U.S. Department of Commerce Performance Progress Report				2. Award or Grant Number:	36-10-S13036
				4. EIN:	146013200
1. Recipient Name	New York State Division of Homeland Security and Emergency Services			6. Report Date (MM/DD/YYYY)	7/19/2017
3. Street Address	1220 Washington Ave, State Campus Building 7A, Suite 610			7. Reporting Period End Date: (MM/DD/YYYY)	6/30/2017
5. City, State, Zip Code	Albany, NY 12226			8. Final Report Yes ☐ No ☒	9. Report Frequency Quarterly ☒

10a. Project/Grant Period					
Start Date: (MM/DD/YYYY)	8/1/2013	10b. End Date: (MM/DD/YYYY)	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	70	*Actual number of individuals reached via stakeholder meetings during the quarter*
2	Individuals Sent to Broadband Conferences	4	*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	*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	0	*Actual number of governance, subcommittee, or working group meetings held during the quarter*
6	Education and Outreach Materials Distributed	1407	*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	
9	Phase 2 – Users and Their Operational Areas	Stage 6	*For each Phase 2 milestone category, please provide the status of the activity during the quarter:*
10	Phase 2 – Capacity Planning	Stage 6	• *Stage 1 - Process Development* • *Stage 2 - Data Collection in Progress* • *Stage 3 - Collection Complete; Analyzing/Aggregating Data*
11	Phase 2 – Current Providers/Procurement	Stage 4	• *Stage 4 - Data Submitted to FirstNet* • *Stage 5 - Continued/Iterative Data Collection*
12	Phase 2 – State Plan Decision	Stage 3	• *Stage 6 - Submitted Iterative Data to FirstNet*

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.

#1 - Stakeholders were engaged at the Emergency Managers Region 2 meeting on April 14th and the New York State Disaster Preparedness Commission Meeting on June 13th.
#2 - Three individuals to the SPOC meeting in Dallas and 1 to the PSCR conference in San Antonio.
#5 - None during this quarter.
#6 - Hit count for the New York State Public Safety Broadband website plus the number of FirstNet related handouts provided to the DHSES table at the NYS Assocation of Fire Chief's Show

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.

New York State submitted a voluntary deobligation budget to the SLIGP office in support of NTIA's SLIGP 2.0 program. This report reflects the existing budget as the revised budget has not been approved yet.

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

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 Q13. 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 restructed 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	18.43%	Overall SLIGP and policy oversight and liasion	Continues Work
Radio Engineer #1	41.91%	SLIGP/State FirstNet primary	Continues Work
Radio Engineer #2	10.17%	Support SLIGP and FirstNet Activities	Continues Work
Agency Budget Analyst	7.65%	Supports communications office budget/fiscal. Assists in preparation of SLIGP budget reports.	Continues Work
Senior Adminstrative Analyst	9.22%	Supports office activities, including the interop board and its working groups	Continues Work
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 liasion 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	2.78%	Assistant OIEC director. Works for the SWIC and provides operational and policy oversight	Continues Work
Excelsior Fellow	22.00%	DHSES Counsel's Office representive (legal)	Continues Work (title corrected)

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. If SLIGP is blanket extended to 2/28/18, we will request a one month no-cost extension to the NYSTEC 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	$181,759.11	$181,759.11
b. Personnel Fringe Benefits	$0.00	$211,377.00	$211,377.00	$0.00	$98,887.31	$98,887.31
c. Travel	$83,160.00	$0.00	$83,160.00	$33,298.63	$0.00	$33,298.63
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	$10,999.19	$0.00	$10,999.19
f. Subcontracts Total	$4,757,052.00	$618,396.00	$5,375,448.00	$844,707.51	$0.00	$844,707.51
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	$889,005.33	$280,646.42	$1,169,651.75
j. % of Total	80%	20%	100%	76%	24%	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:	16c. Telephone (area code, number, and extension)	518-242-8275
Michael A. Sprague, Director, Office of Interoperable and Emergency Communications	16d. Email Address:	michael.sprague@dhses.ny.gov
16b. Signature of Authorized Certifying Official:	Date:	7/19/2017