			Department of Comm) Performance Progres			
1. Recipient Name	New York Division of Home	land Security and Emerge	ncy Services			
3. Street Address	1220 Washington Ave, Build	ling 7A				
5. City, State, Zip Code	Albany, NY, 12226					
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)		Desci	
Activities/Metrics for All Recipients	during the Reporting Quart	er				
1	Governance Meetings	Yes	2	Actual number of govern	ance, subcommittee, or work	
2	Individuals Sent to Broadband Conferences	No		-	uals who were sent to nation ng SLIGP grant funds during t	
3	Convened Stakeholder Events	No		Actual number of events of	coordinated - or held using SL	
4	Staff Hired (Full-Time Equivalent)(FTE)	No		Actual number of state personnel FTEs who b		
5	Contracts Executed	No		Actual number of contracts executed during		
6	Subrecipient Agreements Executed	No		Actual number of agreements executed during the		
7	Data Sharing Policies/Agreements Developed	No		Yes or No if data sharing policies and/or agreement		
8	Further Identification of Potential Public Safety Users	No		Yes or No if further identification of potential pu		
9	Plans for Emergency Communications Technology Transitions	No	Yes or No if plans for future emergecy c		re emergecy communication	
10	Identified and Planned to Transition PS Apps & Databases	No		Yes or No if public safety developed this reporting	applications or databases wi quarter	
11	Identify Ongoing Coverage Gaps	No	Yes or No if participated in identifying		n identifying ongoing coveag	
12	Data Collection Activities	No			SMLA Phase Only) Yes or No data collection determination	
Activities for Opt-Out States only in		the Reporting Quarter				
13	Stakeholders Engaged			Actual number of individu	als reached via stakeholder	
14	Education and Outreach Materials Distributed In- Person			Actual number of materic	ıls distributed in-person duriı	
15	Education and Outreach Materials distributed Electronically			Actual volume of hits or in the quarter.	mpressions to any website, e	

	2. Award or Grant	36-10-S18036			
	Number: 4. EIN:	14-6013200			
	6. Report Date				
	(MM/DD/YYYY)	04/19/2019			
	7. Reporting Period				
	End Date: (MM/DD/YYYY)	03/31/2019			
	8. Final Report	9. Report Frequency			
	Yes 🗆	Quarterly X			
	No 🗸				
scription of Milestone Category					
rking group meetings related to th	ne NPSBN held during	the quarter			
rking group meetings related to the NPSBN held during the quarter onal or regional third-party conferences with a focus area or training track g the quarter					
SLIGP grant funds during the quarter, as requested by FirstNet.					
upporting SLIGP activities during the quarter (may be a decimal).					
rter.					
juarter.					
s were developed during this reporting quarter.					
safety users occurred during this reporting quarter.					
ons technology transitions occurred during this reporting quarter.					
within the State or territory were identified and transition plans were					
age gaps using SLIGP funds during this reporting quarter.					
No if participated in data collection ion by Opt-Out (Post-SMLA) grante	•	ed by FirstNet or			
er meetings or events during the q	uarter.				
ring this quarter.					
e-newsletter, social media post, o	r other account suppo	orted by SLIGP during			

11a. Narrative description for each activity reported in Question 11 for this quarter; any challenges or obstacles encountered and mitigation strategies you have e The Public Safety Broadband User Group met via WebEx on January 29th, 2019 and approximately 18 people participated. The State Interoperable and Emergenc a broadband update.

We continue to have bi-weekly phone calls with the AT&T and FirstNet leads for New York, including receiving quaterly updated on the RAN buildout.

12. Personnel

12a. Staffing Table - Please include al	ll staff that have con	ntributed time to the project with current quarter's utilization. Please only include FTE staff employed by th			
Job Title	FTE%	Project (s) Assigned			
Radio Engineer #1	9%	Overall SLIGP 2 and FirstNet support, coordination and SLIGP grant management, outreach presentation			
Associate Budgeting Analyst #1	0%	Prepares SLIGP 2 fiscal reports, budget coding and related tasks			
Director/SWIC	4%	Office leadership, overall direction on interoperability and outreach policy			
Associate Budgeting Analyst #2	2%	Prepares SLIGP 2 fiscal reports, budget coding and related tasks			
Excelsior Fellow	0%	DHSES Counsel's Office (Legal)			
Radio Engineer #2	0%	SLIGP 2 and Firstnet Support, coordination and outreach. Provides backup to Radio Engineer #1			

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

13. Contractual (Contract and/or Subrecipients) 13a. Contractual Table – Include all contractors. The totals from this table should equal the "Contractual" in Question 14f. Туре Contract RFP/RFQ Issued (Y/N) Name Subcontract Purpose Start Executed (Y/N) (Contract/Subrec.) Contract NYSTEC Consultant - data collection, policy, outreach Ν Υ 03/01, TBD Conference facilities for approved outreach Contract Ν Ν TBD Misc. related to data collection or GIS Contract Ν Ν 13b. Narrative description any challenges, updates, or changes related to contracts and/or subrecipients.

employed; planned major activities for the next quarter; cy Communication Board (SIECB) met on February 6, 2019	-
the state not contractors. Please do not remove individu	als from this table.
	Change
tions	Continues SLIGP 2
	Left Finance Role
	Continues SLIGP 2
	Continues SLIGP 2
	Left Agency
	Continues SLIGP 2, no
	work this quarter

t Date	End Date	Total Federal Funds Allocated	Total Matching Funds Allocated		
1/2018	02/29/2020	\$940,000.00	\$0.00		
		\$4,500.00	\$0.00		
		\$64,500.00	\$0.00		

14. Budget Worksheet	14. Budget Worksheet								
Columns 2, 3 and 4 must match you	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)	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	\$19,883.81	\$19,883.81
b. Personnel Fringe Benefits	\$0.00	\$108,459.43	\$108,459.43	\$0.00	\$108,459.43	\$108,459.43	\$0.00	\$12,346.23	\$12,346.23
c. Travel	\$91,000.00	\$0.00	\$91,000.00	\$91,000.00	\$0.00	\$91,000.00	\$237.33	\$0.00	\$237.33
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	\$114,040.26	\$0.00	\$114,040.26
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	\$114,277.59	\$32,230.04	\$146,507.63
j. Proportionality Percent	79.91%	20.09%	100.00%	79.91%	20.09%	100.00%	78.00%	22.00%	100.00%
15. Certification: I certify to the bes	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			
Michael A. Sprague				code, number, and extension)	518-242-8275				
16b. Signature of Authorized Certifying Official:				16d. Email Address:	michael.sprague@dhses.ny.gov				
				Date:	04/19/2019				

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 Administration, U.S. Department of Commerce, 1401 Constitution Avenue, NW, Room 4078, Washington, DC 20230.