						2. Award or Grant				
U.S. Department of Commerce SLIGP 2.0 Performance Progress Report							72-10-S18072			
							66-0679060			
1 Posiniont Name	PUERTO RICO OFFICE OF PUBLIC SAFETY						07/11/2018			
1. Recipient Name							0//11/2010			
	P. O. BOX 194140									
3. Street Address							06/30/2018			
		(MM/DD/YYYY)								
							9. Report Frequency			
5. City, State, Zip Code	SAN JUAN, PR 00919-4140						Quarterly X			
				No ☑						
10a. Project/Grant Period	•									
Start Date: (MM/DD/YYYY)	03/01/2018	10b. End Date:	02/29/2020							
		(MM/DD/YYYY)	02/23/2020							
11. List the individual projects in yo	our approved Project Plan									
	Activity Type (Planning,	Was this Activity	Project Deliverable							
	Governance Meetings,	Performed during the	Quantity (Number &		Description of Mileston	e Category				
	etc.)	Reporting Quarter?	Indicator			· '				
		(Yes/No)	Description)							
Activities/Metrics for All Recipients				A -t - ul - u - t - u		and the she NOCON held !				
1	Governance Meetings	No	0		nce, subcommittee, or working group meetings		•			
2	Individuals Sent to	Yes	6	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						
	Broadband Conferences Convened Stakeholder		6							
3	Events	No	0	Actual number of events o	oordinated - or held using SLIGP grant funds du	ring the quarter, as requested by Fir	stNet.			
	Staff Hired (Full-Time		Ü							
4	Equivalent)(FTE)	Yes	0	Actual number of state personnel FTEs who began supporting SLIGP activities during the quarter (may be a decimal).						
5	Contracts Executed	No	0	Actual number of contracts executed during the quarter.						
	Subrecipient Agreements									
6	Executed	No	0	Actual number of agreements executed during the quarter.						
	Data Sharing									
7	Policies/Agreements	No		Yes or No if data sharing p	ing this reporting quarter.	juarter.				
	Developed									
	Further Identification of									
8	Potential Public Safety	Yes		Yes or No if further identif	ication of potential public safety users occurred	during this reporting quarter.	is reporting quarter.			
	Users									
	Plans for Emergency									
9	Communications	No		Yes or No if plans for futu	tions occurred during this reporting	this reporting quarter.				
	Technology Transitions									
	Identified and Planned to			Yes or No if public safety o	pplications or databases within the State or ter	ritory were identified and transitio	n plans were developed			
10	Transition PS Apps &	No		this reporting quarter						
	Databases Identify Ongoing Coverage									
11	Gaps Coverage	No		Yes or No if participated in	identifying ongoing coveage gaps using SLIGP	funds during this reporting quarter				
12	Data Collection Activities	No		(Ont-In and Ont Out Post	SMLA Phase Only) Yes or No if participated in d	ata collection activities as requests	d hy FirstNet or			
Activities for Opt-Out States only in				TOPE-III UIIU OPE-OUE POSE-	riuse Only) Tes of No ij purticipated in d	ata conection activities as requested	a wy Fii Stivet UI			
13	Stakeholders Engaged	Life Reporting Quarter		Actual number of individu	als reached via stakeholder meetings or events	during the quarter				
15	Education and Outreach			netaan namber oj marvida	and reducted via stakeholder meetings of events	adming the quarter.				
14	Materials Distributed In-									
14	Person			Actual number of materials distributed in-person during this quarter.						
	Education and Outreach									
15	Materials distributed				npressions to any website, e-newsletter, social i	nedia post, or other account suppor	ted by SLIGP during the			
	ectronically quarter.									

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11a. Narrative description for each	activity reported in Quest	ion 11 for this quarter; any	challenges or obstacle	es encountered and mitigat	tion strategies you	have employed;	planned major activities	for the next quarter; and	d any additional project	
 Prepared a Presentation of Puert 			-	-	- -		•	•	•	
Multiple meetings with Felix Gar	cia SWIC to discuss the PR F	FirstNet Plan for 2018.								
 Coordinated, programing and att 	ending to meeting with Ch	uck Murp and Tomas Shull f	rom FirstNet Authorit	y to discuss the Puerto Rico	o FirstNet work Pla	an for 2018.				
 Attending meeting with FirstNet 	authority representatives a	and AT&T								
 Attending conferences calls and 	emails with Yuki Miyamoto	and Netnia regarding the F	irstNet 1.0 closing pro-	cess						
 Work meetings with Netnia rega 	rding the closeout process f	or SLIGP 1.0								
 Participated in the Puerto Rico H 	urricane annual conference	where AT&T presented the	FirstNet program.							
 Collected and preparing the docu 		•								
 Coordinated, programing and att 				uss the FirstNet Plans for 20)18.					
 Multiple meetings with the direct 			FirstNet.							
 Prepared a final report of my wo 	rk with the FirstNet progra	m								
12. Personnel										
12a. Staffing Table - Please include	e all staff that have contrib	uted time to the project wit	h current quarter's uti	ilization. Please only includ	le FTE staff emplo	yed by the state n	ot contractors. Please do	not remove individuals	from this table.	
Job Title	FTE%				ect (s) Assigned				Change	
SLIGP Program Manager	100%			ns plans to Puerto Rico Pub	<u> </u>					
Grant Administrator	30%	Provide grant manageme	nt support, managing f	the project's budget, and er	nsuring that the gr	ant activities are o	completed on time.			
Financial Coordinator	25%	Produced financial staten	Produced financial statements, oversight transaction and implementing audit system.							
SWIC	50%	Implementation a statewide vision for interoperability.								
Technology Officer	40%	Provide technology suppo	ort on all technology a	nd social media matters.						
Administrative Assistant	20%	Provide grant administrat	tive and coordination s	support.						
13. Contractual (Contract and/or S	ubrecipients)									
13a. Contractual Table – Include al	contractors. The totals from	om this table should equal t	he "Contractual" in Qu	uestion 14f.						
Name Su		ract Purpose	Type (Contract/Subrec.)	RFP/RFQ Issued (Y/N)	Contract Executed (Y/N)	Start Date	End Date	Total Federal Funds Allocated	Total Matching Funds Allocated	
						<u> </u>				
			<u></u>	<u> </u>			<u> </u>			
			<u></u>	<u> </u>			<u> </u>			
							<u> </u>		<u>i</u>	
13b. Narrative description any cha	lenges, updates, or change	s related to contracts and/o	r subrecipients.							

14. Budget Worksheet									
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	\$292,500.00		\$292,500.00	\$109,687.50		\$109,687.50	\$40,884.48	\$0.00	\$40,884.48
b. Personnel Fringe Benefits	\$38,058.75		\$38,058.75	\$14,272.03		\$14,272.03	\$4,854.69	\$0.00	\$4,854.69
c. Travel	\$19,360.00		\$19,360.00	\$4,840.00		\$4,840.00	\$16,405.87	\$0.00	\$16,405.87
d. Equipment	\$0.00		\$0.00	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00
e. Materials/Supplies	\$2,881.25		\$2,881.25	\$1,705.55		\$1,705.55	\$732.14	\$0.00	\$732.14
f. Contractual	\$271,040.00		\$271,040.00	\$94,890.00		\$94,890.00	\$0.00	\$0.00	\$0.00
g. Other	\$76,160.00		\$76,160.00	\$24,604.92		\$24,604.92	\$0.00	\$0.00	\$0.00
h. Indirect			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00
i. Total Costs	\$700,000.00	\$0.00	\$700,000.00	\$250,000.00	\$0.00	\$250,000.00	\$62,877.18	\$0.00	\$62,877.18
j. Proportionality Percent	100.00%	0.00%	100.00%	100.00%	0.00%	100.00%	100%	0%	100%
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: Mr. Heriberto N. Sauri Santiago, MPH, CHS-III, Exucutive Director of Puerto Rico Office of Public Safety Affairs						16c. Telephone (area code, number, and	(787) 763-3424		
ini. nemberto in. Sauti Santiago, inicia, chis-ini, exucutive Director of ruelto nico Office of Public Safety Affairs						extension)			

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16d. Email Address:

Date:

hsauri@oasp.pr.pr.gov

06/11/2018

16b. Signature of Authorized Certifying Official: