| 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 Homel | and Security and Emerger | ncy Services | | | | 6. Report Date (MM/DD/YYYY) | 01/28/2019 |
| 3. Street Address 1220 Washington Ave, Building 7A | | | | | | 7. Reporting Period End Date: (MM/DD/YYYY) | 12/31/2018 | |
| 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 Milest | tone Category | | |
| Activities/Metrics for All Recipients | during the Reporting Quart | er | | | | | 化丁烷 医红色素 | |
| 1 | Governance Meetings | Yes | 1 | Actual number of governo | nce, subcommittee, or working group meeti | ngs related to the | e NPSBN held during | the quarter |
| 2 | Individuals Sent to Broadband Conferences | No | | | als who were sent to national or regional th g SLIGP grant funds during the quarter | ird-party confere | nces with a focus are | a or training track |
| 3 | Convened Stakeholder Events | No | | Actual number of events o | coordinated - or held using SLIGP grant funds | during the quart | er, as requested by Fi | rstNet. |
| 4 | Staff Hired (Full-Time Equivalent)(FTE) | No | 0.00 | Actual number of state pe | rsonnel FTEs who began supporting SLIGP a | ctivities during th | e quarter (may be a d | decimal). |
| 5 | Contracts Executed | No | 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 | policies and/or agreements were developed | during this repor | ting quarter. | |
| 8 | Further Identification of Potential Public Safety Users | No | | Yes or No if further identi | fication of potential public safety users occur | rred during this re | eporting quarter. | |
| 9 | Plans for Emergency Communications Technology Transitions | No | | Yes or No if plans for futu | re emergecy communications technology tra | nsitions occurred | during this reporting | quarter. |
| 10 | Identified and Planned to Transition PS Apps & Databases | No | | Yes or No if public safety this reporting quarter | applications or databases within the State or | r territory were i | dentified and transiti | on plans were developed |
| 11 | Identify Ongoing Coverage Gaps | No | | | n identifying ongoing coveage gaps using SL | | - The state of the state of | |
| 12 | Data Collection Activities | No | | | SMLA Phase Only) Yes or No if participated of the collection determination by Opt-Out (Po | | | ed by FirstNet or |
| Activities for Opt-Out States only i | | the Reporting Quarter | AND THE PERSON | | | | | |
| 13 | Stakeholders Engaged | | | Actual number of individ | ials reached via stakeholder meetings or eve | ents during the qu | iarter. | |
| 14 | Education and Outreach Materials Distributed In- Person | | | Actual number of materia | als distributed in-person during this quarter. | *** | | |

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| Education and Outreach Materials distributed | Actual volume of hits or impressions to any website, e-newsletter, social media post, or other account supported by SLIGP during the |
|---|--|
| Electronically | quarter. |

| Narrative description for ea | | | | | | | | | | |
|--|---|------------------------------|---|-----------------------------|-------------------|---------------------|-------------------------|--------------------------|-------------------------------------|--|
| The SIEC Board held a meeting or | n November 28th, and 36 n | nembers and guests were pr | ovided a PSBB update. | The State Agencies met on | December 17th, a | | | | l any additional project | |
| We continue to have weekly pho | ne calls with the AT&T and | FirstNet leads for New York | , including receiving qua | aterly updated on the KAN | buildout. | | | | | |
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| 12. Personnel | | | ., | | | | | | | |
| 12a. Staffing Table - Please inclu | | ibuted time to the project w | ith current quarter's uti | | | ed by the state not | t contractors. Please d | o not remove individuals | from this table. Change | |
| Job Title Radio Engineer #1 | FTE% | 0 | Project (s) Assigned Overall SLIGP 2 and FirstNet support, coordination and SLIGP grant management, outreach presentations | | | | | | | |
| Associate Budgeting Analyst #1 | 8% | Prepares SLIGP 2 fiscal r | | | ment, outreach pr | esentations | | | Continues SLIGP 2 | |
| Director/SWIC | 4% | | | ability and outreach policy | | | | | Left Finance Role | |
| Associate Budgeting Analyst #2 | 1% | Prepares SLIGP 2 fiscal r | | | | | | | Continues SLIGP 2 Continues SLIGP 2 | |
| Excelsior Fellow | 0% | DHSES Counsel's Office | | nu relateu tasks | | | | | Left Agency | |
| Radio Engineer #2 | 1% | | | outreach. Provides backup | to Radio Engineer | #1 | | | Continues SLIGP 2 | |
| | #2 1% SLIGP 2 and Firstnet Support, coordination and outreach. Provides backup to Radio Engineer #1 | | | | | | | CONTINUES SEIGH Z | | |
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| 8 | | | | | | | | | | |
| | | | | | | | | | | |
| 13. Contractual (Contract and/or | r Subrecipients) | | 10 | | | | | | | |
| 13a. Contractual Table – Include | | from this table should equal | I the "Contractual" in Q | uestion 14f. | | | | | | |
| Name | Subcor | ntract Purpose | Туре | RFP/RFQ Issued (Y/N) | Contract | Start Date | End Date | Total Federal Funds | Total Matching Funds | |
| | | | (Contract/Subrec.) | | Executed (Y/N) | 3.00311,002,003,003 | | Allocated | Total Matching Fallas | |
| NYSTEC | Consultant - data collec | | Contract | N | Y | 03/01/2018 | 02/29/2020 | \$940,000.00 | Allocated | |
| TBD | Conference facilities for Misc. related to data co | | Contract | N | Ν . | | | \$4,500.00 | Allocated \$0.00 | |
| TOO | TIVIISC. FEIGLEG LO GALA CO | | Combuset | NI. | NI NI | | | | \$0.00 \$0.00 | |
| TBD | | meetion or dis | Contract | N | N | | | \$64,500.00 | Allocated \$0.00 | |
| | | | | N | N | | | | \$0.00 \$0.00 | |
| TBD 13b. Narrative description any c | | | | N | N | | | | \$0.00 \$0.00 | |
| | | | | N | N | | | | \$0.00 \$0.00 | |
| | | | | N | N | | | | \$0.00 \$0.00 | |
| | | | | N | N | | | | \$0.00 \$0.00 | |
| | | | | N | N | | | | \$0.00 \$0.00 | |
| | | | | N | N | | | | \$0.00 \$0.00 | |
| | | | | N | N | | | | \$0.00 \$0.00 | |
| | | | | N | N | | | | \$0.00 \$0.00 | |
| | | | | N | N | | | | \$0.00 \$0.00 | |
| | | | | N | N | | | | \$0.00 \$0.00 | |
| | | | | N | N | | | | \$0.00 \$0.00 | |

| 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 | \$173,150.24 | \$173,150.24 | \$0.00 | \$173,150.24 | \$173,150.24 | \$0.00 | \$16,500.52 | \$16,500.52 |
| b. Personnel Fringe Benefits | \$0.00 | \$108,459.43 | \$108,459.43 | \$0.00 | \$108,459.43 | \$108,459.43 | \$0.00 | \$10,232.35 | \$10,232.35 |
| c. Travel | \$91,000.00 | \$0.00 | \$91,000.00 | \$91,000.00 | \$0.00 | \$91,000.00 | \$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 | \$20,000.00 | \$0.00 | \$20,000.00 | \$0.00 | \$0.00 | \$0.00 |
| f. Contractual | \$1,009,000.00 | \$0.00 | \$1,009,000.00 | \$1,009,000.00 | \$0.00 | \$1,009,000.00 | \$87,962.31 | \$0.00 | \$87,962.31 |
| 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 | \$1,120,000.00 | \$281,609.67 | \$1,401,609.67 | \$1,120,000.00 | \$281,609.67 | \$1,401,609.67 | \$88,192.64 | \$26,732.87 | \$114,925.51 |
| j. Proportionality Percent | 79.91% | 20.09% | 100.00% | 79.91% | 20.09% | 100.00% | 76.74% | 23.26% | 100.00% |
| 15. Certification: I certify to the be | st of my knowledge and belief | that this report is correct | t and complete for pe | rformance of activities for | the purpose(s) se | t forth in the awar | d documents. | | |
| 16a. Typed or printed name and title of Authorized Certifying Official: Michael A. Sprague | | | | | 16c. Telephone (area code, number, and extension) | 518-242-8275 | | | |
| 16b. Signature of Authorized Certi | 1. 1 | | | | | * * | 16d. Email Address: | michael.sprague@dhses | s.ny.gov |
| Thirthe afficient | | | | | Date: | 01/29/2019 | | | |

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