U.S. Department of Commerce SLIGP 2.0 Performance Progress Report							36-10-S18036 14-6013200	
1. Recipient Name	New York Division of Homel	and Security and Emergen		6. Report Date (MM/DD/YYYY)	07/22/2019			
3. Street Address	1220 Washington Ave, Build	ling 7A	,			7. Reporting Period End Date: (MM/DD/YYYY)	06/30/2019	
5. City, State, Zip Code	Albany, NY, 12226					8. Final Report Yes  No	9. Report Frequency Quarterly X	
10a. Project/Grant Period	9							
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							
	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 Quarte	er						
1	Governance Meetings	Yes	1	Actual number of governa	nce, subcommittee, or working group meetings related to th	e NPSBN held during t	he quarter	
2	Individuals Sent to Broadband Conferences	No			als who were sent to national or regional third-party confere g SLIGP grant funds during the quarter	ences with a focus area	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)	No		Actual number of state pe	rsonnel FTEs who began supporting SLIGP activities during th	ne quarter (may be a d	ecimal).	
5	Contracts Executed	No	7	Actual number of contract	ts executed during the quarter.			
6	Subrecipient Agreements Executed	No		Actual number of agreements 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 reporting quarter.				
8	Further Identification of Potential Public Safety Users	No		Yes or No if further identification of potential public safety users occurred during this reporting quarter.				
9	Plans for Emergency Communications Technology Transitions	No		Yes or No if plans for futur	re emergecy communications technology transitions occurred	during this reporting	quarter.	
10	Identified and Planned to Transition PS Apps & Databases	No		Yes or No if public safety a this reporting quarter	applications or databases within the State or territory were i	dentified and transitio	n plans were developed	
11	Identify Ongoing Coverage Gaps	No		Yes or No if participated in	n identifying ongoing coveage gaps using SLIGP funds during	this reporting quarter		
12	Data Collection Activities	No	71		SMLA Phase Only) Yes or No if participated in data collection lata collection determination by Opt-Out (Post-SMLA) grante		d by FirstNet or	
Activities for Opt-Out States only in		the Reporting Quarter						
13	Stakeholders Engaged	LATER THE STATE OF THE		Actual number of individu	als reached via stakeholder meetings or events during the qu	iarter.		
14	Education and Outreach Materials Distributed In- Person			Actual number of material	ls distributed in-person during this quarter.			

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15	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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11a. Narrative description for ea					tion strategies you	ı have employed; p	lanned major activities	s for the next quarter; an	d any additional project	
The State Interoperable and Eme	- ·									
We continue to have bi-weekly p	hone calls with the AT&T a	nd FirstNet leads for New Yo	rk, including receiving	quaterly updated on the R	AN buildout.					
12. Personnel										
12a. Staffing Table - Please inclu	de all staff that have contr	ihuted time to the project wir	th current quarter's ut	tilization Please only inclu	de ETE staff emplo	ved by the state no	at contractors Please	lo not remove individual	s from this table	
Job Title	FTE%	I I I I I I I I I I I I I I I I I I I	in current quarter 3 at		ect (s) Assigned	yeu by the state he	ot contractors. Fleuse a	io not remove marvidual	Change	
Radio Engineer #1	8%	Overall SLIGP 2 and First	Net support coordinat	ion and SLIGP grant manag	,, ,	recentations			Continues SLIGP 2	
Associate Budgeting Analyst #1	0%	Prepares SLIGP 2 fiscal re			ement, outreach p	resentations			Left Finance Role	
Director/SWIC	2%			rability and outreach policy						
Associate Budgeting Analyst #2	1%	Prepares SLIGP 2 fiscal re							Continues SLIGP 2 Continues SLIGP 2	
Excelsior Fellow	0%	DHSES Counsel's Office (I		and related tasks						
Excelsion Fellow	U76	DHSES Couriser's Office (I	-egai)						Left Agency	
Radio Engineer #2	0%	SLIGP 2 and Firstnet Supp	ort, coordination and	outreach. Provides backup	to Radio Engineer	#1			Continues SLIGP 2, no work this quarter	
Radio Engineer #2	076									
	X.F						-			
L						1				
101 11 11 11 1		•								
12b. Narrative description of any	staming challenges, vacano	cies, or changes.								
13. Contractual (Contract and/or	Cubusciniants)									
13a. Contractual (Contract and/or		from this table should equal t	ha "Contractual" in O	uction 1/f						
15a. Contractual Table – Include	all contractors. The totals i	Tolli tilis table siloulu equal t	Type		Contract			Total Federal Funds	Total Matching Funds	
Name	Subcon	tract Purpose	(Contract/Subrec.)	RFP/RFQ Issued (Y/N)	Executed (Y/N)	Start Date	End Date	Allocated	Allocated	
NYSTEC	Consultant - data collect	tion, policy, outreach	Contract	N	Y Y	03/01/2018	02/29/2020	\$940,000.00	\$0.00	
TBD	Conference facilities for		Contract	. N	N	03/01/2010	02/25/2020	\$4,500.00	\$0.00	
TBD	Misc. related to data co		Contract	N	N	,		\$64,500.00	\$0.00	
100	Wilse. Telated to data co	inection of GIS	Contract	10	<b>"</b>			\$04,500.00	\$0.00	
13b. Narrative description any ch	allenges undates er chang	ros related to contracts and/o	r cubraciniants							
13b. Narrative description any cri	alleliges, updates, or chang	ges related to contracts and/o	or subrecipients.							
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14. Budget Worksheet			141						
Columns 2, 3 and 4 must match you			the SF-424A on file.						
Only list matching funds that the D	epartment of Commerce has a	Iready 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	\$22,195.24	\$22,195.24
b. Personnel Fringe Benefits	\$0.00	\$108,459.43	\$108,459.43	\$0.00	\$108,459.43	\$108,459.43	\$0.00	\$13,755.28	\$13,755.28
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	\$120,439.90	\$0.00	\$120,439.90
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	\$120,677.23	\$35,950.52	\$156,627.75
j. Proportionality Percent	79.91%	20.09%	100.00%	79.91%	20.09%	100.00%	77.05%	22.95%	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.	MEDICAL PROPERTY OF THE PARTY O	
16a. Typed or printed name and title of Authorized Certifying Official: Michael A. Sprague					,	16c. Telephone (area code, number, and extension)		518-2	42-8275
16b. Signature of Authorized Certif	ying Officiál:	'n					16d. Email Address:	michael.sprague@dhses	ny.gov
Thigh	184/109/4						Date:	07/22/2019	

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