

U.S. Department of Commerce
 Performance Progress Report

1. Recipient Name		Arkansas Department of Emergency Management		2. Award or Grant Number:	05-10-S13005
3. Street Address		Building #9501 Camp Joseph T Robinson		4. EIN:	71-6043948
5. City, State, Zip Code		North Little Rock, AR 72199		6. Report Date (MM/DD/YYYY)	5/9/2018
				7. Reporting Period End Date: (MM/DD/YYYY)	3/31/2018
				8. Final Report Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	9. Report Frequency Quarterly <input checked="" type="checkbox"/>

10a. Project/Grant Period
 Start Date: (MM/DD/YYYY) 8/1/2013 Job End Date: (MM/DD/YYYY) 2/28/2018

11. List the individual projects in your approved Project Plan			Description of Milestone Category
Project Type (Capacity Building, SCIP Update, etc.)	Project Deliverable Quantity (Number & Indicator Description)		
1. Stakeholders Engaged	0	Actual number of individuals reached via stakeholder meetings during the quarter	<p>For each Phase 2 milestone category, please provide the status of the activity during the quarter:</p> <ul style="list-style-type: none"> • Stage 1 - Process Development • Stage 2 - Data Collection in Progress • Stage 3 - Collection Complete; Analyzing/Aggregating Data • Stage 4 - Data Submitted to FirstNet • Stage 5 - Continued/Iterative Data Collection • Stage 6 - Submitted Iterative Data to FirstNet
2. Individuals Sent to Broadband Conferences	0	Actual number of individuals who were sent to third-party broadband conferences using SLIGP grant funds during the quarter	
3. Staff Hired (Full-Time Equivalent/FTE)	0	Actual number of state personnel FTEs who began supporting SLIGP activities during the quarter (may be a decimal)	
4. Contracts Executed	0	Actual number of contracts executed during the quarter	
5. Governance Meetings	2 AICEC (10 Participants Monthly)	Actual number of governance, subcommittee, or working group meetings held during the quarter	
6. Education and Outreach Materials Distributed		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	
7. Subrecipient Agreements Executed	0	Actual number of agreements executed during the quarter	
8. Phase 2 - Coverage	Stage 4		
9. Phase 2 - Users and Their Operational Areas	Stage 4		
10. Phase 2 - Capacity Planning	Stage 4		
11. Phase 2 - Current Providers/Procurement	Stage 4		
12. Phase 2 - State Plan Decision	Stage 6		

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.

In July after Arkansas formally decided to opt in our team's social media and online presence has ceased as outreach has shifted to AT&T. We expect no additional grant activities other than closeout related.

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.

No Changes

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

1.18.2017 - Nothing to report

11d. Describe any success stories or best practices you have identified. Please be as specific as possible. Education and outreach activities have been phased over to AIR-T.

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.

Some positions are not currently staffed. There will be no impacts to the project timeline.

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
SLIGP Program Manager	80%	Will provide coordination for grant reporting and financial payouts from the SAA and work with SWIC to monitor progress of overall project	
IT Administrator	10%	Serves on the state broadband working group and provides technical assistance.	
Accounting Branch Manager	2%	Will conduct task and provide tracking for disbursement of the entire grant funds	
Financial Analyst	3%	Will provide oversight for the disbursements and tracking of funds	
SWIC	50%	Will oversee all interoperability coordination and is responsible for ensuring SCIP initiatives are tracked and completed	
AWIN Program Manager	50%	Has oversight of all public safety communications projects that the state undertakes and will provide oversight for this project	

13a. Subcontracts (Vendors and/or Subrecipients) - Include all subcontractors. The totals from this table must equal the "Subcontracts Total" in Question 14f.

Name	Subcontract Purpose	Type (Vendor/Subrec)	RFP/Req Issued (Y/N)	Contract Executed (Y/N)	Start Date	End Date	Total Federal Funds Allocated	Total Matching Funds Allocated
Burdorf, Goff, & Associates	Development of Project Management Plan	Vendor	Y	Y	10/1/2013	6/30/2019	\$810,432.00	\$0.00

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

No issues

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.						
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	\$159,681.00	\$395,089.00	\$554,770.00	\$116,518.70	\$276,531.89	\$393,050.59
b. Personnel Fringe Benefits	\$56,584.00	\$114,594.00	\$171,178.00	\$37,609.09	\$67,693.83	\$105,302.92
c. Travel	\$161,605.00	\$0.00	\$161,605.00	\$128,482.26		\$128,482.26
d. Equipment	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00
e. Materials/Supplies	\$49,119.00	\$0.00	\$49,119.00	\$32,622.69		\$32,622.69
f. Subcontracts Total	\$1,000,115.00	\$0.00	\$1,000,115.00	\$927,126.51		\$927,126.51
g. Other	\$168,607.00	\$34,020.00	\$202,627.00	\$115,893.91		\$115,893.91
h. Indirect			\$0.00	\$0.00		\$0.00
i. Total Costs	\$1,595,711.00	\$543,703.00	\$2,139,414.00	\$1,358,253.16	\$344,225.72	\$1,702,478.88
j. % of Total	75%	25%	100%	80%	20.22%	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:				16c. Telephone (area code, number, and extension)		
Bobbie Ann Merkel, Director Administration Division				501-683-6700		
16b. Signature of Authorized Certifying Official:				16d. Email Address:		
				PSBB@adem.arkansas.gov		
				Date: 5-11-18		