	2. Award or Grant Number: 4. EIN:	47-10-S18047 62-6001445				
1. Recipient Name	6. Report Date (MM/DD/YYYY) 10/27/2020					
3. Street Address	1150 Foster Ave.				7. Reporting Period End Date: (MM/DD/YYYY)	09/30/2020
5. City, State, Zip Code						
10a. Project/Grant Period				Standard Sta	a tornard a star	Sales in such as
Start Date: (MM/DD/YYYY)	03/01/2018	10b. End Date: (MM/DD/YYYY)	03/31/2021			
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)	Description of Milestone Category		
Activities/Metrics for All Recipients	during the Reporting Quarte		and the second of the		The state of the W	Contraction of the
1	Governance Meetings	No	0	Actual number of governance, subcommittee, or working group meetings related to t	he NPSBN held during t	he quarter
2	Individuals Sent to Broadband Conferences	No	0	Actual number of individuals who were sent to national or regional third-party confer related to the NPSBN using SLIGP grant funds during the quarter	ences with a focus area	or training track
3	Convened Stakeholder Events	No	0	Actual number of events coordinated - or held using SLIGP grant funds during the qua	rter, as requested by Fi	rstNet.
4	Staff Hired (Full-Time Equivalent)(FTE)	No	0.00	Actual number of state personnel FTEs who began supporting SLIGP activities during t	he quarter (may be a d	ecimal).
5	Contracts Executed	No	0	Actual number of contracts executed during the quarter.		
6	Subrecipient Agreements Executed	No	0	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	orting 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	Yes		Yes or No if plans for future emergecy communications technology transitions occurre	d during this reporting	quarter.
10	Identified and Planned to Transition PS Apps & Databases	Yes		Yes or No if public safety applications or databases within the State or territory were this reporting quarter	identified and transitio	on plans were developed
11	Identify Ongoing Coverage Gaps	Yes		Yes or No if participated in identifying ongoing coveage gaps using SLIGP funds durin	g 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	n activities as requeste	d by FirstNet or
Activities for Opt-Out States only in	the Pre-SMLA Phase during	the Reporting Quarter	Land and the second la			1
13	Stakeholders Engaged	and the second second		Actual number of individuals reached via stakeholder meetings or events during the c	uorter.	5357138/1210s
14	Education and Outreach Materials Distributed In- Person			Actual number of materials distributed in-person during this quarter.		
15	Education and Outreach Materials distributed Electronically			Actual volume of hits or impressions to any website, e-newsletter, social media post, quarter.	or other account suppo	rted by SLIGP during the

11a. Narrative description for each Due to the Covid 19 pandemic, the T Emergency Management Agency is a during emergency situations, from Wireless Airlink Mobility Manager (, the Tennessee National Guard, a we	ACN Advisory Panel did not also planning the transition a cache has begun. LMR -> AMM), the production of a	t hold it's quarterly meetin from commercial cellular LTE proves to be a driving FirstNet coverage data bas	ng. Development of the to FirstNet due to the factor in adoption spa se has begun and a pre	e electronic eCOMMFOG connectivity provided duri Irking interest in rural ager eliminary coverage report i	ontinues in coordin ng disasters. In ad cies that would lik s in development.	nation with Cyberse Idition, planning on te to join the TACN Radio Systems Ana	ecurity and Infrastructure how to deploy and use system but are lacking in alyst, Alan McClain prese	e Security Agency (CISA FirstNet capable device n resourses to do so. U ented jointly with Majo	 The Tennessee to local agencies sing data through Sierra
12. Personnel									
12a. Staffing Table - Please include	all staff that have contribut	ted time to the project wit	h current quarter's uti	lization. Please only includ	e FTE staff employ	red by the state not	t contractors. Please do l	not remove individuals	from this table.
Job Title	FTE%				ct (s) Assigned			1	Change
Director, Wireless Communications	20%	Single Point of Contact (S Stakeholder Relationship		N and provides oversight o	ver the broadband	l program in TN, Ou	treach and Education, Ex	ternal and Internal	No Change
Deputy Director, Wireless Communications	20%	Outreach and Education,	Outreach and Education, External and Internal Stakeholder Relationships						No Change
Outreach and Education Coordinator	20%	Outreach and Education,	External and Internal S	takeholder Relationships, F	rogram Managem	ent, Administrative	Functions, Scheduling		No Change
	_								
13. Contractual (Contract and/or Su	brecipients)								
13a. Contractual Table – Include all	contractors. The totals from	n this table should equal t	he "Contractual" in Qu	uestion 14f.					
Name	Subcontract 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
Buford Goff and Associates	Outreach and Education, Go	overnance Consultation	Contract	Y	Y	07/01/2018	02/29/2020	\$596,000.00	
13b. Narrative description any chall	enges, updates, or changes	related to contracts and/o	or subrecipients.						
Currently signed with Buford Goff a	nd Associates, Inc.	,							

a. Personnel Salaries b. Personnel Fringe Benefits c. Travel d. Equipment e. Materials/Supplies f. Contractual	\$104,000.00	\$79,520.00 \$34,100.00	1		\$79,520.00 \$34,100.00	\$34,100.00		\$103,340.61 \$38,900.06	\$103,340.6
c. Travel d. Equipment e. Materials/Supplies	\$104,000.00	\$34,100.00	\$104,000.00					\$38,900.06	\$38,900.0
d. Equipment e. Materials/Supplies	\$104,000.00			\$104,000.00					
e. Materials/Supplies			£0.00			\$104,000.00	\$41,078.61		\$41,078.6
			50.00			\$0.00			\$0.0
f. Contractual		I	\$0.00			\$0.00			\$0.0
	\$596,000.00		\$596,000.00	\$596,000.00		\$596,000.00	\$262,961.14		\$262,961.1
g. Other		\$61,380.00	\$61,380.00		\$61,380.00	\$61,380.00		\$10,424.18	\$10,424.1
h. Indirect			\$0.00			\$0.00			\$0.0
i. Total Costs	\$700,000.00	\$175,000.00	\$875,000.00	\$700,000.00	\$175,000.00	\$875,000.00	\$304,039.75	\$152,664.85	\$456,704.6
j. Proportionality Percent	80.00%	20.00%	100.00%	80.00%	20.00%	100.00%	66.57%	33.43%	100.009
15. Certification: I certify to the best of my kno	owledge and belief	that this report is correct	t and complete for pe	rformance of activities for	the purpose(s) set	forth in the awar	d documents.	Mar Dave	
16a. Typed or printed name and title of Authorized Certifying Official: Amy Singley							16c. Telephone (area code, number, and extension)	615-483-0396	
16b. Signature of Authorized Certifying Officia	al:						16d. Email Address:	amy.singley@tn.gov 10/27/2020	

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