

U.S. Department of Commerce SLIGP 2.0 Performance Progress Report				2. Award or Grant Number:	12-10S18012
1. Recipient Name				4. EIN:	59-3458983
3. Street Address				6. Report Date (MM/DD/YYYY)	07/13/2020
5. City, State, Zip Code				7. Reporting Period End Date: (MM/DD/YYYY)	06/30/2020
10a. Project/Grant Period				8. Final Report	9. Report Frequency
Start Date: (MM/DD/YYYY)		03/01/2018	10b. End Date: (MM/DD/YYYY)	03/31/2021	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
11. List the individual projects in your approved Project Plan					
	Activity Type (Planning, Governance Meetings, etc.)	Was this Activity Performed during the Reporting Quarter? (Yes/No)	Project Deliverable Quantity (Number & Indicator Description)	Description of Milestone Category	
Activities/Metrics for All Recipients during the Reporting Quarter					
1	Governance Meetings	Yes	1	Actual number of governance, subcommittee, or working group meetings related to the NPSBN held during the quarter	
2	Individuals Sent to Broadband Conferences	No	0	Actual number of individuals who were sent to national or regional third-party conferences with a focus area or training track related to the NPSBN using SLIGP grant funds during the quarter	
3	Convened Stakeholder Events	No	0	Actual number of events coordinated - or held using SLIGP grant funds during the quarter, as requested by FirstNet.	
4	Staff Hired (Full-Time Equivalent)(FTE)	No	0.00	Actual number of state personnel FTEs who began supporting SLIGP activities during the quarter (may be a decimal).	
5	Contracts Executed	No	0	Actual number of contracts executed during the quarter.	
6	Subrecipient Agreements Executed	No	0	Actual number of agreements executed during the quarter.	
7	Data Sharing Policies/Agreements Developed	No		Yes or No if data sharing policies and/or agreements were developed during this reporting quarter.	
8	Further Identification of Potential Public Safety Users	Yes		Yes or No if further identification of potential public safety users occurred during this reporting quarter.	
9	Plans for Emergency Communications Technology Transitions	No		Yes or No if plans for future emergency communications technology transitions occurred during this reporting quarter.	
10	Identified and Planned to Transition PS Apps & Databases	No		Yes or No if public safety applications or databases within the State or territory were identified and transition plans were developed this reporting quarter	
11	Identify Ongoing Coverage Gaps	No		Yes or No if participated in identifying ongoing coverage gaps using SLIGP funds during this reporting quarter.	
12	Data Collection Activities	No		<i>(Opt-In and Opt-Out Post-SMLA Phase Only)</i> Yes or No if participated in data collection activities as requested by FirstNet or following	
Activities for Opt-Out States only in the Pre-SMLA Phase during the Reporting Quarter					
13	Stakeholders Engaged			Actual number of individuals reached via stakeholder meetings or events during the quarter.	
14	Education and Outreach Materials Distributed In-Person			Actual number of materials distributed in-person during this quarter.	
15	Education and Outreach Materials distributed Electronically			Actual volume of hits or impressions to any website, e-newsletter, social media post, or other account supported by SLIGP during the quarter.	

11a. Narrative description for each activity reported in Question 11 for this quarter; any challenges or obstacles encountered and mitigation strategies you have employed; planned major activities for the next quarter; and any additional project
This past quarter's activities involved continued updating of the digital grant files for reporting purposes, further research of the latest technology compatible with the NPSBN, as well as continued research of the latest developments with AT&T/FirstNet. One meeting was held with the FirstNet Authority's R&D Lab personnel to follow-up on the trip to Boulder for tour of both the FirstNet R&D Lab as well as the PSCR Lab. All upcoming face to face activities are presently on hold due to COVID-19 distancing requirements. We will continue to monitoring events for changes and availability due to Covid-19.

12. Personnel

12a. Staffing Table - Please include all staff that have contributed time to the project with current quarter's utilization. Please only include FTE staff employed by the state not contractors. Please do not remove individuals from this table.

Job Title	FTE%	Project (s) Assigned	Change
Contract and Project Manager	1%	Supervises Staff and Grant activities	Continues SLIGP
DMS Chief Technology Officer	2%	Supervising the technology aspect of the Grant	Continues SLIGP
Program Manager	2%	Overall Project Management and tracking progress of the Grant	Continues SLIGP
DMS System Engineer	0%	Providing system interoperability and planning with current State communications plans.	No work this quarter
Grant Specialist	5%	Provide Grant support to Grant Manager	Continues SLIGP
Financial Analyst	0%	Track Grant Expenses	No work this quarter
Financial Administrator	1%	Submit Grant Drawdowns	Continues SLIGP
Budget Analyst	0%	Expenses Audit	No work this quarter
Grant Manager	0%	Managing the SLIGP 2.0 grant activities and Scope of Work / Deliverables	VACANT

12b. Narrative description of any staffing challenges, vacancies, or changes.

There were no additional staff members for the period of 04/01/2020 through 06/30/2020 conducting grant activities. The FTE percentages were updated to reflect actual time spent on SLIGP activities during this quarter. Percentages reflecting "1%" were rounded up as formatting does not allow for a less than 1% value. SLIGP activities for the quarter were minimal due to COVID-19 distancing requirements and conference cancellations or being placed on hold. Staff continued to research for new and/or updates to educational opportunities that were placed on hold due to the pandemic.


13. Contractual (Contract and/or Subrecipients)

13a. Contractual Table – Include all contractors. The totals from this table should equal the “Contractual” in Question 14f.

Name	Subcontract Purpose	Type (Contract/Subrec.)	RFP/RFQ Issued (Y/N)	Contract Executed (Y/N)	Start Date	End Date	Total Federal Funds Allocated	Total Matching Funds Allocated
Florida State University Center For Disaster Risk Policy	Workshop Development and Execution	Subrecipient	N	Y	10/16/2018	09/19/2019	\$168,910.00	\$0.00

13b. Narrative description any challenges, updates, or changes related to contracts and/or subrecipients.

No further contractual expenses were incurred.

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)	NTE Total Federal Funds Approved (2)	NTE Total Matching Funds Approved (3)	NTE Total Budget (4)	Federal Funds Obligated to Date (5)	Matching Funds Approved to Date (6)	Total Budget to Date (7)	Federal Funds Expended (8)	Approved Matching Funds Expended (9)	Total funds Expended (10)
a. Personnel Salaries	\$290,480.00	\$118,227.00	\$408,707.00	\$290,480.00	\$118,227.00	\$408,707.00	\$22,437.50	\$73,949.02	\$96,386.52
b. Personnel Fringe Benefits	\$97,042.00	\$40,109.00	\$137,151.00	\$97,042.00	\$40,109.00	\$137,151.00	\$5,146.62	\$22,745.53	\$27,892.15
c. Travel	\$267,356.00	\$0.00	\$267,356.00	\$267,356.00	\$0.00	\$267,356.00	\$8,354.62	\$0.00	\$8,354.62
d. Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
e. Materials/Supplies	\$30,572.00	\$0.00	\$30,572.00	\$30,572.00	\$0.00	\$30,572.00	\$15,029.23	\$0.00	\$15,029.23
f. Contractual	\$335,200.00	\$0.00	\$335,200.00	\$335,200.00	\$0.00	\$335,200.00	\$168,910.00	\$0.00	\$168,910.00
g. Other	\$99,350.00	\$121,664.00	\$221,014.00	\$99,350.00	\$121,664.00	\$221,014.00	\$2,555.00	\$8,478.23	\$11,033.23
h. Indirect	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
i. Total Costs	\$1,120,000.00	\$280,000.00	\$1,400,000.00	\$1,120,000.00	\$280,000.00	\$1,400,000.00	\$222,432.97	\$105,172.78	\$327,605.75
j. Proportionality Percent	80.00%	20.00%	100.00%	80.00%	20.00%	100.00%	67.90%	32.10%	100.00%
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: Pam Gerard, Contract and Project Manager						16c. Telephone (area code, number, and extension) (850) 487-1804			
16b. Signature of Authorized Certifying Official: 						16d. Email Address: Pam.Gerard@dms.myflorida.com			
						Date: 7/30/20			

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