U.S. Department of Commerce SLIGP 2.0 Performance Progress Report							31-10-518-031N 47-0491233
1. Recipient Name	Nebraska Emergency Manag	gement Agency (NEMA)				4. EIN: 6. Report Date	03/10/2021
3. Street Address	2433 N.W. 24th Street					(MM/DD/YYYY) 7. Reporting Period End Date: (MM/DD/YYYY)	02/28/2021
5. City, State, Zip Code	Lincoln, Nebraska 68524-18	01				8. Final Report γes □ No ②	9. Report Frequency Quarterly X
10a. Project/Grant Period							
Start Date: (MM/DD/YYYY)	07/01/2019	10b. End Date: (MM/DD/YYYY)	03/31/2021				
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 Category		
Activities/Metrics for All Recipients	during the Reporting Quarte	r				and an and a second	
1	Governance Meetings	Yes	2	Actual number of governa	ance, subcommittee, or working group meetings related to t	he NPSBN held during t	the quarter
2	Individuals Sent to Broadband Conferences	No			als who were sent to national or regional third-party confe g SLIGP grant funds during the quarter	ences with a focus area	a or training track
3	Convened Stakeholder Events	No		Actual number of events o	coordinated - or held using SLIGP grant funds during the qua	rter, as requested by Fi	rstNet.
4	Staff Hired (Full-Time Equivalent)(FTE)	No		Actual number of state pe	ersonnel FTEs who began supporting SLIGP activities during	he quarter (may be a c	iecimal).
5	Contracts Executed	Yes	1	Actual number of contract	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 ;	policles and/or agreements were developed during this repo	rting quarter.	
8	Further Identification of Potential Public Safety Users	Yes	1	Yes or No if further identij	fication 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 occurre	d during this reporting	quarter.
10	identified and Planned to Transition PS Apps & Databases	No		Yes or No if public safety o this reporting quarter	applications or databases within the State or territory were	Identified and transition	on plans were developed
11	Identify Ongoing Coverage Gaps	Yes	1	Yes or No if participated in	n identifying ongoing coveage gaps using SLIGP funds durin	g this reporting quarte	г.
12	Data Collection Activities	No		and the second	SMLA Phase Only) Yes or No If participated in data collection data collection determination by Opt-Out (Post-SMLA) grant	a tanan .	d by FirstNet or
Activities for Opt-Out States only in		the Reporting Quarter	and the second s				
13	Stakeholders Engaged			Actual number of Individu	ials reached via stakeholder meetings or events during the o	uarter.	The second second second
- 34	Education and Outreach Materials Distributed In- Person			Actual number of materio	is distributed in-person during this quarter.		

15	Education and Outreach Materials distributed Electronically			Actual volume of hits or la quarter.	npressions to any	website, e-newsleti	ter, social media post,	or other account suppor	ted by SLIGP during the
11a. Narrative description for ea Executed a contract to develop results. Hosted 2 (2) 2020 FirstNe other states, showing their exper	a FirstNet Survey. Survey was t Forums -setup registration, at	s created to get an overa ttendance, took notes, d	Il picture of who is usin lid recording and techn	ng FirstNet in our state and iical assistance - typed up m	what they are usli inutes. Each of th	ng it for. Created a ese forums had ove	an analysis of the surve er 135 in virtual attend	ey and then created a rep ance. The agenda was f	port of the survey illed with users from
12a Staffing Table - Please inclu	de all staff that have contribut	ed time to the project w	ith current quarter's ut	tilization Please only inclu	le ETE staff emplo	and hu the state no	t contractors Blanco d	a not remove individual	from this table
Job Title	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							Change	
	-								
13. Contractual (Contract and/or	Subrecipients)								
13a. Contractual Table – Include	all contractors. The totals from	this table should equal	and the second se	uestion 14f.					
Name	Subcontrac	t 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
UNLPPC	To assist with FirstNet Outreach & Awareness		Contract	N	Y	09/01/2020	03/31/2021	\$100,000.00	\$20,000.00
13b. Narrative description any ch	allenges, updates, or changes r	elated to contracts and/	or subrecipients.						

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			\$0.00			\$0.00			\$0.0
b. Personnel Fringe Benefits			\$0.00			\$0.00			\$0.0
c. Travel	\$98,254.00	\$0.00	\$98,254.00	\$98,254.00		\$98,254.00			\$0.0
d. Equipment			\$0.00			\$0.00	1		\$0.0
e. Materials/Supplies	\$1,800.00	\$0.00	\$1,800.00	\$1,800.00		\$1,800.00			\$0.0
f. Contractual	\$481,572.47	\$108,427.53	\$590,000.00	\$481,572.47	\$108,427.53	\$590,000.00	\$14,589.24	\$3,309.48	\$17,898.7
g. Other	\$6,549.45	\$25,000.00	\$31,549.45	\$6,549.45	\$25,000.00	\$31,549.45			\$0.0
h. Indirect			\$0.00			\$0.00			\$0.0
i. Total Costs	\$588,175.92	\$133,427.53	\$721,603.45	\$588,175.92	\$133,427.53	\$721,603.45	\$14,589.24	\$3,309.48	\$17,898.7
j. Proportionality Percent	81.51%	18.49%	100.00%	81.51%	18.49%	100.00%	81.51%	18.49%	100.00
] 16a. Typed or printed name and title of Authorized Certifying Official: Bryan Tuma, Assistant Director - Nebraska Emergency Management Agency						16c. Telephone (area code, number, and extension)	(402) 471-7401		
16b. Signature of Authorized Certifying Official:						16d. Email Address:	bryan.tuma@nebraska.gov		
Auma						Date: 03/10/2021			

Public Burden Statement: According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a currently valid OMB number. Public reporting burden for this collection of information is estimated to average 12.5 hours per response. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Michael Dame, Program Director, State and Local Implementation Grant Program, National Telecommunications and Information U.S. Department of Commerce, 1401 Constitution Avenue, NW, Room 4078, Washington, DC 20230.