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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|--------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| <b>U.S. Department of Commerce<br/>Performance Progress Report</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                      |                                                                          | <b>2. Award or Grant Number:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 02-10-S13002                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                      |                                                                          | <b>4. EIN:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 926001185                                                                   |
| <b>1. Recipient Name</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Alaska Department of Public Safety                   |                                                                          | <b>6. Report Date (MM/DD/YYYY)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 5/11/2017                                                                   |
| <b>3. Street Address</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 5700 East Tudor Rd                                   |                                                                          | <b>7. Reporting Period End Date: (MM/DD/YYYY)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                    | 3/31/2017                                                                   |
| <b>5. City, State, Zip Code</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Anchorage, Alaska 99507                              |                                                                          | <b>8. Final Report</b><br>Yes <input type="checkbox"/><br>No <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                     | <b>9. Report Frequency</b><br>Quarterly <input checked="" type="checkbox"/> |
| <b>10a. Project/Grant Period</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                      |                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                             |
| <b>Start Date: (MM/DD/YYYY)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 8/1/2013                                             | <b>10b. End Date: (MM/DD/YYYY)</b>                                       | 1/31/2018                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                             |
| <b>11. List the individual projects in your approved Project Plan</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                      |                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>Project Type (Capacity Building, SCIP Update,</b> | <b>Project Deliverable Quantity (Number &amp; Indicator Description)</b> | <b>Description of Milestone Category</b>                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                             |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Stakeholders Engaged                                 | 20                                                                       | <i>Actual number of individuals reached via stakeholder meetings during the quarter</i>                                                                                                                                                                                                                                                                                                                                                                                              |                                                                             |
| 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Individuals Sent to Broadband Conferences            | 0                                                                        | <i>Actual number of individuals who were sent to third-party broadband conferences using SLIGP grant funds during the quarter</i>                                                                                                                                                                                                                                                                                                                                                    |                                                                             |
| 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Staff Hired (Full-Time Equivalent)(FTE)              | 0.5                                                                      | <i>Actual number of state personnel FTEs who began supporting SLIGP activities during the quarter (may be a decimal)</i>                                                                                                                                                                                                                                                                                                                                                             |                                                                             |
| 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Contracts Executed                                   | 0                                                                        | <i>Actual number of contracts executed during the quarter</i>                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                             |
| 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Governance Meetings                                  | 0                                                                        | <i>Actual number of governance, subcommittee, or working group meetings held during the quarter</i>                                                                                                                                                                                                                                                                                                                                                                                  |                                                                             |
| 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Education and Outreach Materials Distributed         | 0                                                                        | <i>Actual volume of materials distributed (inclusive of paper and electronic materials) plus hits to any website or social media account supported by SLIGP during the quarter</i>                                                                                                                                                                                                                                                                                                   |                                                                             |
| 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Subrecipient Agreements Executed                     | 0                                                                        | <i>Actual number of agreements executed during the quarter</i>                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                             |
| 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Phase 2 - Coverage                                   | 6                                                                        | <i>For each Phase 2 milestone category, please provide the status of the activity during the quarter:</i> <ul style="list-style-type: none"> <li>• Stage 1 - Process Development</li> <li>• Stage 2 - Data Collection in Progress</li> <li>• Stage 3 - Collection Complete; Analyzing/Aggregating Data</li> <li>• Stage 4 - Data Submitted to FirstNet</li> <li>• Stage 5 - Continued/Iterative Data Collection</li> <li>• Stage 6 - Submitted Iterative Data to FirstNet</li> </ul> |                                                                             |
| 9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Phase 2 – Users and Their Operational Areas          | 6                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                             |
| 10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Phase 2 – Capacity Planning                          | 6                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                             |
| 11                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Phase 2 – Current Providers/Procurement              | 6                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                             |
| 12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Phase 2 – State Plan Decision                        | 3                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                             |
| <b>11a. Describe your progress meeting each major activity/milestone approved in the Baseline Report for this project; any challenges or obstacles encountered and mitigation strategies you have employed; planned major activities for the next quarter; and any additional project milestones or information.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                      |                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                             |
| <p>Leon Morgan, Interoperable Communications Manager, started January 1, 2017 working with the FirstNet team focusing on stakeholder engagement and overall project management. Leon has meet with the Governor’s Chief of Staff and the newly hired CIO to discuss Interoperable Governance and the role of FirstNet. Over the last reporting period, we have maintained a presence at interoperable communications committees (ALMR User and Executive council, SEIC), continued with the program management of extending public safety interoperable communications (Delta project), assisted with the budget and political process of maintaining and expanding funding for our interoperable communications infrastructure and monitored the formal FirstNet contract award process and how that process will effect Alaska in the future.</p> |                                                      |                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                             |
| <b>11b. If the project team anticipates requesting any changes to the approved Baseline Report in the next quarter, describe those below. Note that any substantive changes to the Baseline Report must be approved by the Department of Commerce before implementation.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                      |                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                      |                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                             |

**11c. Provide any other information that would be useful to NTIA as it assesses this project's progress.**

**11d. Describe any success stories or best practices you have identified. Please be as specific as possible.**

**12. Personnel**

**12a. If the project is not fully staffed, describe how any lack of staffing may impact the project's time line and when the project will be fully staffed.**

**12b. Staffing Table - Please include all staff that have contributed time to the project. Please do not remove individuals from this table.**

| Job Title                                                                                           | FTE% | Project (s) Assigned                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Change                                                      |
|-----------------------------------------------------------------------------------------------------|------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| Interoperable Communications Manager, Department of Public Safety will spend 50% on SLIGP work      | 50   | The Department of Public Safety has assigned Mr. Leon Morgan will work up to 50% on the project. Leon was previously Alaska's SWIC prior to Matt Leveque and is well versed on Interoperable Communications. Leon will provide oversight for the SLIGP grant, ensuring that all activities are completed on time and within budget, Leon also represents DPS on the Alaska Land Mobile Radio working group. Leon started on January 1, 2017                                                                                                                                                                        | Leon has replaced Mr. Matt Leveque                          |
| Deputy Director, Department of Public Safety, Alaska State Troopers                                 | 0    | Alaska State Point of Contact / Grant Program Manager (Non-Federal in-kind match): The Grant Program Manager will provide oversight for the SLIGP grant, ensuring that all activities are completed on time and within budget. The Grant Program Manager will be the primary point of contact for consultation with FirstNet, and will work to create the State's governance structure through a series of meetings, conferences and facilitation by professional consultants to establish governance structure for the Statewide Interoperable Governing Body (SIGB), and assist in Project Management activities | Individual left position - no replacement as of this time   |
| Interoperable Communications Manager, Department of Public Safety State Designated Point of Contact | 0    | Alaska State Point of Contact / Grant Program Manager: The Grant Program Manager will provide oversight for the SLIGP grant, ensuring that all activities are completed on time and within budget. The Grant Program Manager will be the primary point of contact for consultation with FirstNet, and will work to create the State's governance structure through a series of meetings, conferences and facilitation by professional consultants to establish governance structure for the Statewide Interoperable Governing Body (SIGB), and assist in Project Management activities                             | As mentioned on last PPR, Matt Leveque resigned on 7/8/2016 |
| Statewide 9-1-1 Coordinator                                                                         | 25   | The Statewide 911 Coordinator will work with the Program Manager and to execute the project plan, assist in outreach and training, and assist with the creation of the Governance Structure.                                                                                                                                                                                                                                                                                                                                                                                                                       | No Change                                                   |

**13. Subcontracts (Vendors and/or Subrecipients)**

**13a. Subcontracts Table - Include all subcontractors. The totals from this table must equal the "Subcontracts Total" in Question 14f.**

| Name | Subcontract Purpose                                             | Type (Vendor/Subrec.) | RFP/RFQ Issued (Y/N) | Contract Executed (Y/N) | Start Date | End Date  | Total Federal Funds Allocated | Total Matching Funds Allocated |
|------|-----------------------------------------------------------------|-----------------------|----------------------|-------------------------|------------|-----------|-------------------------------|--------------------------------|
| TBD  | Project Management: Track and manage all aspects of the project | Vendor                | N                    | N                       | n/a        | 1/31/2018 | \$229,500.00                  | \$0.00                         |

**13b. Describe any challenges encountered with vendors and/or subrecipients.**

None

**14. Budget Worksheet**

Columns 2, 3 and 4 must match your current project budget for the entire award, which is the SF-424A on file.

Only list matching funds that the Department of Commerce has already approved. NOTE: Some minor accounting adjustment have been made due to the States new accounting system for Travel and Personnel.

| Project Budget Element (1)   | Federal Funds Awarded (2) | Approved Matching Funds (3) | Total Budget (4) | Federal Funds Expended (5) | Approved Matching Funds Expended (6) | Total funds Expended (7) |
|------------------------------|---------------------------|-----------------------------|------------------|----------------------------|--------------------------------------|--------------------------|
| a. Personnel Salaries        | \$158,122.00              | \$154,334.00                | \$312,456.00     | \$37,422.27                | \$99,839.67                          | \$137,261.94             |
| b. Personnel Fringe Benefits | \$0.00                    | \$84,444.00                 | \$84,444.00      | \$0.00                     | \$74,097.82                          | \$74,097.82              |
| c. Travel                    | \$178,559.00              | \$44,111.00                 | \$222,670.00     | \$36,956.78                | \$6,001.33                           | \$42,958.11              |
| d. Equipment                 | \$0.00                    | \$0.00                      | \$0.00           | \$0.00                     | \$0.00                               | \$0.00                   |
| e. Materials/Supplies        | \$17,252.00               | \$0.00                      | \$17,252.00      | \$2,959.98                 | \$0.00                               | \$2,959.98               |
| f. Subcontracts Total        | \$1,647,000.00            | \$0.00                      | \$1,647,000.00   | \$0.00                     | \$0.00                               | \$0.00                   |
| g. Other                     | \$4,936.00                | \$10,911.00                 | \$15,847.00      | \$0.00                     | \$0.00                               | \$0.00                   |
| h. Indirect                  | \$0.00                    | \$207,667.00                | \$207,667.00     | \$0.00                     | \$9,708.50                           | \$9,708.50               |
| i. Total Costs               | \$2,005,869.00            | \$501,467.00                | \$2,507,336.00   | \$77,339.03                | \$189,647.32                         | \$266,986.35             |
| j. % of Total                | 80%                       | 20%                         | 100%             | 29%                        | 71%                                  | 100%                     |

**15. Certification: I certify to the best of my knowledge and belief that this report is correct and complete for performance of activities for the purpose(s) set forth in the award documents.****16a. Typed or printed name and title of Authorized Certifying Official:**

John Rockwell, State 911 Coordinator, FirstNet SPOC, Acting SWIC


**16c. Telephone (area code, number, and extension)**

907-269-2037

**16b. Signature of Authorized Certifying Official:****16d. Email Address:**

john.rockwell@alaska.gov

**Date:**