

U.S. Department of Commerce Performance Progress Report				2. Award or Grant Number:	36-10-S13036
1. Recipient Name		New York State Division of Homeland Security and Emergency Services		4. EIN:	146013200
3. Street Address		1220 Washington Ave, State Campus Building 7A, Suite 610		6. Report Date (MM/DD/YYYY)	11/16/2016 (Rev2)
5. City, State, Zip Code		Albany, NY 12226		7. Reporting Period End Date: (MM/DD/YYYY)	9/30/2016
				8. Final Report	9. Report Frequency
				Yes <input type="checkbox"/>	Quarterly <input checked="" type="checkbox"/>
				No <input checked="" type="checkbox"/>	
10a. Project/Grant Period			10b. End Date: (MM/DD/YYYY)		
Start Date: (MM/DD/YYYY)	8/1/2013	1/31/2018			
11. List the individual projects in your approved Project Plan					
	Project Type (Capacity Building, SCIP Update,	Project Deliverable Quantity (Number & Indicator Description)	Description of Milestone Category		
1	Stakeholders Engaged	52	Actual number of individuals reached via stakeholder meetings during the quarter		
2	Individuals Sent to Broadband Conferences	0	Actual number of individuals who were sent to third-party broadband conferences using SLIGP grant funds during the quarter		
3	Staff Hired (Full-Time Equivalent)(FTE)	0.04	Actual number of state personnel FTEs who began supporting SLIGP activities during the quarter (may be a decimal)		
4	Contracts Executed	0	Actual number of contracts executed during the quarter		
5	Governance Meetings	2	Actual number of governance, subcommittee, or working group meetings held during the quarter		
6	Education and Outreach Materials Distributed	585	Actual volume of materials distributed (inclusive of paper and electronic materials) plus hits to any website or social media account supported by SLIGP during the quarter		
7	Subrecipient Agreements Executed	0	Actual number of agreements executed during the quarter		
8	Phase 2 - Coverage	Stage 6	For each Phase 2 milestone category, please provide the status of the activity during the quarter: • Stage 1 - Process Development • Stage 2 - Data Collection in Progress • Stage 3 - Collection Complete; Analyzing/Aggregating Data • Stage 4 - Data Submitted to FirstNet • Stage 5 - Continued/Iterative Data Collection • Stage 6 - Submitted Iterative Data to FirstNet		
9	Phase 2 – Users and Their Operational Areas	Stage 6			
10	Phase 2 – Capacity Planning	Stage 6			
11	Phase 2 – Current Providers/Procurement	Stage 4			
12	Phase 2 – State Plan Decision	Stage 1			
11a. Describe your progress meeting each major activity/milestone approved in the Baseline Report for this project; any challenges or obstacles encountered and mitigation strategies you have employed; planned major activities for the next quarter; and any additional project milestones or information.					
<p>#1 - Stakeholders were engaged at the Statewide Interoperable and Emergency Communication Board meeting on 9/13 and the Public Safety Broadband Working Group webinar on 7/28.</p> <p>#3 - The Assistant Director of OIEC is now being tracked for SLIGP in our time tracking system.</p> <p>#5 - A meeting of the State Interoperable and Emergency Communication Board was held on September 13th. FirstNet was present for their Governance Board Presentation. A PSBBWG meeting was held on July 28th</p> <p>#6 - Hit count for the New York State Public Safety Broadband website.</p> <p>#8-10 - Resubmitted data to FirstNet in late September. This was data collected in 2015 but redacted due to FirstNet's anticipated public disclosure of that information.</p>					
11b. If the project team anticipates requesting any changes to the approved Baseline Report in the next quarter, describe those below. Note that any substantive changes to the Baseline Report must be approved by the Department of Commerce before implementation.					

**11c. Provide any other information that would be useful to NTIA as it assesses this project's progress.**

The SLIGP project office conducted a site visit on September 13th.

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

**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.**

Note that the FTE% reflects actual percentage of hours spent working on SLIGP during this quarter. The SWIC left the agency in Q12 and a new one started in this quarter. The SPOC is not tracked here. The senior administrative assistant retired and the position has not been refilled yet. The State GIS program office has restructured their teams and no specific person is expected to work on SLIGP requests, rather it will be assigned to an individual from the office as each request comes in.

**12b. Staffing Table - Please include all staff that have contributed time to the project. Please do not remove individuals from this table.**

Job Title	FTE%	Project (s) Assigned	Change
SWIC & OIEC Director	7.90%	Overall SLIGP and policy oversight and liaison	Change in person
Radio Engineer #1	16.30%	SLIGP/State FirstNet primary	Continues Work
Radio Engineer #2	0.60%	Support SLIGP and FirstNet Activities	Continues Work
Agency Budget Analyst	12.40%	Supports communications office budget/fiscal. Assists in preparation of SLIGP budget reports.	Continues Work
Senior Administrative Analyst	0	Supports office activities, including the interop board and its working groups	Remains in position, no SLIGP work this quarter
Senior Administrative Assistant	0	Support office outreach and project management efforts.	Employee Retired
Information Tech Specialist 5 (GIS)	0	Supervises GIS staff, provides overall GIS liaison effort on data collection and mapping	No longer working on project
ITS Specialist II (GIS)	0	Performs GIS work related to data collection and mapping	No longer working on project
Assistant Director, OIEC	4.40%	Assistant OIEC director. Works for the SWIC and provides operational and policy oversight	New to SLIGP tracking

**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
New York State Technology Enterprise Corporation (NYSTEC)	Outreach, project management, support	Vendor	Not needed (existing State contract)	Y	8/1/2013	01/31/2018 (executed no-cost extension)	\$2,013,960.00	\$0.00

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

No challenges at this time. NYSTEC contract was reissued (at no increase in cost) to account for the new SLIGP end date and new OGS centralized contract.

**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)	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	\$0.00	\$363,921.00	\$363,921.00	\$0.00	\$138,635.32	\$138,635.32
b. Personnel Fringe Benefits	\$0.00	\$211,377.00	\$211,377.00	\$0.00	\$75,337.41	\$75,337.41
c. Travel	\$83,160.00	\$0.00	\$83,160.00	\$27,290.25	\$0.00	\$27,290.25
d. Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
e. Materials/Supplies	\$12,000.00	\$0.00	\$12,000.00	\$7,587.24	\$0.00	\$7,587.24
f. Subcontracts Total	\$4,757,052.00	\$618,396.00	\$5,375,448.00	\$677,195.80	\$0.00	\$677,195.80
g. Other	\$15,000.00	\$0.00	\$15,000.00	\$0.00	\$0.00	\$0.00
h. Indirect	\$0.00	\$23,109.00	\$23,109.00	\$0.00	\$0.00	\$0.00
i. Total Costs	\$4,867,212.00	\$1,216,803.00	\$6,084,015.00	\$712,073.29	\$213,972.73	\$926,046.02
j. % of Total	80%	20%	100%	77%	23%	100%

**15. Certification:** I certify to the best of my knowledge and belief that this report is correct and complete for performance of activities for the purpose(s) set forth in the award documents.

**16a. Typed or printed name and title of Authorized Certifying Official:**

Michael A. Sprague, Director, Office of Interoperable and Emergency Communications

**16c. Telephone (area code, number, and extension)**

518-242-8275

**16d. Email Address:**

[michael.sprague@dhses.ny.gov](mailto:michael.sprague@dhses.ny.gov)

**16b. Signature of Authorized Certifying Official:**

Date: 11/21/16