PROPOSAL FOR SERVICES

DATE: October 17, 2025

TO: Dan Nosbusch, Project Manager, Durham County

FROM: Susan Ronning, P.E., PMP, ASEP, Principal, ADCOMM Engineering LLC

SUBJECT: **Durham 911 Consolidation Feasibility Study Proposal [RFQ No. 25-056]**

1. PURPOSE

The purpose of this project is to conduct a structured, data-driven feasibility study to evaluate the potential consolidation of 9-1-1 communications functions between the City of Durham and the Durham County Sheriff's Office. The study also examines how the City's **HEART (Holistic Empathetic Assistance Response Team)** program and the planned **backup 9-1-1 center in the new Emergency Operations Center (EOC)** interact with, and are impacted by, any consolidation model. These elements are integral to understanding the future of Durham's emergency communications and ensuring resiliency, efficiency, and service equity countywide.

The study will provide City and County leadership with an independent, objective analysis of current operations and a clear determination of whether consolidation is both **feasible and practical**, while accounting for HEART expansion across the County and the role of the EOC backup center in continuity planning.

The project's outcome is an actionable roadmap with:

- Recommendations for consolidation or alternative models, supported by comparative analysis of operations, staffing, technology, facilities, governance, and financial impacts.
- A determination of how best to **expand and integrate HEART countywide**, including its call-taking and dispatch workflows, staffing requirements, governance, and fiscal implications.
- Facility strategy guidance that incorporates the **new EOC's backup 9-1-1 center** as part of the overall resiliency and continuity framework.

This work will enable Durham to make informed decisions about the future of emergency communications that improve efficiency, resiliency, and coordinated service delivery, while strengthening community-based crisis response through HEART.

1.1 Background

Durham currently operates two separate 9-1-1 centers: the City of Durham Emergency Communications Center (DECC) and the Durham County Sheriff Communications Center. Consolidation has been identified as a potential strategy to reduce duplication, improve resiliency, and enhance coordination of emergency services.

The City also operates the **HEART** program, which provides alternative crisis response through clinicians and unarmed teams. HEART is already embedded in 9-1-1 operations through its Crisis Call Diversion function, where behavioral health calls are screened and redirected away from traditional law enforcement response. The **Durham County Board of Commissioners has expressed strong interest in expanding HEART countywide**, making its future role and integration a critical part of the feasibility study.

The County's Emergency Operations Center is currently in the **design phase of a new facility** that will include a **dedicated backup 9-1-1 center**. This facility will be a cornerstone of continuity-of-operations (COOP) planning and must align with decisions regarding consolidation, governance, technology, and staffing. It will also provide the capacity to ensure that both primary 9-1-1 functions and HEART operations can be consistently maintained during COOP activations or other disruptions to normal operations.

ADCOMM Engineering LLC (ADCOMM) brings extensive experience supporting multi-jurisdictional 9-1-1 consolidation projects across the United States. Our approach is grounded in national best practices, informed by **INCOSE systems engineering principles**, and tailored to Durham's unique operational, technical, and governance environment. This study incorporates consolidation, HEART expansion, and backup facility planning as interconnected components of a single, comprehensive assessment.

2. SCOPE OF WORK

The tasks outlined below include structured data collection, analysis, and stakeholder engagement. Each phase incorporates **interim section reviews** with leadership and management to ensure alignment and transparency, culminating in a **draft review workshop** and **final presentations**. ADCOMM will provide the following services.

2.1 Task 1 – Initiation and Stakeholder Engagement

This task will establish the foundation for the project by aligning expectations, initiating data collection, and conducting structured stakeholder engagement. ADCOMM begins with remote initiation, transitions into structured survey/data collection, and culminates in onsite engagement with both the City and County. This phase also ensures that input from the **City's HEART program** and planning for the **new EOC with a backup 9-1-1 center** are integrated from the outset.

Activities:

1. Conduct a remote initiation meeting with the client's project manager to confirm the schedule, expectations, and baseline records required.
2. Deploy the Smartsheet survey/RFI tool, customized for Durham, to gather baseline data (see list below). Provide approximately 2 weeks for completion.
3. Review and analyze survey responses; prepare scripts for individual and group interviews and targeted follow-up questions.
4. Conduct a joint onsite kick-off meeting with City and County leadership and stakeholder representatives to confirm objectives, timeline, and expectations, **including confirming the scope for reviewing HEART program expansion and considerations related to the EOC/backup 9-1-1 center**.
5. Conduct two separate site visits (City DECC and Sheriff Communications Center, on different weeks). Each visit will include:
    a. **Individual interviews (1 hour each) with:**
        i. Executive leadership: chiefs, directors, City and County decision makers, and elected officials.
        ii. Support leaders: training, IT, QA, patrol/response supervisors, HR, finance, legal.
        iii. Management-level staff as identified by the City/County.
    b. **Focus groups (2 hours each) with:**
        i. Dispatchers/telecommunicators from each center.
        ii. Response agencies (law enforcement, fire, EMS, emergency management).
        iii. Mixed operations staff from both centers (to explore cultural alignment and workflow differences).
    c. **Observations of 9-1-1 operations in action**, **including HEART interfaces** (e.g., crisis call diversion workflow at call-taking, dispatch handoff protocols, unit status/field deployment coordination, and care-navigation feedback loops).
    d. **Facility walk-throughs** of each respective center, including operational and support spaces, **and review of EOC backup 9-1-1 design plans and COOP alignment**.
6. Conduct as-needed remote follow-up interviews with any stakeholders after the site visits to clarify or expand on information collected. Estimated stakeholder involvement is outlined in the matrix below.

Stakeholder Involvement Matrix:

DIVISION/STAKEHOLDER	STAFF INVOLVED	EXPECTED INVOLVEMENT	RECORDS/DATA REQUIRED
City DECC	Executive leadership (director, chiefs), supervisors, dispatch staff	1-hr interviews (execs/supervisors); 2-hr focus groups (dispatchers); ops observations	CAD data, call-handling records, QA/QI reports, training docs, staffing rosters, org charts, facility info, budgets
Durham County Sheriff Communications	Sheriff's designee, comms director, supervisors, dispatch staff	1-hr interviews (execs/supervisors); 2-hr focus groups (dispatchers); ops observations	CAD data, call-handling records, QA/QI reports, training docs, staffing rosters, org charts, facility info, budgets
City Police Department	Chiefs, command staff, patrol/ response leaders	1-hr interviews; 2-hr patrol focus group	Staffing/workload data, SOPs/SOGs, org charts, mutual aid agreements
Sheriff Patrol	Sheriff, patrol supervisors, deputies	1-hr interviews; 2-hr patrol focus group	Staffing/workload data, SOPs/SOGs, org charts, mutual aid agreements
City Fire	Fire chief, battalion chiefs, dispatch liaisons	1-hr interviews; 2-hr focus group	CAD/dispatch records, staffing data, SOPs/SOGs
County EMS	EMS leadership, field supervisors	1-hr interviews; 2-hr focus group	CAD/dispatch records, staffing data, SOPs/SOGs
City of Durham Community Safety – HEART Program	Program director, supervisors, staff	1-hr interviews; 2-hr focus group	Call transfer/diversion data, CAD integration protocols, staffing, org charts, program budget and outcome metrics
City and County Management	City manager, County manager, finance, HR, legal reps	1-hr interviews	Budget data, governance docs, job descriptions, contracts/SLAs, interlocal agreements
Emergency Operations Center/Emergency Management	EM leadership, backup 9-1-1 planners, IT/tech staff	1-hr interviews; 2-hr focus group; facility/design review	EOC/backup 9-1-1 design plans, technology/facility specs, COOP roles and activation playbooks, redundancy documenta-tion, network diagrams
Other Stakeholders (as identified)	IT support, QA staff, others	1-hr interviews or 2-hr focus groups	Technology inventories, redundancy plans, mutual aid agreements, network diagrams

Outcome: Durham's stakeholders are fully engaged early in the process, with clear expectations for time commitments, structured interviews and focus groups, and comprehensive records

gathered from all relevant divisions. Input from the City DECC, Sheriff Communications, law enforcement, fire, EMS, the HEART program, City/County management, elected officials, and emergency management (including EOC/backup 9-1-1 planning) is integrated into a single, coordinated framework. ADCOMM establishes a robust foundation for comparative analysis that reflects operational, governance, technology, and resiliency considerations across the entire emergency communications environment.

Deliverable: Kick-off summary and stakeholder engagement documentation.

2.2 Task 2 – Current State Assessment

This task will document the current operations of the City DECC, the Sheriff Communications Center, the HEART program, and related facilities, building on the surveys, observations, and engagement from Task 1. A consistent comparative framework will be applied to analyze workflows, staffing, technology, facilities, budgets, and resiliency considerations. The assessment will also examine how the HEART program currently integrates with 9-1-1 operations and call diversion, as well as how the new EOC and backup 9-1-1 facility contribute to continuity and resiliency in Durham's overall public safety system.

Activities:

1. Consolidate and analyze survey responses, interview input, observations, and records collected in Task 1.
2. Review and document call flows, dispatch processes, QA/QI records, overtime data, and training protocols, **including HEART call diversion workflows, dispatch handoffs, and the impact on 9-1-1 call loads and community safety outcomes**.
3. Analyze staffing models, supervisory coverage, retention trends, and workload distribution across the City DECC, Sheriff Communications, and HEART.
4. Benchmark operations and staffing against NENA and NFPA standards and national consolidation best practices.
5. Assess operational and capital budgets for each agency and program, identifying cost drivers, lifecycle replacement obligations, duplication, and opportunities for economies of scale.
6. Evaluate facilities and equipment based on site visit data, comparing resiliency, security, lifecycle condition, and capacity. **This includes assessing the new EOC backup 9-1-1 center as a resiliency-critical component of continuity-of-operations (COOP) planning, and how it ensures consistent capabilities alongside current facilities.**
7. Synthesize findings into a comparative assessment of City DECC, Sheriff Communications, HEART, and EOC/backup 9-1-1 planning.

Outcome: Comprehensive documentation of the current operations of the City DECC, Sheriff Communications, HEART program, and EOC/backup 9-1-1 is developed in a consistent side-by-side framework. This enables Durham to understand operational commonalities, differences,

and interdependencies across dispatch functions, crisis response, and resiliency planning, providing a clear baseline for evaluating consolidation feasibility and future system design.

Deliverable: Current State Assessment Report.

2.3 Task 3 – Feasibility and Practicality Assessment

This task will determine whether consolidation of the City DECC and the Durham County Sheriff Communications Center is both feasible and practical, based on operational, technical, financial, and governance factors. Building on Task 2, ADCOMM will synthesize the findings into structured options and test them against Durham's operational, financial, and political environment. The assessment will explicitly incorporate the role of the **HEART program**, including the practicality of expanding it countywide within any chosen model, and the role of the **new EOC backup 9-1-1 facility** as a resiliency-critical component of consolidated or hybrid operations.

Activities:

1. Synthesize Task 2 findings into a comparative analysis, identifying alignments, conflicts, duplication, and interdependencies across City DECC, Sheriff Communications, HEART, and EOC/backup 9-1-1 planning.
2. Develop consolidation models (e.g., full consolidation, partial/shared functions, shared technology, or hybrid structures), **including how HEART could be integrated and expanded countywide under each model**.
3. Evaluate staffing requirements for each model, including supervisory coverage, training, QA/QI needs, and **how HEART staffing and oversight align with or remain distinct from dispatch operations**.
4. Assess facility capacity and requirements: whether existing sites can support consolidation, or if modifications, expansions, or alternate facilities are needed. **Evaluate the EOC backup 9-1-1 facility as a resiliency-critical component in COOP and hybrid models.**
5. Analyze technology infrastructure (CAD, CPE, radio, logging, networks) for interoperability, scalability, integration with HEART diversion protocols, and lifecycle costs.
6. Conduct financial modeling comparing current operating and capital costs against consolidated scenarios, including transition costs, projected savings, and **cost implications and funding considerations for countywide HEART expansion**.
7. Evaluate governance options that ensure clear oversight of consolidated 9-1-1 operations, HEART expansion, and EOC backup functions, whether through City-led, County-led, or joint authority/contractual agreements.
8. **Conduct interim section reviews with City/County management and, as appropriate, elected officials** on governance, staffing, facilities, and financial modeling. These reviews will serve as iterative checkpoints to validate assumptions, refine findings, and ensure alignment prior to the draft review workshop, reducing the risk of late-stage surprises.

Outcome: A clear, evidence-based determination of whether consolidation is both feasible and practical for Durham will be developed. Options will be defined in a structured comparison, highlighting operational impacts, governance implications, facility and technology requirements, and fiscal sustainability. The analysis will also address the practicality of **expanding HEART countywide** and incorporating the **EOC backup 9-1-1 facility** into consolidation or hybrid models, ensuring resiliency and continuity of operations are central to all recommendations.

Deliverable: Interim section reviews.

2.4 Task 4 – HEART Program Expansion and Integration

This task will evaluate the feasibility and practicality of expanding the **HEART** program beyond its current City scope to serve all of Durham County. While HEART stakeholders will already have participated in **Task 1 Engagement** and **Task 2 Current State Documentation**, this task builds on that foundation by conducting a deeper analysis of expansion requirements, options, and integration points. The purpose is to ensure HEART's role is fully considered in every consolidation scenario and that Durham has a clear, actionable roadmap for countywide implementation.

Activities:

1. **Follow-up stakeholder engagement:** Conduct targeted follow-up interviews and focus groups with HEART leadership, program staff, and community partners, building on initial Task 1 input. These sessions will validate baseline findings and gather detailed perspectives on expansion priorities, barriers, and integration requirements.
2. **Assess program scalability and readiness for expansion:** Move beyond the descriptive review in Task 2 by analyzing HEART's capacity to scale across the County, including organizational readiness, supervisory bandwidth, training pipelines, partnerships, and alignment with behavioral health resources.
3. **Analyze HEART's impact on 9-1-1 and the broader community:** Evaluate how crisis call diversion reduces 9-1-1 call loads today and model how countywide expansion could shift demand across dispatch and response agencies. Assess broader community impacts, including how HEART expansion supports mental and behavioral health outcomes, reduces law enforcement's involvement in crisis calls, and strengthens connections to community care.
4. **Evaluate staffing and training models:** Identify personnel requirements for expansion, including crisis counselors, care navigators, unarmed response teams, and supervisory structures. Assess scalability of existing training programs to meet countywide needs.
5. **Examine governance and operational integration:** Analyze how HEART could fit within each consolidation model (full consolidation, hybrid, shared services) and identify the governance structure—City, County, or joint authority—that best sustains HEART while ensuring alignment with 9-1-1 operations.

6. **Assess facilities and operational dependencies:** Go beyond Task 2's facility documentation by examining HEART's unique space, logistics, and coordination requirements for countywide expansion. Evaluate how HEART can co-locate or share infrastructure with 9-1-1 and how the **planned EOC backup 9-1-1 facility** can support surge operations, resiliency, and continuity for HEART during COOP activations.
7. **Conduct financial modeling for expansion:** Identify cost drivers for staffing, training, equipment, and facilities; assess potential funding sources (City/County budgets, grants, state/federal programs); and align these findings with the consolidation financial models developed in Task 3.
8. **Develop implementation scenarios:** Prepare options for phased countywide rollout of HEART services, tied directly to consolidation models, governance structures, and funding strategies.
9. **Conduct interim section reviews with HEART leadership, program partners, City/County management, and, as appropriate, elected officials** to evaluate draft expansion models, staffing/funding projections, and governance options. These sessions will validate direction, capture feedback early, and ensure expansion recommendations are integrated into the broader consolidation analysis.

Deliverable: Interim section reviews.

2.5 Task 5 – Draft Review Workshop

This task serves as the central checkpoint in the project. It consolidates the results of interim section reviews and provides Durham leadership and stakeholders with an opportunity to review and refine the preliminary draft report before finalization. By engaging a broad cross-section of City and County participants in a structured workshop, ADCOMM ensures that findings and recommendations are validated, priorities are aligned, and leadership has clear direction going into the final reporting stage.

Activities:

1. **Prepare and distribute draft materials:** Provide workshop participants with an electronic version of the draft report and presentation materials *approximately 1 week in advance* of the session, ensuring adequate time for review and preparation.
2. **Conduct an onsite workshop:** Facilitate a structured, in-person working session hosted by the County's project manager and attended by a cross-section of stakeholders, including:
    a. City DECC and County Sheriff Communications leadership and staff.
    b. Served agencies: law enforcement, fire, EMS, emergency management.
    c. HEART program leadership and staff representatives.
    d. City and County management and elected officials.
    e. Support functions: IT, finance, legal, HR, training/QA.

3. **Present draft findings:** Summarize interim section results from Tasks 3 and 4, highlighting consolidation models, governance options, financial scenarios, HEART program expansion recommendations, and the role of the new EOC backup 9-1-1 facility.
4. **Facilitate structured discussion:** Use ADCOMM's facilitation methods (e.g., prioritization matrices, consensus ranking, Smartsheet documentation) to guide participants in reviewing findings, raising concerns, and prioritizing considerations.
5. **Refine action items:** Capture feedback and identify areas where additional analysis, clarification, or adjustments are needed prior to producing the final report.

Outcome: The Draft Review Workshop provides Durham with a structured, inclusive forum for reviewing preliminary findings and shaping the final direction of the study. Leadership, elected officials, program staff, and support functions will have the opportunity to validate assumptions, resolve concerns, and build consensus. This collaborative process ensures that the final report reflects both operational realities and policy priorities, and positions elected officials and managers to make informed decisions on consolidation, HEART expansion, and EOC backup planning.

Deliverables:

- Workshop materials (including working draft report).
- Draft Review Workshop summary.

2.6 Task 6 – Final Report and Presentations

This task will finalize the project by incorporating all feedback from the Draft Review Workshop and interim section reviews into a comprehensive final report and formal presentations. The report will integrate findings on 9-1-1 consolidation feasibility and practicality, the expansion of the HEART program countywide, and the incorporation of the new EOC backup 9-1-1 facility as part of Durham's continuity and resiliency strategy. Presentations will be tailored to Durham's leadership and governing bodies, with optional sessions available upon request for broader stakeholder and community engagement.

Activities:

1. **Incorporate feedback:** Revise and refine the working draft report based on input from the Draft Review Workshop, interim reviews, and any additional client direction.
2. **Develop final materials:** Prepare the Final Consolidation Feasibility and Practicality Report and presentation decks summarizing key findings, consolidation models, feasibility determinations, HEART program expansion recommendations, and governance/financial options.
3. **Deliver formal presentations:**
    a. Up to two core presentations for the Durham County Board of Commissioners.

   i. OPTIONAL additional presentations, for City leadership, served agencies (law, fire, EMS, emergency management), HEART program partners, or community education sessions AVAILABLE UPON REQUEST.

4. **Document decisions and next steps:** Capture leadership direction, areas of consensus, and any follow-on actions to support City/County implementation planning.
5. **Provide electronic deliverables:** Submit the final report and presentation materials in electronic format for broad distribution and archival.

Outcome: Durham receives a comprehensive and actionable final product that reflects the collective input of stakeholders, managers, and elected officials. The report and presentations will provide leadership with clear recommendations, comparative options, and supporting analysis. The outputs will ensure alignment between City and County leadership, equip elected officials to make informed decisions, and document agreed-upon next steps for advancing 9-1-1 consolidation, HEART program expansion, and resilient backup operations through the EOC facility.

Deliverables:

- Final **Consolidation Feasibility and Practicality Report** (inclusive of HEART expansion and EOC backup analysis).
- Final **Consolidation Feasibility and Practicality Presentation.**

2.7 Optional Additional Presentations

At the request of the City or County, ADCOMM can provide additional onsite presentation sessions to extend the reach of the study's findings and recommendations beyond the Board of Commissioners. These sessions are designed to ensure that leadership, operational agencies, program partners, and the community have direct access to the results of the feasibility study in a clear and interactive format.

Optional presentations may be scheduled for audiences such as:

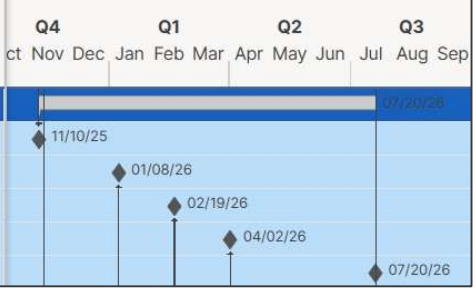
- **City leadership** (mayor, city manager, or city council committees).
- **Served agencies** (law enforcement, fire, EMS, and emergency management).
- **HEART program partners** (program staff, supervisors, and allied service providers).
- **Community education sessions** (public forums, advisory boards, or stakeholder meetings).

Each optional presentation will be delivered as a **single 1-day onsite visit**, including presentation materials, facilitation, and discussion with participants.

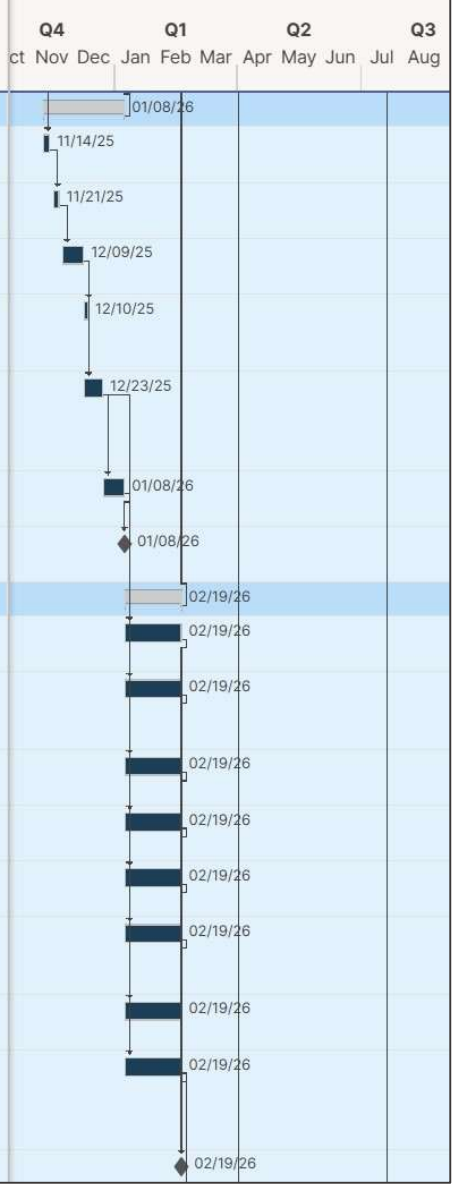
3. TIMELINE

The work described in this proposal should take approximately **9 months**.

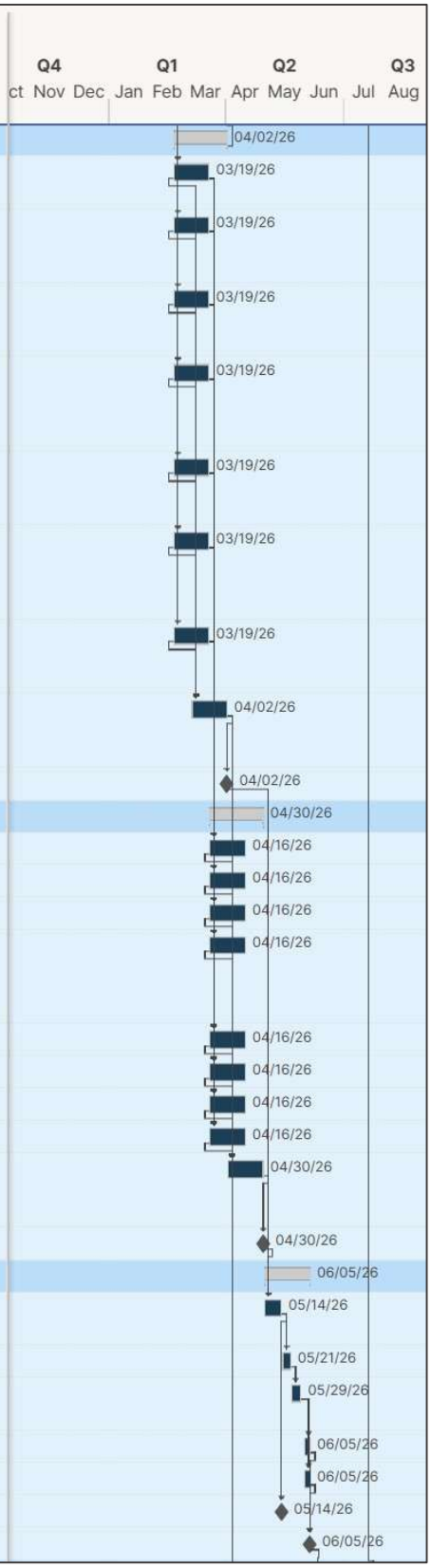
Description	Start	Finish
Proposed Milestones	**11/10/25**	**07/20/26**
Notice to Proceed	**11/10/25**	**11/10/25**
Task 1 – Initiation and Stakeholder Engagement Complete	**01/08/26**	**01/08/26**
Task 2 – Current State Assessment Complete	**02/19/26**	**02/19/26**
Task 3 – Feasibility and Practicality Assessment Complete	**04/02/26**	**04/02/26**
Task 4 – Final Report and Presentations Complete	**07/20/26**	**07/20/26**



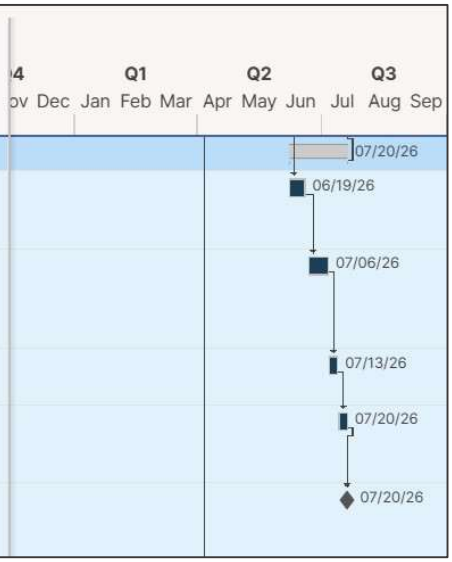
Description	Start	Finish
Task 1 – Initiation and Stakeholder Engagement	**11/10/25**	**01/08/26**
Remote initiation meeting with the client's project manager to confirm the schedule, expectations, and baseline records required.	11/10/25	11/14/25
Generate Smartsheet survey/RFI tool, customized for Durham, to gather baseline data (see list below). Provide ~2 weeks for completion.	11/17/25	11/21/25
Review and analyze survey responses; prepare scripts for individual and group interviews and targeted follow-up questions.	11/24/25	12/09/25
Conduct a joint onsite kickoff meeting with City and County leadership and stakeholder representatives to confirm objectives, timeline, and expectations.	12/10/25	12/10/25
Conduct two separate site visits (City DECC and Sheriff Communications Center, on different weeks) for individual interviews, focus groups, observations (including HEART interfaces), and facility walk-throughs (and review of EOC backup 9-1-1)	12/10/25	12/23/25
Conduct as-needed remote follow-up interviews with any stakeholders after the site visits to clarify or expand on information collected.	12/24/25	01/08/26
Deliverable: Kickoff Summary and Stakeholder Engagement Documentation	**01/08/26**	**01/08/26**
Task 2 – Current State Assessment	**01/09/26**	**02/19/26**
Consolidate and analyze survey responses, interview input, observations, and records collected in Task 1.	01/09/26	02/19/26
Review and document call flows, dispatch processes, QA/QI records, overtime data, and training protocols; HEART diversion workflows, handoffs, and impact on 9-1-1 & community safety outcomes	01/09/26	02/19/26
Analyze staffing models, supervisory coverage, retention trends, and workload distribution (incl DECC, Sheriff, HEART)	01/09/26	02/19/26
Benchmark operations and staffing against NENA and NFPA standards and national consolidation best practices.	01/09/26	02/19/26
Assess operational and capital budgets for each agency, identifying cost drivers, lifecycle replacement obligations, and duplication.	01/09/26	02/19/26
Evaluate facilities and equipment based on site visit data, comparing resiliency, security, lifecycle condition, and capacity (includes planned backup)	01/09/26	02/19/26
Synthesize findings into a comparative assessment of City and County operations, HEART & backup	01/09/26	02/19/26
Outcome: A comprehensive documentation of current operations for City and County, HEART, and backup, presented in a consistent side-by-side framework that enables Durham to understand both commonalities and differences.	01/09/26	02/19/26
Deliverable: Current State Assessment Report	**02/19/26**	**02/19/26**



Description	Start	Finish
Task 3 – Feasibility and Practicality Assessment	**02/20/26**	**04/02/26**
Synthesize Task 2 findings into a comparative analysis, identifying alignments, conflicts, and duplication.	02/20/26	03/19/26
Develop consolidation models (e.g., full consolidation, partial/shared functions, shared technology) for consideration, including HEART integration	02/20/26	03/19/26
Evaluate staffing requirements for each model, including supervisory coverage, training, and QA/QI needs. HEART staffing and oversight align with or remain distinct from dispatch operations.	02/20/26	03/19/26
Assess facility capacity and requirements: whether existing sites can support consolidation, or if modifications, expansions, or alternate facilities are needed. Evaluate the EOC backup 9-1-1 facility as a resiliency-critical component in COOP and hybrid models.	02/20/26	03/19/26
Analyze technology infrastructure (CAD, CPE, radio, logging, networks) for interoperability, scalability, integration with HEART diversion protocols, and lifecycle costs.	02/20/26	03/19/26
Conduct financial modeling comparing current operating and capital costs against consolidated scenarios, including transition costs and projected savings, and cost implications and funding considerations for countywide HEART expansion.	02/20/26	03/19/26
Evaluate governance options appropriate to Durham (City-led, County-led, or joint authority/contractual agreements). Include HEART expansion and backup functions.	02/20/26	03/19/26
Conduct virtual interim section reviews (e.g., governance, staffing, financial modeling) with City/County management to refine findings before the workshop (remote)	03/06/26	04/02/26
Deliverable: interim section reviews	**04/02/26**	**04/02/26**
Task 4 - HEART Program Expansion and Integration	**03/20/26**	**04/30/26**
Follow-up stakeholder engagement, remote	03/20/26	04/16/26
Assess program scalability and readiness for expansion, remote	03/20/26	04/16/26
Analyze HEART's impact on 9-1-1 and the broader community	03/20/26	04/16/26
Evaluate staffing and training models: Identify personnel requirements for expansion, including crisis counselors, care navigators, unarmed response teams, and supervisory structures. Assess scalability of existing training programs to meet countywide needs.	03/20/26	04/16/26
Examine governance and operational integration	03/20/26	04/16/26
Assess facilities and operational dependencies	03/20/26	04/16/26
Conduct financial modeling for expansion	03/20/26	04/16/26
Develop implementation scenarios	03/20/26	04/16/26
Conduct interim section reviews with HEART leadership, program partners, City/County management, and, as appropriate, elected officials (4 virtual)	04/03/26	04/30/26
Deliverable: interim section reviews	**04/30/26**	**04/30/26**
Task 5 - Draft Review Workshop	**05/01/26**	**06/05/26**
Prepare and distribute draft review materials (electronic version of the draft report, workshop materials)	05/01/26	05/14/26
Client reviews draft materials	05/15/26	05/21/26
Conduct an onsite workshop (present draft findings, facilitate structured discussion), 1 day onsite	05/22/26	05/29/26
Refine action items	06/01/26	06/05/26
Draft Review Workshop Summary	06/01/26	06/05/26
Deliverable: workshop materials (including draft report)	**05/14/26**	**05/14/26**
Deliverable: draft review workshop summary	**06/05/26**	**06/05/26**



Description	Start	Finish
Task 6 – Final Report and Presentations	**06/08/26**	**07/20/26**
Incorporate feedback: Revise and refine the working draft report based on input from the Draft Review Workshop, interim reviews, and any additional client direction.	06/08/26	06/19/26
Develop final materials: Prepare the Final Consolidation Feasibility and Practicality Report and presentation decks summarizing key findings, consolidation models, feasibility determinations, HEART program expansion recommendations, and governance/financial options.	06/22/26	07/06/26
Deliver formal presentations: Up to two core presentations for the Durham County Board of Commissioners (two, one day onsite visits)	07/07/26	07/13/26
Document decisions and next steps: Capture leadership direction, areas of consensus, and any follow-on actions to support City/County implementation planning.	07/14/26	07/20/26
Provide electronic deliverables: Submit the final report and presentation materials in electronic format for broad distribution and archival.	**07/20/26**	**07/20/26**



3.1 Assumptions and Limitations

Client is responsible to provide the following:

- Timely access to stakeholders for scheduled interviews, focus groups, and workshops.
- Requested records and data in usable formats (see Task 1 data requirements).
- Availability of facilities for onsite visits, observations, and presentations.
- Ongoing participation in **weekly/bi-weekly project status meetings**, including review of meeting agendas and minutes.

Risks and Contingencies, for consideration:

- Scheduling adjustments may extend data collection phases if stakeholder availability is limited.
- Incomplete or delayed data submission may affect comparative analysis detail.
- Limited or inconsistent participation in project status meetings may affect timely alignment and decision-making.

4. COST

ADCOMM proposes to complete the Durham City/County 911 Consolidation Feasibility and Practicality Study for a **not to exceed fee** consisting of two components:

1. **Professional Services (Labor):** $257,555
    - Covers all labor, expertise, analysis, reporting, and presentations described in the scope of work and timeline.
2. **Expenses (Travel):** $14,125
    - Fixed expense component covering all travel necessary for onsite engagement, workshops, and presentations.

The fee for all services and expenses is **$271,680**.

Optional Additional Presentations – ADCOMM will provide single 1-day onsite presentation sessions, available upon request, for County and City leadership, served agencies, HEART partners, or community education forums. **Cost: $4,990 per visit (inclusive of labor and travel).**

4.1 Terms

- Invoices will be issued monthly based on percentage of project completion, for the duration of the project.
- If additional scope is needed, additional fee may be added as a change order.
- Mileage is billed at the current IRS rate.
- Expenses are billed at cost (travel, telephone, copies, etc.).
- Meals are billed on a per diem basis using GSA rates.
- Pass-through costs are marked up 5 percent (FCC license fees, equipment, subconsultants, subcontractors, materials, etc.).
- Rate increases are subject to review every 2 years, on odd numbered years, not to exceed 3 percent each biennium.

5. AGREEMENT FOR SERVICES

If you have any questions, please contact Susan Ronning at s.ronning@adcomm911.com or 971-718-7574.

APPROVED FOR: Durham County	**APPROVED FOR:** ADCOMM Engineering LLC
	
Name:	Ms. Susan Ronning, P.E., PMP, ASEP, Principal
	October 17, 2025
Date	**Date**

Client contact information for invoicing:

Name: _____ **Email:** _____

Title: _____ **Phone**: _____

Address: _____

A signed proposal constitutes agreement for services between both parties.

This proposal is valid for 90 days.

For technical questions or clarification, contact:

Susan E. Ronning, P.E., PMP
Owner and Principal Consultant

Voice/Text: 971-718-7574
Email: s.ronning@adcomm911.com

For invoice or billing questions, contact:

Sue Seefeld
Office Manager

Mailing Address: P.O. Box 58, Cle Elum, WA 98922-0058
Voice: 425-487-1361
Email: accounting@adcomm911.com