U.S. Department of Commerce SLIGP 2.0 Performance Progress Report					2. Award or Grant Number:	20-10-S18020		
		32101 210	Terrormance Frogress	энероп		4. EIN:	48-1124839	
1. Recipient Name	Kansas Adjutant General's Department					6. Report Date (MM/DD/YYYY)	07/26/2019	
3. Street Address	2800 SW. Topeka BLVD.					7. Reporting Period End Date: (MM/DD/YYYY)	06/30/2019	
5. City, State, Zip Code	Topeka, KS 66611-1220					8. Final Report Yes □ No ☑	9. Report Frequency Quarterly X	
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 yo	our 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 Catego	ory		
Activities/Metrics for All Recipients	during the Reporting Quarte	er						
1	Governance Meetings	Yes	3	Actual number of governo	ance, subcommittee, or working group meetings related	to the NPSBN held during	the quarter	
2	Individuals Sent to Broadband Conferences	No		Actual number of individu	uals who were sent to national or regional third-party co og SLIGP grant funds during the quarter		·	
3	Convened Stakeholder Events	No		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		Actual number of state pe	ersonnel FTEs who began supporting SLIGP activities du	ing the quarter (may be a c	lecimal).	
5	Contracts Executed	No		Actual number of contrac	ts executed during the quarter.			
6	Subrecipient Agreements Executed	No		Actual number of agreem	ents 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	No	-	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 futu	re emergecy communications technology transitions oc	urred 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 i	n identifying ongoing coveage gaps using SLIGP funds d	uring this reporting quarte	r.	
12	Data Collection Activities	No			SMLA Phase Only) Yes or No if participated in data coll data collection determination by Opt-Out (Post-SMLA) g	•	d by FirstNet or	
Activities for Opt-Out States only in	the Pre-SMLA Phase during	the Reporting Quarter						
13	Stakeholders Engaged			Actual number of individu	als reached via stakeholder meetings or events during	he quarter.		
14	Education and Outreach Materials Distributed In- Person			Actual number of materia	ls distributed in-person during this quarter.			

OMB Control No. 0660-0042 Expiration Date: 01/31/2021

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.
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The state of Kansas had a governan	activity reported in Question 11 for this of ce meeting where FirstNet was discussed	quarter; any challenges or obstacle for 75% of the meeting. 28th May	es encountered and mitiga 2019 Executive meeting a	tion strategies you nd June 27th 2019	have employed; i full governace Mo	planned major activitie: eeting.	s for the next quarter; anα	d any additional project
12. Personnel								
	all staff that have contributed time to th	e project with current quarter's ut			yed by the state n	ot contractors. Please a	lo not remove individuals	
Job Title	FTE%		Proj	ect (s) Assigned				Change
Broadband Coordinator	100%							Vacant
	affing challenges, vacancies, or changes.							
13. Contractual (Contract and/or Su								
	brecipients) contractors. The totals from this table sh		uestion 14f.					
13a. Contractual Table – Include all Name	contractors. The totals from this table sh 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
13a. Contractual Table – Include all	contractors. The totals from this table sh	Туре			Start Date	End Date TBD		_
13a. Contractual Table – Include all Name	contractors. The totals from this table sh Subcontract Purpose	Type (Contract/Subrec.)	RFP/RFQ Issued (Y/N)	Executed (Y/N)			Allocated	Allocated
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13a. Contractual Table – Include all Name TBD 13b. Narrative description any chal	Subject matter expertise as needed enges, updates, or changes related to core	Type (Contract/Subrec.) Contract	RFP/RFQ Issued (Y/N)	Executed (Y/N)			Allocated	Allocated
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14. Budget Worksheet

16b. Signature of Authorized Certifying Official:

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	\$147,019.50	\$114,580.90	\$261,600.40	\$147,019.50	\$114,580.90	\$261,600.40	\$21,721.22	\$9,290.76	\$31,011.98
b. Personnel Fringe Benefits	\$34,910.00	\$41,249.12	\$76,159.12	\$34,910.00	\$41,249.12	\$76,159.12	\$0.00	\$0.00	\$0.00
c. Travel	\$114,520.00	\$19,169.97	\$133,689.97	\$114,520.00	\$19,169.97	\$133,689.97	\$2,431.03	\$0.00	\$2,431.03
d. Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
e. Materials/Supplies	\$14,349.50	\$0.00	\$14,349.50	\$14,349.50	\$0.00	\$14,349.50	\$1,715.55	\$0.00	\$1,715.55
f. Contractual	\$355,575.00	\$0.00	\$355,575.00	\$355,575.00	\$0.00	\$355,575.00	\$0.00	\$0.00	\$0.00
g. Other	\$12,066.00	\$0.00	\$12,066.00	\$12,066.00	\$0.00	\$12,066.00	\$558.15	\$0.00	\$558.15
h. Indirect	\$21,560.00		\$21,560.00	\$21,560.00	\$0.00	\$21,560.00	\$0.00	\$0.00	\$0.00
i. Total Costs	\$700,000.00	\$174,999.99	\$874,999.99	\$700,000.00	\$174,999.99	\$874,999.99	\$26,425.95	\$9,290.76	\$35,716.71
j. Proportionality Percent	80.00%	20.00%	100.00%	80.00%	20.00%	100.00%	73.99%	26.01%	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: Jonathan York, Response & Recovery Branch Director						16c. Telephone (area code, number, and	(785) 646-2501		
					extension)				

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16d. Email Address:

Date:

ionathan.r.york5.nfg@mail.mil

07/26/2019