

| U.S. Department of Commerce SLIGP 2.0 Performance Progress Report | | | | 2. Award or Grant Number: | 27-10-S18027 |
|---|---|--|---|--|---|
| 1. Recipient Name | | | | 4. EIN: | 41-6007162 |
| 3. Street Address | | | | 6. Report Date (MM/DD/YYYY) | 07/30/2018 |
| 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 | Yes | 24 | Actual number of governance, subcommittee, or working group meetings related to the NPSBN held during the quarter | |
| 2 | Individuals Sent to Broadband Conferences | Yes | 6 | 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 | Yes | 2 | 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 | Yes | 2 | 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 | Yes | | Yes or No if participated in identifying ongoing coverage gaps using SLIGP funds during this reporting quarter. | |
| 12 | Data Collection Activities | No | | (Opt-In and Opt-Out Post-SMLA Phase Only) 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 Recipients in the Post-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/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 Conducted:
 Governance Meetings, in all seven regions as well as State Interoperable Data Committee Monthly Meeting.
 Held two stakeholder meetings. Metro, and Central Region. Metro Region stakeholder meeting held in Chaska MN on April 20th. Annual State Wide conference held on April 23-25th.
 Stakeholders interested in FirstNet and the coverage gaps continues to be explored at our meetings, DPS-ECN is developing a HSIN site to track agency contact information for cellular service contracts as well as main cell carrier, and number of devices.
 4 Members attended PSCR in San Diego, and 2 members attended Colorado Mountain Connect.
Planned:
 Governance Meetings, and RAC meetings throughout the state. Attendance by Program Manager and other constituents at APCO, and NGA conference. Continued development of HSIN database for identifying FirstNet participation, coverage gaps and applications used in the interest of mutual aid.

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 |
|-----------------------|------|---------------------------------------|--------|
| State Program Manager | 100% | Wireless Broadband Program Management | |
| Director, ECN | 0% | Oversight of all activities | |
| 911 Analyst | 0% | Research on applications | |
| | | | |

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

The Director and 911 Analyst although doing FirstNet related activities, we are not applying any of their costs to SLIGP2.0 at this time.

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 |
|------------------------------|---|-------------------------|----------------------|-------------------------|------------|------------|-------------------------------|--------------------------------|
| Televate | project management and program consultation | Contract | y | y | 03/01/2018 | 11/28/2018 | \$4,000.00 | \$5,000.00 |
| Marcus Bruning | consultation to regions | Contract | y | y | 03/01/2018 | 07/01/2019 | \$16,000.00 | \$20,000.00 |
| Alexandria Technical College | | | y | y | 03/01/2018 | 02/29/2020 | \$8,000.00 | \$10,000.00 |
| | RFP for project management and program | Contract | n | n | | | \$203,526.00 | \$254,408.00 |

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

These are on going contracts that were initiated under other programs and or funding. Only expenses directly related to allowable activities under SLIGP2.0 are reported.

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.

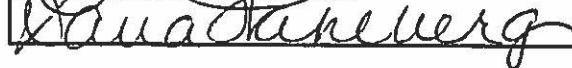
| Project Budget Element (1) | NTE Total Federal Funds Approved (2) | NTE Total Matching Funds Approved (3) | NTE Total Budget (4) | Federal Funds Obligated to Date (5) | Matching Funds Approved to Date (6) | Total Budget to Date (7) | Federal Funds Expended (8) | Approved Matching Funds Expended (9) | Total funds Expended (10) |
|------------------------------|--------------------------------------|---------------------------------------|----------------------|-------------------------------------|-------------------------------------|--------------------------|----------------------------|--------------------------------------|---------------------------|
| a. Personnel Salaries | \$144,800.00 | \$36,200.00 | \$181,000.00 | \$1714.28571 | \$12,928.57 | \$64,642.86 | \$13,428.29 | \$3,357.07 | \$16,785.36 |
| b. Personnel Fringe Benefits | \$40,544.00 | \$10,136.00 | \$50,680.00 | \$14,480.00 | \$3,620.00 | \$18,100.00 | \$2,961.13 | \$740.18 | \$3,701.31 |
| c. Travel | \$181,280.00 | \$45,320.00 | \$226,600.00 | \$64,742.86 | \$15,185.71 | \$80,928.57 | \$277.45 | \$69.39 | \$346.84 |
| d. Equipment | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| e. Materials/Supplies | \$27,600.00 | \$6,900.00 | \$34,500.00 | \$9,857.14 | \$2,464.29 | \$12,321.43 | \$137.80 | \$34.48 | \$172.28 |
| f. Contractual | \$215,526.00 | \$53,882.00 | \$269,408.00 | \$76,973.57 | \$19,243.57 | \$96,217.14 | \$4,931.18 | \$1,232.81 | \$6,163.99 |
| g. Other | \$76,998.00 | \$19,249.00 | \$96,247.00 | \$27,499.29 | \$6,874.64 | \$34,373.93 | \$2,247.94 | \$562.01 | \$2,809.95 |
| h. Indirect | \$13,252.00 | \$3,313.00 | \$16,565.00 | 4732.857143 | \$1,183.21 | \$5,916.07 | \$681.47 | \$170.38 | \$851.85 |
| i. Total Costs | \$700,000.00 | \$175,000.00 | \$875,000.00 | \$250,000.00 | \$62,500.00 | \$312,500.00 | \$24,665.26 | \$6,166.32 | \$30,831.58 |
| j. Proportionality Percent | 80.00% | 20.00% | 100.00% | 80.00% | 20.00% | 100.00% | 80.00% | 20.00% | 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:

Melinda Miller, State Program Manager

16b. Signature of Authorized Certifying Official:



16c. Telephone (area code, number, and extension)

651-201-7554

16d. Email Address:

melinda.miller@state.mn.us

Date:

07/30/2018

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