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U.S. Department of Commerce SLIGP 2.0 Performance Progress Report						2. Award or Grant Number:	20-10-S18020		
						Number: 4. EIN:	48-1124839		
						6. Report Date			
1. Recipient Name	Kansas Adjutant General's Department						04/26/2020		
3. Street Address	2800 SW. Topeka BLVD.						03/31/2020		
							9. Report Frequency		
5. City, State, Zip Code	Topeka, KS 66611-1220					8. Final Report Yes □	Quarterly X		
10a. Project/Grant Period						No ☑			
		10b. End Date:	T .						
Start Date: (MM/DD/YYYY)	03/01/2018	(MM/DD/YYYY)	03/31/2021						
11. List the individual projects in yo	our approved Project Plan	(, 22, ,	1						
		Was this Activity	Project Deliverable						
	Activity Type (Planning,	Performed during the	Quantity (Number &		Description of Milesters Cotton				
	Governance Meetings, etc.)	Reporting Quarter?	Indicator		Description of Milestone Category				
	etc.)	(Yes/No)	Description)						
Activities/Metrics for All Recipients	during the Reporting Quarte	er							
1	Governance Meetings	Yes	1		nce, subcommittee, or working group meetings related to t				
2	Individuals Sent to	No		Actual number of individuals who were sent to national or regional third-party conferences with a focus area or traini					
_	Broadband Conferences			related to the NPSBN usin	g SLIGP grant funds during the quarter				
3	Convened Stakeholder	No		Actual number of events coordinated - or held using SLIGP grant funds during the quarter, as requested by FirstNet.					
	Events	-							
4	Staff Hired (Full-Time	No		Actual number of state personnel FTEs who began supporting SLIGP activities during the quarter (may be a decimal).					
	Equivalent)(FTE)			Actual number of contracts executed during the quarter.					
5	Contracts Executed	No		Actual number of contract	s executed auring the quarter.				
6	Subrecipient Agreements Executed	No		Actual number of agreem	ents executed during the quarter.				
	Data Sharing								
7	Policies/Agreements	No		Yes or No if data sharing r	ortina quarter				
<b>,</b>	Developed	140		Yes or No if data sharing policies and/or agreements were developed during this reporting quarter.					
	Further Identification of								
8	Potential Public Safety	No		Yes or No if further identification of potential public safety users occurred during this reporting quarter.					
_	Users					9 4			
	Plans for Emergency								
9	Communications	No		Yes or No if plans for futu	d during this reporting	quarter.			
	Technology Transitions								
	Identified and Planned to			Ves or No if public safety	annlications or databases within the State or territory were	identified and transition plans were developed			
10	Transition PS Apps &	No		this reporting quarter	ippinuations of unitabases within the state of territory were				
	Databases			ans reporting quarter					
11	Identify Ongoing Coverage	No		Yes or No if participated in	n identifying ongoing coveage gaps using SLIGP funds during	a this reporting quarter			
	Gaps								
12	Data Collection Activities	No		(Opt-In and Opt-Out Post-	SMLA Phase Only) Yes or No if participated in data collection	n activities as requeste	d by FirstNet or		
Activities for Opt-Out States only in		the Reporting Quarter							
13	Stakeholders Engaged			Actual number of individuals reached via stakeholder meetings or events during the quarter.					
	Education and Outreach			Actual number of materials distributed in-person during this quarter.					
14	Materials Distributed In-			Actual number of materia					
	Person								
	Education and Outreach			Actual volume of hits or in	npressions to any website, e-newsletter, social media post, o	or other account suppo	rted by SLIGP during the		
15	Materials distributed	quarter.							
	Electronically								

	activity reported in Question 11 for this quarte orkshop in partnership with FirstNet Authority goals for FirstNet.							
12. Personnel								
	all staff that have contributed time to the pro	piect with current auarter's ut	ilization. Please only includ	le FTE staff emplo	ed by the state r	not contractors. Please d	lo not remove individuals	from this table.
Job Title	FTE%	,		ect (s) Assigned	,			Change
Broadband Coordinator	100%							Vacant
12b. Narrative description of any st	affing challenges, vacancies, or changes.							
13. Contractual (Contract and/or Su		1.1 //2						
13a. Contractual Table – Include all	contractors. The totals from this table should	Type		Contract		ı	Total Federal Funds	Total Matching Funds
Name	Subcontract Purpose	(Contract/Subrec.)	RFP/RFQ Issued (Y/N)	Executed (Y/N)	Start Date	End Date	Allocated	Allocated
TBD	Subject matter expertise as needed	Contract	N	N	TBD	TBD	\$355,575.00	\$0.00
12h Narrativo description and shall	enges, updates, or changes related to contract	ts and/or subresinients						
	established nor release of an RFP/RFQ.	is and/or subrecipients.						
To contracts at this time have been	established not release of all hir yill qu							

## 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	\$147,019.50	\$114,580.90	\$261,600.40	\$147,019.50	\$114,580.90	\$261,600.40	\$21,721.22	\$18,066.01	\$39,787.23
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	\$4,815.89	\$0.00	\$4,815.89
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	\$2,642.75	\$0.00	\$2,642.75
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	\$29,738.01	\$18,066.01	\$47,804.02
j. Proportionality Percent	80.00%	20.00%	100.00%	80.00%	20.00%	100.00%	62.21%	37.79%	100.00%
15. Certification: I certify to the bes	t of my knowledge and belie	f that this report is correct	t and complete for pe	rformance of activities for	the purpose(s) set	forth in the awar	d documents.		
16a. Typed or printed name and title of Authorized Certifying Official: Jonathan York, Response & Recovery Branch Director						16c. Telephone (area code, number, and extension)	(785) 646-2501		
16b. Signature of Authorized Certifying Official:						16d. Fmail Address:	ionathan r vork5 nfg@m	azil mil	

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16d. Email Address:

Date:

onathan.r.york5.nfg@mail.mil

06/29/2020