:	ber:	32-10-513-32					
		nort Date	88-6000022				
1. Recipient Name	State of Nevada, Dept of Pub	lic Safety, Division of Emer	gency Management & Momeland Nethitiv	/DD/YYYY) ⁴	4/14/2015		
3. Street Address	2478 Fairview Drive						
5. City, State, Zip Code	Carson City, Nevada 89701		8. Fina Yes Nox		9. Report Frequency Quarterly		
10a. Project/Grant Period							
	8/1/2013	10b. End Date: (MM/DD/YYYY)	1/31/2018				
11. List the individual projects	in your approved Project Pla	n					
	Project Type (Capacity Building, SCIP Update,	Project Deliverable Quantity (Number & Indicator Description)					
1	Stakeholder Meetings	64					
2	Broadband Conferences	O					
3	Staff Hires	0					
4	Contract Executions	0					
5	Governance Meetings	2					
6	Education and Outreach	100					
7	Subrecipient Agreement Executed	0					
8	Phase 2 - Coverage	Stage 5					
9	Phase 2 – Users and Their Operational Areas	Stage 5					
10	Phase 2 – Capacity Planning	Stage 5					
11	Phase 2 – Current Providers/Procurement	Stage 5					
12	Phase 2 – State Plan Decision	Stage 2					
		• •	Baseline Report for this project; any challenges or obstacles encountered and mitigation strategies you have emp	nployed; planned	I major activities for		
the next quarter; and any addit	lional project milestones or it	ntormation,					
			at the beginning of this quarter and is gradually familiarizing himself with regard to SLIGP and FirstNet. Additionally, main the same as last quarter. A Capacity and Coverage study is near completion.	ly, one data collec	ition outreach webinar		
11b. If the project team anticip Commerce before implemental		to the approved Baseline	Report in the next quarter, describe those below. Note that any substantive changes to the Baseline Report must	ast be approved b	y the Department of		
Nevada's Phase 2 package was a	approved and we anticipate no	o changes in the next quart	ter at this time.				

			useful to NTIA a		

Nevada continues outreach to stakeholders including data collection moving toward a more directed outreach to specific groups of stakeholders. Nevada looks forward to participation in the upcoming Spring SPOC meeting.

11d. Describe any success stories or best practices you have identified. Please be as specific as possible.

Nevada continues to reach out to stakeholders for education as well as data collection.

12. Personnel

12a. If the project is not fully staffed, describe how any lack of staffing may impact the project's time line and when the project will be fully staffed.

L2b.	Sta	ffing	Table

Job Title	FTE%	Project (s) Assigned	Change
Chief, Emergency		State Date of State o	
Management/SPOC	10%	Single Point of Contact	No change
Emergency Management			
Program Manager	10%	Grants Manager	No change
Grants and Projects Supervisor	10%	Supervisor of SLIGP grant coordinator	No change
			1
		· · · · · · · · · · · · · · · · · · ·	

13. Subcontracts (Vendors and/or Subrecipients)

13a. Subcontracts Table - include all subcontractors. The totals from this table must equal the "Subcontracts Total" in Question 14f.

Name	Subcontract Purpose	Type (Vendor/Subrec.)	RFP/RFQ Issued (Y/N)	Contract Executed (Y/N)	Start Date	End Date	Total Federal Funds Allocated	Total Matching Funds Allocated
SWIC	SWIC Duties	Good of the State Contract	Y	Y	11/1/2013	1/31/2018	\$319,680.00	\$0.00
Grant Coordinator	Coordinate Grant	Good of the State Contract	N	Y	11/1/2003	1/31/2018	\$217,110.00	\$0.00
Manager/Outreach	Manage SLIGP Programmatic	Contract	Y	. Y	5/13/2015	1/31/2018	\$432,324.00	\$0.00
Legal Counsel	Attorney for Process and MOU	Sub-Grant	И	N	3/1/2013	1/31/2018	\$159,192.00	\$0.00
Gap Analysis MOU	MOU for partners	Contract	N	N	12/1/2014	1/31/2018	\$450,000.00	\$0.00
Facilitator	Meeting facilitator	Contract	N	N			\$7,200.00	\$0.00
acilitator	Meeting facilitator	Contract	N	Ni .			\$14,400.00	\$0.00
						Total	\$1,599,906.00	\$0.00

13b. Describe any challenges encountered with vendors and/or subrecipients.

N/A - None

Project Budget Element (1)	Federal Funds Awarded (2)	Approved Matching Funds (3)	Total Budget (4)	Federal Funds Expended (5)	Approved Matching Funds Expended (6)	Total funds Expended (7)
a. Personnel Salaries	\$109,272.90	\$241,875.00	\$351,147.90	\$71,523.00	\$103,186.00	\$174,709.00
b. Personnel Fringe Benefits	\$43,763.50	\$107,640.00	\$151,403.50	\$17,800.00	\$30,507.00	\$48,307.00
c. Travel	\$88,620.00	\$0.00	\$88,620.00	\$37,779.00	\$0.00	\$37,779.00
d. Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
e. Materials/Supplies	\$28,007.15	\$0.00	\$28,007.15	\$502.00	\$0.00	\$502.00
f. Subcontracts Total	\$1,643,677.95	\$0.00	\$1,643,677.95	\$469,884.00	\$0.00	\$469,884.00
g. Other	\$59,324.50	\$160,101.00	\$219,425.50	\$2,282.00	\$16,249.00	\$18,531.00
h. Indirect	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
i. Total Costs	\$1,972,666.00	\$509,616.00	\$2,482,282.00	\$599,770.00	\$149,942.00	\$749,712.00
j. % of Total	79%	21%	100%	80%	20%	100%
15. Certification: I certify to the best of my knowledge and	belief that this report is correct and complet	e for performance of activities for	r the purpose(s) set forth	in the award documents.		
16a. Typed or printed name and title of Authorized Certifi	16c. Telephone (area code, number, and extension)	775-687-0306				
16b. Signature of Authorized Certifying Official:	16d. Email Address:	rmartin@dps.state.nv.us				
(() l (6)	Date					