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

			Department of Comme Performance Progress			2. Award or Grant Number:	36-10-S18036
				7.007.000.00		4. EIN:	14-6013200
1. Recipient Name	New York Division of Homel	and Security and Emergen	cy Services			6. Report Date (MM/DD/YYYY)	04/19/2018
3. Street Address	1220 Washington Ave, Build	ling 7A				7. Reporting Period End Date: (MM/DD/YYYY)	03/31/2018
5. City, State, Zip Code	Albany, NY, 12226					8. Final Report Yes  No	9. Report Frequency Quarterly X
10a. Project/Grant Period							STATE OF THE STATE OF THE STATE OF
Start Date: (MM/DD/YYYY)	03/01/2018	10b. End Date: (MM/DD/YYYY)	02/29/2020				
11. List the individual projects in yo	ur approved Project Plan					Alexander of the second	CLEANE LINEADON NO SECTION
	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 Categ	gory	
Activities/Metrics for All Recipients	during the Reporting Quarte		De transfer de la company			CALL THE RESIDENCE OF THE SECOND	Market and the second
1	Governance Meetings	No		Actual number of governa	nce, subcommittee, or working group meetings relate	d to the NPSBN held during t	he auarter
2	Individuals Sent to Broadband Conferences	No		Actual number of individu	als who were sent to national or regional third-party of g SLIGP grant funds during the quarter		
3	Convened Stakeholder Events	No		Actual number of events c	oordinated - or held using SLIGP grant funds during th	e quarter, as requested by Fir	rstNet.
4	Staff Hired (Full-Time Equivalent)(FTE)	Yes	0.20	Actual number of state pe	rsonnel FTEs who began supporting SLIGP activities du	uring the quarter (may be a d	ecimal).
5	Contracts Executed	No		Actual number of contract	s executed during the quarter.		
6	Subrecipient Agreements Executed	No		Actual number of agreeme	ents executed during the quarter.		
7	Data Sharing Policies/Agreements Developed	No		Yes or No if data sharing p	olicies and/or agreements were developed during thi	s reporting quarter.	
8	Further Identification of Potential Public Safety Users	· No		Yes or No if further identif	ication of potential public safety users occurred during	g this reporting quarter.	
9	Plans for Emergency Communications Technology Transitions	No		Yes or No if plans for futur	e emergecy communications technology transitions of	ccurred during this reporting	quarter.
10	Identified and Planned to Transition PS Apps & Databases	No		Yes or No if public safety a this reporting quarter	pplications or databases within the State or territory	were identified and transitio	n plans were developed
11	Identify Ongoing Coverage Gaps	Yes			identifying ongoing coveage gaps using SLIGP funds		
12	Data Collection Activities	No		(Opt-In and Opt-Out Post-: following a documented d	MLA Phase Only) Yes or No if participated in data col ata collection determination by Opt-Out (Post-SMLA) o	lection activities as requested grantees.	d by FirstNet or
Activities for Opt-Out States only in		the Reporting Quarter	2012/12/2019/2019			ESTABLISHED FOR STATE OF	Asset Fire Livery
13	Stakeholders Engaged			Actual number of individu	als reached via stakeholder meetings or events during	the quarter.	STATE AND STATE OF THE STATE OF
14	Education and Outreach Materials Distributed In- Person	W		Actual number of material	s distributed in-person during this quarter.		

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	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.
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a. Narrative description for each activity reported in Question 11 for this guarters, any challenges or electroles accounts and activity reported in Question 11 for this guarters, any challenges or electroles accounts and activity reported in Question 11 for this guarters.
a. Narrative description for each activity reported in Question 11 for this quarter; any challenges or obstacles encountered and mitigation strategies you have employed; planned major activities for the next quarter; and any additional project
stakeholders were briefed on the FirstNet/PSBB status at the 2018 OIEC Communications Symposium at West Point, NY, March 19th and 20th and 5 CIOs/Deputy CIOs from cities in New York were briefed at the Center for Technology and
evernment on March 23rd.

Regarding Question 11, we met with AT&T to continue to discuss the RAN deployment in New York State.

## 12. Personnel

FTE%	Project (s) Assigned	Change
12%	Overall SLIGP 2 and FirstNet support, coordination and SLIGP grant management, outreach presentations	
6%		Began SLIGP 2
2%	Office leadership, direct report to the State SPOC, overall direction on interoperability and outreach policy	Began SLIGP 2 Began SLIGP 2
	and the state of t	Began S
	FTE%	12% Overall SLIGP 2 and FirstNet support, coordination and SLIGP grant management, outreach presentations 6% Prepares SLIGP 2 fiscal reports, budget coding and related tasks

12b. Narrative description of any staffing challenges, vacancies, or changes.

Additional staff will be shown as match in future quarters...they just did not contribute any SLIGP 2 match time in this short quarter.

13. Contractual (Contract and/or Subrecipients)

13a. Contractual Table – Include all contractors. The totals from this table should equal the "Contractual" in Question 14f.

Name
Subcontract Purpose
Type
(Contract/Subrec.)
RFP/RFQ Issued (Y/N)
Start Date
End Date
Allocated
Allocated

Name	Subcontract Purpose	(Contract/Subrec.)	RFP/RFQ Issued (Y/N)	Executed (Y/N)	Start Date	End Date	Allocated	Allocated
NYSTEC	Consultant - data collection, policy, outreach	Contract	N	N	03/01/2018	02/29/2020	\$1,020,000.00	\$0.00
TBD	Conference facilities for approved outreach	Contract	N	N			\$4,500.00	\$0.00
TBD	Misc. related to data collection or GIS	Contract	N	N			\$64,500.00	\$0.00

13b. Narrative description any challenges, updates, or changes related to contracts and/or subrecipients.

A statement of work with the New York State Technology Enterprise Corporation (NYSTEC) is pending procurement. This is against an existing State contract, so no further RFP/RFQ is required.

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)
. Personnel Salaries	\$0.00	\$184,455.00	\$184,455.00	\$0.00	\$67,578.00	\$67,578.00	\$0.00	\$980.64	\$980.6
. Personnel Fringe Benefits	\$0.00	\$115,545.00	\$115,545.00	\$0.00	\$42,052.00	\$42,052.00	\$0.00		
. Travel	\$91,000.00	\$0.00	\$91,000.00	\$27,000.00	\$0.00	\$27,000.00			\$0.0
I. Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	7,4.1.1.	7	
. Materials/Supplies	\$20,000.00	\$0.00	\$20,000.00	\$7,500.00		\$7,500.00	\$0.00		
. Contractual	\$1,089,000.00	\$0.00	\$1,089,000.00	\$390,500.00		\$390,500.00		7 - 1 - 1	7 7 7 7
. Other	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00	\$0.00		
. Indirect	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Total Costs	\$1,200,000.00	\$300,000.00	\$1,500,000.00	\$425,000.00	\$109,630.00	\$534,630.00			\$1,516.1
Proportionality Percent	80.00%	20.00%		79.49%	20.51%	100.00%	0.00%	1-/	100.00%
15. Certification: I certify to the be	st of my knowledge and belief	that this report is correct	and complete for pe	rformance of activities for	the purpose(s) set	forth in the awar	d documents.	SACCIONAL PROPERTY AND ADDRESS OF THE PARTY AN	TOU.OUT
16a. Typed or printed name and title of Authorized Certifying Official:  Michael A. Sprague						16c. Telephone (area code, number, and extension)	518-242-8275		
L6b. Signature of Authorized Certif	fying Official:					_	16d. Email Address:	michael.sprague@dhses	.ny.gov
Willer (	1/1/1000						Date:	04/20/2018	

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