U.S. Department of Commerce SLIGP 2.0 Performance Progress Report							32-10-S18032 88-6000022			
1. Recipient Name	State of Nevada, Dept of Public Safety, Division of Emergency Management & Homeland Security					6. Report Date (MM/DD/YYYY)	10/17/2018			
3. Street Address	2478 Fairview Drive						09/30/2018			
5. City, State, Zip Code Carson City, Nevada 89701						8. Final Report Yes No	9. Report Frequency Quarterly χ			
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 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	er								
1	Governance Meetings	No	0	Actual number of governo	nce, subcommittee, or working group m	eetings related to the NPSBN held during	the quarter			
2	Individuals Sent to Broadband Conferences	No	0	-	als who were sent to national or regiona g SLIGP grant funds during the quarter	al third-party conferences with a focus are	ea or training track			
3	Convened Stakeholder Events	No	0	Actual number of events o	oordinated - or held using SLIGP grant fu	nds during the quarter, as requested by F	irstNet.			
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	No	0	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	No		Yes or No if further identification of potential public safety users occurred during this reporting quarter.						
9	Plans for Emergency Communications Technology Transitions	Yes		Yes or No if plans for future emergecy 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	No		Yes or No if participated in identifying ongoing coveage 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 States only in		the Reporting Quarter								
13	Stakeholders Engaged			Actual number of individu	als 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, e-newsletter, social media post, or other account supported by SLIGP during the quarter.						

Management/SPOC 10% Single Point of Contact Wide Imergency Management Program Manager 10% Grants Manager No Change Manager 10% Grants Manager No Change Manager Ma	11a. Narrative description for each			_	_			· ·		_
2.a. Staffing Table - Please include all staff that have contributed time to the project with current quarter's utilization. Please only include FTE staff gemployed by the state not contractors. Please do not remove individuals from this table. The project (s) Assigned Change (s) Assigned (s) Assigned (s) Assigned Change (s) Assigned										
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10b Title		all staff that have contri	huted time to the project wi	ith current quarter's u	itilization. Please only incli	ide FTF staff emn	loved by the state	not contractors. Please	do not remove individu	als from this table.
Single Point of Contact Management Program 10% Grants Manager 10% Grants Manager 10% Grants Manager 10% Statewide Interoperability Coordinator No Change				an can ent quarter s a			ayea by the state			
Additional program for the pro	Chief, Emergency		Cingle Daint of Contact		•	., .				
Adanager 10% Grants Wanager No Change WIC 60% Statewide Interoperability Coordinator No Change egal Counsel 7% Attorney for Process and MOU No Change No Change WIC 60% Statewide Interoperability Coordinator No Change	Management/SPOC	10%	Single Point of Contact							No Change
Addrager 1.0% Statewide Interoperability Coordinator No Change			Grants Manager							
egal Counsel 7% Attorney for Process and MOU No Change 22. Narrative description of any staffing challenges, vacancies, or changes. 33. Contractual (Contract and/or Subrecipients) 34. Contractual (Contract and/or Subrecipients) 35. Contractual Table – Include all contractors. The totals from this table should equal the "Contractual" in Question 14f. Type (Contract Contractual Table – Include all contractors. The totals from this table should equal the "Contractual" in Question 14f. Type (Contract Contractual (Y/N) Start Date End Date Allocated Allocated Frant Analyst Programmatic Grants Management God of the State Contract Con										
2.2b. Narrative description of any staffing challenges, vacancies, or changes. 3.4 Contractual (Contract and/or Subrecipients) 3.5 Contractual Table – Include all contractors. The totals from this table should equal the "Contractual" in Question 14f. Type (Contract) (Cont										
33. Contractual (Contract and/or Subrecipients) 34. Contractual (Contract and/or Subrecipients) 35. Contractual Table – Include all contractors. The totals from this table should equal the "Contractual" in Question 14f. Name	Legal Courisei	170	Attorney for Process and	MOU						No Change
Name Subcontract Purpose Type										
Name Subcontract Purpose (Contract/Subrec.) Grant Analyst Programmatic Grants Management Grant Analyst N Y 03/01/2018 02/29/2020 \$107,453.00 \$0.	13a. Contractual Table – Include all	contractors. The totals fi	rom this table should equal		Question 14f.	Contract	1		Total Fodoral Funds	Total Matching Funds
Contract N Y 03/01/2018 02/29/2020 \$107,453.00 \$0.00 \$	Name	Subcontr	ract Purpose	(Contract/Subrec.)	RFP/RFQ Issued (Y/N)		Start Date	End Date		_
3b. Narrative description any challenges, updates, or changes related to contracts and/or subrecipients.	Grant Analyst	Programmatic Grants Ma	inagement		N	Υ	03/01/2018	02/29/2020	\$107,453.00	\$0.00
				Contract						
N/A - No changes.		lenges, updates, or chang	es related to contracts and/	or subrecipients.						
	N/A - No changes.									
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OMB Control No. 0660-0042 Expiration Date: 01/31/2021

Only list matching funds that the E 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	\$326,944.00	\$140,000.00	\$466,944.00	\$122,604.00	\$52,500.00	\$175,104.00	\$30,330.00	\$16,032.72	\$46,362.72
b. Personnel Fringe Benefits	\$75,491.00	\$0.00	\$75,491.00	\$28,309.00	\$0.00	\$28,309.00	\$9,386.57	\$0.00	\$9,386.57
c. Travel	\$48,744.00	\$0.00	\$48,744.00	\$18,279.00	\$0.00	\$18,279.00	\$0.00	\$0.00	\$0.00
d. Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
e. Materials/Supplies	\$9,938.00	\$0.00	\$9,938.00	\$4,352.00	\$0.00	\$4,352.00	\$3,991.19	\$0.00	\$3,991.19
f. Contractual	\$236,434.00	\$0.00	\$236,434.00	\$75,575.00	\$0.00	\$75,575.00	\$20,364.30	\$0.00	\$20,364.30
g. Other	\$2,449.00	\$35,000.00	\$37,449.00	\$881.00	\$10,000.00	\$10,881.00	\$58.80	\$0.00	\$58.80
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	\$175,000.00	\$875,000.00	\$250,000.00	\$62,500.00	\$312,500.00	\$64,130.86	\$16,032.72	\$80,163.58
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 be	st of my knowledge and belie	of that this report is correct	t and complete for p	erformance of activities fo	r the purpose(s) s	et forth in the aw	ard documents.		
Kelli Anderson. Emergency Management Programs Manager					16c. Telephone (area code, number, and extension)	775-687-0321			
16b. Signature of Authorized Certifying Official: Date:					16d. Email Address:	kanderson@dps.state.nv.us 11/27/2018			

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.