U.S. Department of Commerce SLIGP 2.0 Performance Progress Report						36-10-S18036			
						14-6013200			
1. Recipient Name	New York Division of Homeland Security and Emergency Services					10/24/2019			
3. Street Address	1220 Washington Ave, Build	7. Reporting Period End Date: (MM/DD/YYYY)	09/30/2019						
5. City, State, Zip Code	Albany, NY, 12226				8. Final Report Yes □ No ☑	9. Report Frequency Quarterly X			
LOa. Project/Grant Period									
Start Date: (MM/DD/YYYY)	03/01/2018	10b. End Date: (MM/DD/YYYY)	02/29/2020						
1. List the individual projects in you	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 Quart	er							
1	Governance Meetings	Yes	1	Actual number of governance, subcommittee, or working group meetings related to th	e NPSBN held during t	he quarter			
. 2	Individuals Sent to Broadband Conferences	No		Actual number of individuals who were sent to national or regional third-party conferences with a focus area or training track related to the NPSBN using SLIGP grant funds during the quarter					
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 personnel FTEs who began supporting SLIGP activities during the quarter (may be a decimal).					
5	Contracts Executed	No		Actual number of contracts 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 repo	rting 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 future emergecy communications technology transitions occurred	d during this reporting	quarter.			
10	Identified and Planned to Transition PS Apps & Databases	No		Yes or No if public safety applications or databases within the State or territory were this reporting quarter	identified and transitio	n plans were develope			
11	Identify Ongoing Coverage Gaps	No		Yes or No if participated in identifying ongoing coveage gaps using SLIGP funds during	this reporting quarter				
12	Data Collection Activities	No		(Opt-In and Opt-Out Post-SMLA Phase Only) Yes or No if participated in data collection following a documented data collection determination by Opt-Out (Post-SMLA) grante		d by FirstNet or			
ctivities for Opt-Out States only in		the Reporting Quarter							
	Stakeholders Engaged Education and Outreach Materials Distributed In-	ALC STATE OF THE S		Actual number of individuals reached via stakeholder meetings or events during the quantum of materials distributed in-person during this quarter.	uarter.				

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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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We continue to have bi-weekly phone ca	alls with the AT&T and Firs		ale transferations are extentioned	ived a broadband update.	6 5 1 In 11 al a 4				
1		stillet leads for New Yo	rk, including receiving	quaterly updated on the R	AN buildout.				
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	Sec. 1								
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12. Personnel									
12a. Staffing Table - Please include all st	taff that have contributed	d time to the project wi	th current quarter's ut	ilization. Please only includ	le FTE staff emplo	yed by the state no	t contractors. Please	do not remove individuals	from this table.
Job Title	FTE%	Project (s) Assigned							Change
Radio Engineer #1				ion and SLIGP grant manage	ement, outreach p	resentations			Continues SLIGP 2
Associate Budgeting Analyst #1		Prepares SLIGP 2 fiscal re							Left Finance Role
Director/SWIC				ability and outreach policy					Continues SLIGP 2
Associate Budgeting Analyst #2		Prepares SLIGP 2 fiscal re		nd related tasks					Continues SLIGP 2
Excelsior Fellow		OHSES Counsel's Office (Left Agency
Radio Engineer #2	0% SI	SLIGP 2 and Firstnet Supp	port, coordination and	outreach. Provides backup	to Radio Engineer	#1		41	Continues SLIGP 2
12b. Narrative description of any staffing	g challenges, vacancies, or	r changes.							
12b. Narrative description of any staffing	g challenges, vacancies, oı	or changes.							
		or changes.							
12b. Narrative description of any staffing 13. Contractual (Contract and/or Subreci	ipients)		ska (Control to W. o. C.						
	ipients)			uestion 14f.	Contract			Total Endoral Europe	Total Matching Fund
13. Contractual (Contract and/or Subreci	ipients)	this table should equal (Туре	uestion 14f. RFP/RFQ Issued (Y/N)	Contract Executed (V/N)	Start Date	End Date	Total Federal Funds	TOTAL STATE OF THE PROPERTY OF THE PARTY OF
13. Contractual (Contract and/or Subreci 13a. Contractual Table – Include all contr Name	ipients) rractors. The totals from t Subcontract F	this table should equal t Purpose	Type (Contract/Subrec.)	RFP/RFQ Issued (Y/N)	Contract Executed (Y/N)		State And Control of the Control of	Allocated	Allocated
13. Contractual (Contract and/or Subreci 13a. Contractual Table – Include all contr Name	ipients) tractors. The totals from t Subcontract F isultant - data collection, p	this table should equal t Purpose policy, outreach	Type (Contract/Subrec.) Contract	RFP/RFQ Issued (Y/N)	Executed (Y/N)	Start Date 03/01/2018	End Date 02/29/2020	Allocated \$940,000.00	Allocated \$0.00
13. Contractual (Contract and/or Subreci 13a. Contractual Table – Include all contr Name NYSTEC Cons TBD Conf	ipients) tractors. The totals from t Subcontract F isultant - data collection, p iference facilities for appro	this table should equal t Purpose policy, outreach oved outreach	Type (Contract/Subrec.) Contract Contract	RFP/RFQ Issued (Y/N) N N	Executed (Y/N) Y N		State And Control of the Control of	\$940,000.00 \$4,500.00	\$0.00 \$0.00
13. Contractual (Contract and/or Subreci 13a. Contractual Table – Include all contr Name NYSTEC Cons TBD Conf	ipients) tractors. The totals from t Subcontract F isultant - data collection, p	this table should equal t Purpose policy, outreach oved outreach	Type (Contract/Subrec.) Contract	RFP/RFQ Issued (Y/N)	Executed (Y/N)		02/29/2020	Allocated \$940,000.00	\$0.00

14. Budget Worksheet									
Columns 2, 3 and 4 must match yo	our current project budget for t	he entire award, which is	the SF-424A on file.						
Only list matching funds that the D	Department of Commerce has a	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	\$23,871.06	\$23,871.0
b. Personnel Fringe Benefits	\$0.00	\$108,459.43	\$108,459.43	\$0.00	\$108,459.43	\$108,459.43	\$0.00	\$14,776.86	\$14,776.8
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	\$125,511.65	\$0.00	\$125,511.65
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	\$125,748.98	\$38,647.92	\$164,396.90
j. Proportionality Percent	79.91%	20.09%	100.00%	79.91%	20.09%	100.00%	76.49%	23.51%	100.00%
15. Certification: I certify to the be	est of my knowledge and belief	that this report is correc	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	ifying Official:	1					16d. Email Address:	michael.sprague@dhses	i.ny.gov
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