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

1. Recipient Name Nebraska Department of Administrative Services (N							31-10-S18031 47-0491233	
1. Recipient Name	Nebraska Department of Ac	dministrative Services				6. Report Date (MM/DD/YYYY)	10/23/2018	
3. Street Address	501 S. 14th St., PO Box 9504	45				7. Reporting Period End Date: (MM/DD/YYYY)	09/30/2018	
5. City, State, Zip Code	Lincoln, NE 68508					8. Final Report Yes □ No ☑	9. Report Frequency Quarterly χ	
10a. Project/Grant Period								
, , , , ,	03/31/2018	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 Category			
Activities/Metrics for All Recipients	during the Reporting Quart	ter						
1	Governance Meetings	Yes	1	Actual number of governo	ance, subcommittee, or working group meetings related to t	he NPSBN held during	the quarter	
2	Individuals Sent to Broadband Conferences	No		_	uals who were sent to national or regional third-party confe ng SLIGP grant funds during the quarter	rences with a focus are	ea 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 F	irstNet.	
4	Staff Hired (Full-Time Equivalent)(FTE)	No		Actual number of state pe	ersonnel FTEs who began supporting SLIGP activities during	the quarter (may be a	decimal).	
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 repo	orting 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 occurre	ed during this reporting	g quarter.	
10	Identified and Planned to Transition PS Apps & Databases	No		Yes or No if public safety of developed this reporting of	applications or databases within the State or territory were quarter	identified and transit	ion plans were	
11	Identify Ongoing Coverage Gaps	No		Yes or No if participated i	n identifying ongoing coveage gaps using SLIGP funds durin	g this reporting quarte	er.	
12	Data Collection Activities	No			SMLA Phase Only) Yes or No if participated in data collection data collection data collection determination by Opt-Out (Post-SMLA) grant		ed 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	ials reached via stakeholder meetings or events during the c	quarter.		
14	Education and Outreach Materials Distributed In- Person			Actual number of materia	als distributed in-person during this quarter.			
15	Education and Outreach Materials distributed Electronically			Actual volume of hits or in the quarter.	mpressions to any website, e-newsletter, social media post,	or other account suppo	orted by SLIGP during	

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	ch activity reported in Question up meeting of the Nebraska Publ		-	_		= =	_		
il July we lield a governance gro	up meeting of the Nebraska Fubi	ic safety communication	ons countil (NF3CC) a	ilid a Working Group estat	iisiiea aiiaei tiie i	vr SCC tilat was ti	eated to be the governa	nce body over ristinet a	ctivities iii Nebiaska.
12. Personnel									
	de all staff that have contributed	I time to the project wi	ith current quarter's u			loyed by the state	not contractors. Please	do not remove individu	
Job Title	FTE%	Project (s) Assigned						Change	
Chief Information Officer OCIO IT Administrator				g activities for FirstNet in N					Continued from 1.0
OCIO Tr Administrator OCIO Telcom Manager				lanning activities for FirstN	et in Nebraska				Continued from 1.0
OCIO Controller		Planning activities for state subscriber processing Planning activities and assistance with accounting activities No Change							
									The change
13. Contractual (Contract and/or	<u> </u>								
13a. Contractual Table – Include	all contractors. The totals from t	nis table should equal		Question 14t.	Contract			Total Fodoral Funds	Total Matching Funds
Name	Subcontract P	urpose	Type (Contract/Subrec.)	RFP/RFQ Issued (Y/N)	Executed (Y/N)	Start Date	End Date	Allocated	Allocated
Bob Wilhelm	SLIGP 2.0 Program Manager		Contract	Υ	Υ	03/01/2018	02/29/2018	\$180,000.00	\$0.00
To be announced	Data collection from public sa	•	Contract	N	N	Pending	Pending	\$100,000.00	\$0.00
To be announced	Data collection to identify con		Contract	N	N	Pending	Pending	\$40,000.00	\$0.00
To be announced	Develop policies and agreeme		Contract	N	N	Pending	Pending	\$160,000.00	\$0.00
13b. Narrative description any cr	allenges, updates, or changes re	ated to contracts and/	or subrecipients.						

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14. Budget Worksheet									
Columns 2, 3 and 4 must match you	ur current project budget for	the entire award, which is	s the SF-424A on file.						
Only list matching funds that the D	epartment 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	\$0.00	\$129,369.00	\$129,369.00		\$48,513.00	\$48,513.00		\$12,697.00	\$12,697.0
b. Personnel Fringe Benefits	\$0.00	\$38,811.00	\$38,811.00		\$14,554.00	\$14,554.00		\$3,092.00	\$3,092.00
c. Travel	\$209,102.00	\$0.00	\$209,102.00	\$78,413.00		\$78,413.00	\$7,038.00	\$1,613.00	\$8,651.00
d. Equipment	\$0.00	\$0.00	\$0.00			\$0.00			\$0.00
e. Materials/Supplies	\$2,900.00	\$0.00	\$2,900.00	\$1,088.00		\$1,088.00			\$0.00
f. Contractual	\$480,000.00		\$480,000.00	\$167,500.00		\$167,500.00	\$40,897.00		\$40,897.00
g. Other	\$7,998.00	\$9,445.00	\$17,443.00	\$2,999.25	\$2,558.00	\$5,557.25	\$244.00	\$3,058.00	\$3,302.00
h. Indirect			\$0.00			\$0.00			\$0.00
i. Total Costs	\$700,000.00	\$177,625.00	\$877,625.00	\$250,000.25	\$65,625.00	\$315,625.25	\$48,179.00	\$20,460.00	\$68,639.00
j. Proportionality Percent	79.76%	20.24%	100.00%	79.21%	20.79%	100.00%	70.19%	29.81%	100.00%
15. Certification: I certify to the bes	st of my knowledge and belie	f that this report is correc	t and complete for p	erformance of activities for	r the purpose(s) s	et forth in the aw	ard documents.		
16a. Typed or printed name and tit	tle of Authorized Certifying O	fficial:					16c. Telephone (area		
Bob Wilhelm SLIGP 2.0 Grant Program Manager							code, number, and	402-471-7973	
Bob Williemi Sciar 2.0 Grant Frogi	alli Mallagei						extension)		
16b. Signature of Authorized Certifying Official:						16d. Email Address:	Bob.Wilhelm@nebraska.gov		
							Date:		

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