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

U.S. Department of Commerce SLIGP 2.0 Performance Progress Report						2. Award or Grant Number: 4. EIN:	36-10-S18036 14-6013200	
1. Recipient Name	New York Division of Homeland Security and Emergency Services						10/23/2018	
3. Street Address	Street Address 1220 Washington Ave, Building 7A					(MM/DD/YYYY)	09/30/2018	
5. City, State, Zip Code	Albany, NY, 12226					8. Final Report Yes □ No ☑	9. Report Frequency Quarterly X	
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	ter						
1	Governance Meetings	Yes	1	Actual number of governo	ance, subcommittee, or working group meetings related to	the NPSBN held during	the quarter	
2	Individuals Sent to Broadband Conferences	No		_	uals who were sent to national or regional third-party confe ng SLIGP grant funds during the quarter	rences with a focus are	ea or training track	
3	Convened Stakeholder Events	No		Actual number of events coordinated - or held using SLIGP grant funds during the quarter, as requested by FirstNet.				
4	Staff Hired (Full-Time Equivalent)(FTE)	Yes	0.00	Actual number of state personnel FTEs who began supporting SLIGP activities during the quarter (may be a decimal).				
5	Contracts Executed	Yes	0	Actual number of contrac	ts executed during the quarter.			
6	Subrecipient Agreements Executed	No		Actual number of agreem	ents executed during the quarter.			
7	Data Sharing Policies/Agreements Developed	No		Yes or No if data sharing _l	policies and/or agreements were developed during this rep	orting quarter.		
8	Further Identification of Potential Public Safety Users	No		Yes or No if further identi	fication of potential public safety users occurred during this	reporting quarter.		
9	Plans for Emergency Communications Technology Transitions	No		Yes or No if plans for futu	re emergecy communications technology transitions occuri	ed during this reportin	g quarter.	
10	Identified and Planned to Transition PS Apps & Databases	No		Yes or No if public safety of developed this reporting of	applications or databases within the State or territory were quarter	e identified and transit	ion plans were	
11	Identify Ongoing Coverage Gaps	No		Yes or No if participated in	ipated in identifying ongoing coveage gaps using SLIGP funds during this reporting quarter.			
12	Data Collection Activities	No			SMLA Phase Only) Yes or No if participated in data collectidata collectidata collection determination by Opt-Out (Post-SMLA) gran		ed by FirstNet or	
Activities for Opt-Out States only in		the Reporting Quarter						
13	Stakeholders Engaged			Actual number of individu	ials reached via stakeholder meetings or events during the	quarter.		
14	Education and Outreach Materials Distributed In- Person			Actual number of materia	ıls distributed in-person during this quarter.			
15	Education and Outreach Materials distributed Electronically			Actual volume of hits or in the quarter.	mpressions to any website, e-newsletter, social media post,	or other account suppo	orted by SLIGP during	

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11a. Narrative description for each				_	ation strategies ye	ou nave employeu,	piaimea major activiti	ies for the next quarter;	and any additional
The SIEC Board held a meeting on	-	_	-						
We provided a September 4th We				ndividuals participating.					
We continue to have weekly phor	ne calls with the AT&T and	FirstNet leads for New Yo	ork.						
12. Personnel									
12a. Staffing Table - Please includ		ibuted time to the project	t with current quarter's u			loyed by the state n	ot contractors. Please	e do not remove individu	
Job Title	FTE%				ect (s) Assigned				Change
Radio Engineer #1	10%			tion and SLIGP grant mana	gement, outreach	presentations			Continues SLIGP 2
Associate Budgeting Analyst #1	0%		al reports, budget coding a						Left Finance Role
Director/SWIC	1%			OC, overall direction on int	eroperability and o	outreach policy			Continues SLIGP 2
Associate Budgeting Analyst #2	4%		al reports, budget coding a	and related tasks					Continues SLIGP 2
Excelsior Fellow	2.22%	DHSES Counsel's Offic	ce (Legal)						Left Agency
		SLIGP 2 and Firstnet S	Support coordination and	outreach. Provides backup	to Radio Enginee	r #1			Continues SLIGP 2 (no
Radio Engineer #2	0%	SEIGH Z dild i listilet s	apport, coordination and	Touries buckey	rto rtadio Engineer	"1			work this quarter)
12b. Narrative description of any the Excelsior Fellow with DHSES L		ies, or changes.							
		ies, or changes.							
The Excelsior Fellow with DHSES L	Legal has left the agency.	ies, or changes.							
The Excelsior Fellow with DHSES L 13. Contractual (Contract and/or S	Legal has left the agency. Subrecipients)		ual the "Contractual" in C	Question 14f					
The Excelsior Fellow with DHSES L 13. Contractual (Contract and/or S 13a. Contractual Table – Include a	Subrecipients) all contractors. The totals f	rom this table should equ			Contract			Total Federal Funds	Total Matching Funds
The Excelsior Fellow with DHSES L 13. Contractual (Contract and/or S	Subrecipients) all contractors. The totals f		Туре	Question 14f. RFP/RFQ Issued (Y/N)	Contract Executed (Y/N)	Start Date	End Date	Total Federal Funds	Total Matching Funds
13. Contractual (Contract and/or S 13a. Contractual Table – Include a Name	Subrecipients) all contractors. The totals f	rom this table should equ	Type (Contract/Subrec.)	RFP/RFQ Issued (Y/N)	Contract Executed (Y/N)			Allocated	Allocated
13. Contractual (Contract and/or Solution 13a. Contractual Table – Include a Name	Subrecipients) all contractors. The totals f Subcont Consultant - data collecti	rom this table should equ ract Purpose ion, policy, outreach	Type (Contract/Subrec.) Contract	RFP/RFQ Issued (Y/N) N	Executed (Y/N) Y	Start Date 03/01/2018	End Date 02/29/2020	Allocated \$1,020,000.00	Allocated \$0.00
13. Contractual (Contract and/or S 13a. Contractual Table – Include a Name NYSTEC TBD	Subrecipients) all contractors. The totals f Subcont Consultant - data collecti Conference facilities for	rom this table should equal ract Purpose ion, policy, outreach approved outreach	Type (Contract/Subrec.) Contract Contract	RFP/RFQ Issued (Y/N) N N	Executed (Y/N) Y N			Allocated \$1,020,000.00 \$4,500.00	\$0.00 \$0.00
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13. Contractual (Contract and/or S 13a. Contractual Table – Include a Name NYSTEC TBD TBD	Subrecipients) all contractors. The totals f Subcont Consultant - data collecti Conference facilities for Misc. related to data coll	rom this table should equal ract Purpose ion, policy, outreach approved outreach lection or GIS	Type (Contract/Subrec.) Contract Contract Contract	RFP/RFQ Issued (Y/N) N N	Executed (Y/N) Y N			Allocated \$1,020,000.00 \$4,500.00	\$0.00 \$0.00
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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	\$0.00	\$184,455.00	\$184,455.00	\$0.00	\$67,578.00	\$67,578.00	\$0.00	\$13,057.04	\$13,057.04
b. Personnel Fringe Benefits	\$0.00	\$115,545.00	\$115,545.00	\$0.00	\$42,052.00	\$42,052.00	\$0.00	\$8,080.86	\$8,080.86
c. Travel	\$91,000.00	\$0.00	\$91,000.00	\$27,000.00	\$0.00	\$27,000.00	\$230.33	\$0.00	\$230.33
d. Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
e. Materials/Supplies	\$20,000.00	\$0.00	\$20,000.00	\$7,500.00	\$0.00	\$7,500.00	\$0.00	\$0.00	\$0.00
f. Contractual	\$1,089,000.00	\$0.00	\$1,089,000.00	\$390,500.00	\$0.00	\$390,500.00	\$66,671.03	\$0.00	\$66,671.03
g. Other	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
h. Indirect	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
i. Total Costs	\$1,200,000.00	\$300,000.00	\$1,500,000.00	\$425,000.00	\$109,630.00	\$534,630.00	\$66,901.36	\$21,137.90	\$88,039.20
j. Proportionality Percent	80.00%	20.00%	100.00%	79.49%	20.51%	100.00%	75.99%	24.01%	100.00%
15. Certification: I certify to the be	st of my knowledge and belie	f that this report is correc	t and complete for p	erformance of activities fo	r the purpose(s) s	set forth in the aw	ard documents.		
Michael A. Sprague						16c. Telephone (area code, number, and extension)	518-242-8275		
16b. Signature of Authorized Certi	ying Official:						16d. Email Address:	michael.sprague@dhses	.ny.gov

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.