U.S. Department of Commerce SLIGP 2.0 Performance Progress Report								
1. Recipient Name	Missouri Department of Pul	lissouri Department of Public Safety						
3. Street Address	1101 Riverside Drive, Lewis	101 Riverside Drive, Lewis and Clark State Office Building, 4th Floor						
5. City, State, Zip Code	Jefferson City, MO 65102							
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 ye	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)	Desc				
Activities/Metrics for All Recipients	during the Reporting Quart	er						
1	Governance Meetings	Yes	1	Actual number of governance, subcommittee, or wor				
2	Individuals Sent to Broadband Conferences	No	0	Actual number of individuals who were sent to nation related to the NPSBN using SLIGP grant funds during				
3	Convened Stakeholder Events	No	0	Actual number of events coordinated - or held using S				
4	Staff Hired (Full-Time Equivalent)(FTE)	No	0.00	Actual number of state personnel FTEs who began su				
5	Contracts Executed	No	0	Actual number of contracts executed during the quar				
6	Subrecipient Agreements Executed	No	0	Actual number of agreements executed during the qu				
7	Data Sharing Policies/Agreements Developed	No		Yes or No if data sharing policies and/or agreemen				
8	Further Identification of Potential Public Safety Users	Yes		Yes or No if further identification of potential public s				
9	Plans for Emergency Communications Technology Transitions	Yes		Yes or No if plans for future emergecy communication				
10	Identified and Planned to Transition PS Apps & Databases	No		Yes or No if public safety applications or databases w developed this reporting quarter				
11	Identify Ongoing Coverage Gaps	No		Yes or No if participated in identifying ongoing covea				
12	Data Collection Activities	No		(Opt-In and Opt-Out Post-SMLA Phase Only) Yes or N following a documented data collection determination				
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				
14	Education and Outreach Materials Distributed In- Person			Actual number of materials distributed in-person dur				
15	Education and Outreach Materials distributed Electronically			Actual volume of hits or impressions to any website, o the quarter.				

	2. Award or Grant	29-10-S18029				
	Number:	44 600002				
	4. EIN:	44-6000987				
	6. Report Date (MM/DD/YYYY)	05/07/2019				
	7. Reporting Period					
	End Date:	03/31/2019				
	(MM/DD/YYYY)					
	8. Final Report	9. Report Frequency				
	Yes 🗆	Quarterly X				
	No 🗸					
scription of Milestone Category						
		the survey of the second s				
rking group meetings related to th		-				
onal or regional third-party confer g the quarter	ences with a jocus are	ea or training track				
SLIGP grant funds during the quar	ter, as requested by F	irstNet.				
upporting SLIGP activities during t	he quarter (may be a	decimal).				
rter.						
uarter.						
s were developed during this repo	rting quarter.					
safety users occurred during this ı	reporting quarter.					
ons technology transitions occurre	d during this reporting	g quarter.				
within the State or territory were	identified and transiti	ion plans were				
age gaps using SLIGP funds during	this reporting quarte	er.				
No if participated in data collection ion by Opt-Out (Post-SMLA) grante	•	ed by FirstNet or				
er meetings or events during the q	uarter.					
ring this quarter.						
e-newsletter, social media post, or other account supported by SLIGP during						

11a. Narrative description for each activity reported in Question 11 for this quarter; any challenges or obstacles encountered and mitigation strategies you have e During this quarter, we continued our participation in regualrly scheduled RHSOC /HSAC meetings during the month of January to maintain our PSBN relationship v users (Item # 8 above). o Jan 8 Region C 25 attendees, Jan 15 Region F 33 attendees, Jan 16 Region D 36 attendees, Jan 17 Region E 40 attendees, Jan 22 Region A 15 Region E 48 attendees - Total 249 total contacts

Multiple discussions with AT&T in reference to: New tower construction in MO, ROIP and LTE mission critical push-to-talk, Provided AT&T available space on MOSV Multiple discussions with FirstNet Authority Region 7 Coordinator -Needs assessment, Completed and submitted Quarterly Progress Report and submitted to NTIA, construction of LTE infrastructure

Multiple discussions with AT&T in reference to Status of New tower construction in MO, ROIP and LTE mission critical push-to-talk,

In-person meeting FirstNet Authority Region 7 Coordinator attended MO SIEC meeting March 21, 2019.

## 12. Personnel

12a. Staffing Table - Please include	all staff that have con	tributed time to the project with current quarter's utilization. Please only include FTE staff employed by t
Job Title	FTE%	Project (s) Assigned
Outreach Coordinator	50%	Responsible for coordination and implementation of public safety broadband program
Assistant Director	26%	Provide technical support and oversight to SLIGP project
Assistant Project Manager	50%	Coordinate project activities to ensure cost, schedule, and quality standards are met
Project Specialist	50%	Provide project management support to deliver projects within budget and deadlines
Project Specialist (Assistant)	50%	Provide project management support to deliver projects within budget and deadlines
		Responsible for coordination and implementation of public safety broadband program
Grant Specialist	100%	Administers the grant for lifecycle process and coordinates implementation with the SWIC

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

13. Contractual (Contract and/or Subrecipients)

13a. Contractual Table – Include a	ll contractors. The totals from this table should equal	the "Contractual" in C	Luestion 14f.					
Name	Subcontract Purpose	Type (Contract/Subrec.)	RFP/RFQ Issued (Y/N)	Contract Executed (Y/N)	Start I			
TBD	Allowable data collection	Contract	Y	N				
12h Narrative description any cha	llanges undates or changes related to contracts and /	or subrasiniants						

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

No RFP or contract has been made at this time.

with tho	d; planned major activities se local stakeholders and t ndees, Jan 24 Region I 19 a	to further identify pot	ential public safety
-	ro and Frontline site-on-w pated in US GOA SPOC wel	•	•
he state	e not contractors. Please d	o not remove individu	als from this table.
			Change
			Change
			No Change
			No Change
			No Change
			No Change
			No Chango
			No Change
Date	End Date	<b>Total Federal Funds</b>	Total Matching Funds
ate		Allocated	Allocated
		\$111,966.00	\$0.00

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	\$288,372.00	\$125,232.00	\$413,604.00	\$288,372.00	\$125,232.00	\$413,604.00	\$27,300.00	\$83,241.00	\$110,541.00
b. Personnel Fringe Benefits	\$120,098.00	\$50,138.00	\$170,236.00	\$120,098.00	\$50,138.00	\$170,236.00	\$9,426.00	\$33,288.00	\$42,714.00
c. Travel	\$96,308.00	\$0.00	\$96,308.00	\$96,308.00	\$0.00	\$96,308.00	\$4,912.00	\$0.00	\$4,912.00
d. Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
e. Materials/Supplies	\$83,256.00	\$0.00	\$83,256.00	\$83,256.00	\$0.00	\$83,256.00	\$0.00	\$0.00	\$0.00
f. Contractual	\$111,966.00	\$0.00	\$111,966.00	\$111,966.00	\$0.00	\$111,966.00	\$0.00	\$0.00	\$0.00
g. Other	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
h. Indirect	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
i. Total Costs	\$700,000.00	\$175,370.00	\$875,370.00	\$700,000.00	\$175 <i>,</i> 370.00	\$875,370.00	\$41,638.00	\$116,529.00	\$158,167.00
j. Proportionality Percent	79.97%	20.03%	100.00%	79.97%	20.03%	100.00%	26.33%	73.67%	100.00%
15. Certification: I certify to the bes	t of my knowledge and belie	f that this report is correc	ct and complete for p	erformance of activities fo	r the purpose(s) s	set forth in the aw	ard documents.		
16a. Typed or printed name and title of Authorized Certifying Official:									
Joni McCarter, Grant Specialist					code, number, and extension)	573-526-9020			
16b. Signature of Authorized Certifying Official:					16d. Email Address:	joni.mccarter@dps.mo.g	OV		
							Date:		

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