

U.S. Department of Commerce State and Local Implementation Grant Program Close Out Report				2. Award or Grant Number:	XX-S13XXX
				4. EIN:	XXXXXX
1. Recipient Name	State Department of Emergency Management			6. Report Date (MM/DD/YYYY):	5/29/2018
3. Street Address	ADDRESS			7. Reporting Period End Date: (MM/DD/YYYY)	2/28/2018
5. City, State, Zip Code	Anywhere, AL XXXXX				
10a. Project/Grant Period					
Start Date: (MM/DD/YYYY)	8/1/2013	10b. End Date: (MM/DD/YYYY)	2/28/2018		
Part A: Metrics - Final PPR Milestone Data (cumulative through the last quarter)					
	Project Type (Capacity Building, SCIP Update, etc.)	Project Deliverable Quantity (Number & Indicator Description)	Description of Milestone Category		
1	Stakeholders Engaged	4600	<i>Actual number of individuals reached via stakeholder meetings during the period of performance</i>		
2	Individuals Sent to Broadband Conferences	30	<i>Actual number of individuals who were sent to third-party broadband conferences using SLIGP grant funds during the period of performance</i>		
3	Staff Hired (Full-Time Equivalent)(FTE)	6.8	<i>Actual number of state personnel FTEs who began supporting SLIGP activities during the period of performance (may be a decimal)</i>		
4	Contracts Executed	2	<i>Actual number of contracts executed during the period of performance</i>		
5	Governance Meetings	20	<i>Actual number of governance, subcommittee, or working group meetings held during the period of performance</i>		
6	Education and Outreach Materials Distributed	6400	<i>Actual volume of materials distributed (inclusive of paper and electronic materials) plus hits to any website or social media account supported by SLIGP during the period of performance</i>		
7	Subrecipient Agreements Executed	0	<i>Actual number of agreements executed during the period of performance</i>		
8	Phase 2 - Coverage	Complete Dataset Submitted to FirstNet	<i>Please choose the option that best describes the data you provided to FirstNet in each category during the period of performance:</i> <ul style="list-style-type: none"> • Not Complete • Partial Dataset Submitted to FirstNet • Complete Dataset Submitted to FirstNet 		
9	Phase 2 – Users and Their Operational Areas	Complete Dataset Submitted to FirstNet			
10	Phase 2 – Capacity Planning	Complete Dataset Submitted to FirstNet			
11	Phase 2 – Current Providers/Procurement	Complete Dataset Submitted to FirstNet			
12	Phase 2 – State Plan Decision	Complete Dataset Submitted to FirstNet			
Part B: Narrative					
Milestone Data Narrative: Please Describe in detail the types of milestone activities your SLIGP grant funded (Please reference each project type you engaged in. Example: Governance Meetings, Stakeholders Engaged)					
This is a high-level description of all milestone activities our SLIGP grant funded:					
Please describe in detail any SLIGP program priority areas (education and outreach, governance, etc.) that you plan to continue beyond the SLIGP period of performance.					
This is a description of all SLIGP program priority areas we plan to continue beyond the SLIGP period of performance.					

Data collection narrative: Please describe in detail the status of your SLIGP funded data collection activities.

This is a detailed description of our SLIGP funded data collection activities.

Please describe in detail any data collection activities you plan to continue beyond the SLIGP period of performance.

This is a detailed description of data collection activities we plan to continue beyond the SLIGP period of performance.

Lessons Learned: Please share any lessons learned or best practices that your organization implemented during your SLIGP project.

These are our lessons learned.

Part C: Staffing

Staffing Table - Please provide a summary of all positions funded by SLIGP.

Name	FTE%	Project(s) Assigned	Change
Project Manager	100	Oversight of the project	No change
Outreach Coordinator	50	Outreach and education	No change
Grant Manager	25	Quarterly reporting and financial assistance	No change

Part D: Contracts and Funding

Subcontracts Table – Include all subcontractors engaged during the period of performance. The totals from this table must equal the “Subcontracts Total” in your Budget Worksheet

Name	Subcontract Purpose	Type (Vendor/Subrec.)	RFP/RFQ Issued (Y/N)	Total Federal Funds Allocated	Total Matching Funds Allocated
Vendor A	Project Management Support	Vendor	Y	\$250,000.00	\$0.00
Vendor B	Outreach Support	Vendor	Y	\$75,000.00	\$0.00
Vendor C	Data Collection	Vendor	Y	\$50,000.00	\$0.00

Budget Worksheet

Columns 2, 3 and 4 must match your project budget for the entire award and your final SF 424A. Columns 5, 6, and 7 should list your final budget figures, cumulative through the last quarter

Project Budget Element (1)	Federal Funds Awarded (2)	Approved Matching Funds (3)	Total Budget (4)	Final Federal Funds Expended (5)	Final Approved Matching Funds Expended (6)	Final Total funds Expended (7)
a. Personnel Salaries	\$1,134,214.00	\$0.00	\$1,134,214.00	\$1,134,214.00	\$0.00	\$1,134,214.00
b. Personnel Fringe Benefits	\$329,635.00	\$0.00	\$329,635.00	\$329,635.00	\$0.00	\$329,635.00
c. Travel	\$156,528.00	\$0.00	\$156,528.00	\$156,528.00	\$0.00	\$156,528.00
d. Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
e. Materials/Supplies	\$16,260.00	\$200,000.00	\$216,260.00	\$16,260.00	\$200,000.00	\$216,260.00
f. Subcontracts Total	\$1,425,000.00	\$485,000.00	\$1,910,000.00	\$1,425,000.00	\$485,000.00	\$1,910,000.00
g. Other	\$56,063.00	\$108,038.00	\$164,101.00	\$56,063.00	\$108,038.00	\$164,101.00
Indirect	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
h. Total Costs	\$3,117,700.00	\$793,038.00	\$3,910,738.00	\$3,117,700.00	\$793,038.00	\$3,910,738.00
i. % of Total	80%	20%	100%	80%	20%	100%

Part E: Additional Questions: Please select the option (Strongly Disagree, Disagree, Neutral, Agree, Somewhat Agree, Strongly Agree) that best suits your answer.			
Overall, were SLIGP funds helpful in preparing for FirstNet?	Strongly Agree	What was most helpful? What challenges did you encounter?	<i>Narrative.</i>
Were SLIGP funds helpful in planning for your FirstNet consultation?	Strongly Agree	What was most helpful? What challenges did you encounter?	<i>Narrative.</i>
Were SLIGP funds helpful in informing your stakeholders about FirstNet?	Strongly Agree	What was most helpful? What challenges did you encounter?	<i>Narrative.</i>
Were SLIGP funds helpful in developing a governance structure for broadband in your state?	Agree	What was most helpful? What challenges did you encounter?	<i>Narrative.</i>
Were SLIGP funds helpful in preparing your staff for FirstNet activities in your state (e.g. attending broadband conferences, participating in training, purchasing software, procuring contract support etc.)?	Strongly Agree	What was most helpful? What challenges did you encounter?	<i>Narrative.</i>
Were SLIGP funds helpful in updating your Statewide Communications Interoperability Plan?	Strongly Agree	What was most helpful? What challenges did you encounter?	<i>Narrative.</i>
Were SLIGP funds helpful in preparing for your review of the FirstNet developed State Plan?	Strongly Agree	What was most helpful? What challenges did you encounter?	<i>Narrative.</i>
Were SLIGP funds helpful in conducting FirstNet determined data collection?	Strongly Agree	What was most helpful? What challenges did you encounter?	<i>Narrative.</i>
Part F: 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.			
Typed or printed name and title of Authorized Certifying Official:		Telephone (area code, number, and extension)	XXX-XXX-XXXX
Name of Authorized Certifying Official, Title of Authorized Certifying Official		Email Address:	x@statename.gov
Signature of Authorized Certifying Official:		Date:	5/29/2018
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