |  |                      |
|           |         |  | <del>                                     </del> |  |                      |
|           |         |  | 1 —  |  |                      |
|           |         |  | 1  |  |                      |
|           |         |  | 1  |  |                      |
|           |         |  | 1  |  |                      |
|           |         |  |  |  |                      |
|           |         |  |  |  |                      |
| JS MAIL F | Sa      | 1 Sequoia Pacific Blvd., MS-911<br>cramento, CA 95811-0231<br>16) 657-9369 |  |  |                      |



## Reimbursable Expenses

#### **Expenses covered under ATA:**

| Expense Type       | Receipt/Documentation Required             | Description  |  |  |
|--------------------|--|--|--|--|
| Hotel              | Invoice                                    | Must come directly from the establishment  |  |  |
| Event Registration | Invoice                                    | Certificate of completion also required for courses                                      |  |  |
| Wages              | PSC-290A form                              | Maximum of 8 hours per day (overtime rates not reimbursable)                             |  |  |
| Mileage            | PSC-290A form <b>and</b> Google Maps route | Personal vehicle mileage reimbursed at \$0.70 per mile                                   |  |  |
| Parking            | Receipt                                    | Self-parking only, valet not reimbursed  |  |  |
| Transportation     | Receipt                                    | Includes airfare, car rental, gasoline for rental, train, toll, shuttle, taxi, rideshare |  |  |
| Meals              | N/A  | Up to rate limit <b>B</b> : \$16 <b>L</b> : \$19 <b>D</b> : \$28 <b>I</b> : \$5          |  |  |

<u>Travel arrangements made through third party apps (Priceline.com, Hotels.com, Expedia, etc.) will not be reimbursed.</u>

<u>Proof of payment must show zero-dollar balance or payment method</u> and amount.

Cal OES

GOVERNOR'S OFFICE
OF EMERGENCY SERVICES

## Reimbursable Expenses

#### **Update: Travel Reimbursement Rates**

| Per Mile | Rate      |  |  |
|----------|-----------|--|--|
| 7/1/2024 | .70 Cents |  |  |

| M&EI<br>Total | Breakfast | Lunch | Dinner | Incidental<br>Expenses | First & Last Day of<br>Travel |
|---------------|-----------|-------|--------|------------------------|-------------------------------|
| Up to<br>\$68 | \$16      | \$19  | \$28   | \$5                    | Up to \$51                    |

| When travel status is                  |                        | Maximum reimbursement for actual expenses is   |
|--|------------------------|--|
| More than 12 but less<br>than 24 hours |                        | Up to 75% of the applicable M&IE standard rate for each calendar day in a travel status. |
| 24 hours or more, on                   | The day of departure   | Up to 75% of the applicable M&IE standard rate.  |
|  | Full days of travel    | Up to 100% of the applicable M&IE standard rate.   |
|  | The last day of travel | Up to 75% of the applicable M&IE standard rate.  |
| Travel less than 12 hours              |                        | Not Eligible for M&IE reimbursement  |

#### <u>Travel Reimbursements Rates</u>

Cal OES

GOVERNOR'S OFFICE
OF EMERGENCY SERVICES

## Reimbursement Policy

All reimbursement claims must be submitted on an annual, semi-annual, or quarterly basis each fiscal year (July 1 through June 30) and must be submitted no later than ninety (90) calendar days after the close of the fiscal year (September 30) in which funds have been expended.

Chapter III Funding, Page 28



## Additional Funding

#### 9-1-1 Education Funding Policy

Emergency Number Professional and Center Manager Certification Program
The Emergency Number Professional (ENP) certification program and Center
Manager Certification Program (CMCP) recognize leaders in the 9-1-1 profession
by promoting comprehensive mastery of the emergency number program
management knowledge base. Both the ENP certification and CMCP
encourage professional growth and may be required for management positions
within the PSAP community. PSAPs may be eligible for reimbursement of study
materials, courses, training guides, practice exams, and the ENP certification
exam fee for PSAP personnel that successfully complete the ENP certification
process. PSAPs may be eligible for enrollment fees and in State travel expenses
for the CMCP course. PSAP Funding will follow the defined Reimbursement
Claim Process, Other 9-1-1 Services process and must be accompanied by a
copy of the CMCP or ENP certification showing successful completion of the
program.

<u>Chapter III Funding, Page 12</u>

Different fund source, will not be deducted from ATA



#### Resources and Reference Links

https://www.caloes.ca.gov/wpcontent/uploads/PSC/Documents/Operations-Manual-Chapter-III-Updated-6.24.pdf

https://www.caloes.ca.gov/wp-content/uploads/PSC/Documents/One-Time-Annual-Training-Allotment-Increase-Fiscal-Year-2024-2025.pdf

https://www.caloes.ca.gov/office-of-the-director/operations/logistics-management/public-safety-communications/ca-9-1-1-emergency-communications-branch/ca-911-notices/

https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.c aloes.ca.gov%2Fwp-content%2Fuploads%2FPSC%2FDocuments%2FOES-PSC-290-Reimbursement-Claim-complete.xlsx&wdOrigin=BROWSELINK

https://www.caloes.ca.gov/wp-content/uploads/PSC/Documents/OES-PSC-290A-Reimbursement-Cliam-Support.pdf

https://www.calhr.ca.gov/employees/Pages/travel-reimbursements.aspx

Cal OES

GOVERNOR'S OFFICE
OF EMERGENCY SERVICES

## Contact

Reimbursement Claims Coordinator

<u>Dylan.Crane@CalOES.ca.gov</u>

916-894-5025



## Thank You

Questions, Comments, Concerns?

