

| 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) | 07/17/2016 |
| 5. City, State, Zip Code | | | | 7. Reporting Period End Date: (MM/DD/YYYY) | 06/30/2018 |
| | | | | 8. Final Report Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | 9. Report Frequency Quarterly <input checked="" type="checkbox"/> |
| 10a. Project/Grant Period | | | | | |
| Start Date: (MM/DD/YYYY) | | 03/01/2018 | 10b. End Date: (MM/DD/YYYY) | 02/29/2020 | |
| 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 | No | 0 | Actual number of governance, subcommittee, or working group meetings related to the NPSBN held during the quarter | |
| 2 | Individuals Sent to Broadband Conferences | Yes | 2 | 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) | Yes | 0.40 | 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 a documented data collection determination by Opt-Out (Post-SMLA) grantees. | |
| 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
 11.2) Our two DMS staff attended the PSCR Stakeholder Meeting, June 5th through June 8th, 2018 at the San Diego Convention Center in San Diego California. They attended workshops and training regarding how FirstNet was going to positively impact First Responders, through coverage, capacity, resilience, location, and priority preemption services. They received education on mobile application security, indoor location methods, Quality Priority Preemption (QPP), security of the NPSBN, and attended a collaborative panel discussion hosted by AT&T FirstNet. The staff also attended the Keynote address given by FirstNet CEO Mike Poth. This stakeholder meeting enabled our staff to connect with other technical professionals to obtain information about current technologies, products, and policy crucial to the success of FirstNet in Florida. To fully understand how FirstNet will operate and impact public safety within the State of Florida, these meetings and training sessions are crucial for our staff. They also attended training and discussions on Mission Critical Push-to-Talk, Public Safety Analytics, Enhancement to Limited Public Safety Networks, Real-Time Analytics and Visualization, and Mobile Deployed Networks. While not specific to the FirstNet Authority, each of these will require interfacing and reliability on the NPSBN shortly. Travel expenses for the PSCR trip will be carried over until next quarter after the travel reimbursements are completed. This past quarter's activities involved mostly acquiring equipment and supplies, setting up the digital grant files for filing invoices and receipts. Meeting with potential vendors and researching possible lease equipment for drive-by testing. Planning and researching possible workshop material for regional advisory committee meetings. Planning will continue into the next quarter with possible site visits to Disaster City at Texas A&M University in College Station, Texas.

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

| Job Title | FTE% | Project (s) Assigned | Change |
|------------------------------|------|---|--------|
| Contract and Project Manager | 15% | Supervises Staff and Grant activities | 0% |
| DMS Chief Technology Officer | 15% | Supervising the technology aspect of the Grant | 0% |
| Program Manager | 49% | Overall Project Management and tracking progress of the Grant | 0% |
| DMS System Engineer | 7% | Providing system interoperability and planning with current State communications plans. | 0% |
| Grant Specialist | 15% | Provide Grant support to Grant Manager | 15% |
| Financial Analyst | 15% | Track Grant Expenses | 15% |
| Financial Administrator | 10% | Submit Grant Drawdowns | 10% |
| | | | |
| Grant Manager | 100% | Managing the SLIGP 2.0 grant activities and Scope of Work / Deliverables | 0% |

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

(X) Addition staff were hired and are included as match for this period of 04/01/2018 through 06/30/2018 for grant activities as we ramp up for the SLIGP 2.0 Grant.

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 |
|------|---------------------|-------------------------|----------------------|-------------------------|------------|----------|-------------------------------|--------------------------------|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

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

There no known challenges or issues. Preparation and organization of the grant file structure and planning continues.

| 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 | \$348,480.00 | \$118,228.00 | \$466,708.00 | \$130,680.00 | \$41,588.40 | \$172,268.40 | \$8,100.00 | \$24,879.01 | \$32,979.01 |
| b. Personnel Fringe Benefits | \$116,435.69 | \$40,108.33 | \$156,544.02 | \$43,650.56 | \$15,040.60 | \$58,691.16 | \$1,724.54 | \$7,670.05 | \$9,394.59 |
| c. Travel | \$267,356.00 | \$0.00 | \$267,356.00 | \$84,158.00 | \$0.00 | \$84,158.00 | \$3,016.76 | \$0.00 | \$3,016.76 |
| d. Equipment | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| e. Materials/Supplies | \$30,572.31 | \$0.00 | \$30,572.31 | \$18,555.44 | \$0.00 | \$18,555.44 | \$6,871.30 | \$0.00 | \$6,871.30 |
| f. Contractual | \$335,200.00 | \$0.00 | \$335,200.00 | \$122,450.00 | \$0.00 | \$122,450.00 | \$0.00 | \$0.00 | \$0.00 |
| g. Other | \$101,956.00 | \$141,663.67 | \$243,619.67 | \$25,506.00 | \$49,621.00 | \$75,127.00 | \$2,198.00 | \$3,463.13 | \$5,661.13 |
| h. Indirect | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| i. Total Costs | \$1,200,000.00 | \$300,000.00 | \$1,500,000.00 | \$425,000.00 | \$106,250.00 | \$531,250.00 | \$21,910.60 | \$36,012.19 | \$57,922.79 |
| j. Proportionality Percent | 80.00% | 20.00% | 100.00% | 80.00% | 20.00% | 100.00% | 37.83% | 62.17% | 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: Meredith Van Valkenburgh, Contract and Project Manager | | | | | | 16c. Telephone (area code, number, and extension) (850) 487-1804 | | | |
| 16b. Signature of Authorized Certifying Official: | | | | | | 16d. Email Address: Meredith.VanValkenburgh@dms.myflorida.com | | | |
| | | | | | | Date: 30JUL18 | | | |

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