OMB Control No. 0660-0042 Expiration Date: 01/31/2021

U.S. Department of Commerce SLIGP 2.0 Performance Progress Report						2. Award or Grant Number: 4. EIN:	47-10-S18047 62-6001445			
1. Recipient Name	Tennessee Department of Safety and Homeland Security					6. Report Date (MM/DD/YYYY)	07/30/2019			
Street Address 1150 Foster Ave.						7. Reporting Period End Date: (MM/DD/YYYY)	06/30/2019			
5. City, State, Zip Code	Nashville, TN 37210-4428					8. Final Report Yes □ No ☑	9. Report Frequency Quarterly X			
10a. Project/Grant Period										
Start Date: (MM/DD/YYYY)	03/01/2018 10b. End Date: 02/29/2020 (MM/DD/YYYY)					工业者状				
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 .			A CONTRACTOR OF THE PARTY OF TH					
1	Governance Meetings	Yes	1	Actual number of governa	nce, subcommittee, or working group meetings related to	he NPSBN held during	he quarter			
2	Individuals Sent to Broadband Conferences	No	0	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	0	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	0,00	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 contract	ts executed during the quarter.					
6	Subrecipient Agreements Executed	No	0	Actual number of agreeme	ents 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	Yes		Yes or No if plans for futur	if plans for future emergecy communications technology transitions occurred 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 identified and transition plans were developed this reporting quarter						
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			SMLA Phase Only) Yes or No if participated in data collection In a collection determination by Opt-Out (Post-SMLA) gran	1.5	d by FirstNet or			
Activities for Opt-Out States only in		the Reporting Quarter								
13	Stakeholders Engaged	September 10 September 1		Actual number of individu	als reached via stakeholder meetings or events during the	quartec				
14	Education and Outreach Materials Distributed In- Person			Actual number of material	Is distributed in-person during this quarter.					

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Principle of the Control of the Cont	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 each We had 1 TACN Advisory Panel Qua designed to open the conversation re electronic COMMFOG application fo	nterly Meeting. Discussion co egarding data sharing amon	ontinued regarding addit gst agencies and the obst	ional agencies procuri acles and/or best prac	ing FirstNet services throug ctices that are being encou	th Safety. Continu ntered. Began plan	ed to Develop ques	tions for the upcomin	g Discipline Specific Inno	vation Workshops
12. Personnel	0-4-66-1-1			m at or at the total		Salara Charles			for a stratety
12a. Staffing Table - Please include Job Title	FTE%	ea time to the project wit	n current quarter's uti		ect (s) Assigned	ied by the state not	contractors. Please at	not remove inaiviauais	Change
JOB Title	FIE/6	Single Point of Contact (S	POC) for the State of	TN and provides oversight o		I program in TN. Out	reach and Education I	Evternal and Internal	Change
Director, Wireless Communications	20%	Stakeholder Relationship		nv and provides oversight o	ver the broadbane	r program in riv, out	reserrand Eddedtion,	external and internal	No Change
Deputy Director, Wireless	2004	Outreach and Education,	External and Internal S	stakeholder Relationships					No Change
Communications Outreach and Education	20%								
Coordinator	20%	Outreach and Education,	External and Internal S	itakeholder Relationships, I	rogram Managem	ent, Administrative	Functions, Scheduling		No Change
13. Contractual (Contract and/or Su									
13a. Contractual Table - Include all	contractors. The totals from	this table should equal t		estion 14f.				[=	* - 1 *
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	vernance Consultation	Contract	Υ	Υ Υ	07/01/2018	02/29/2020	\$596,000.00	
13b. Narrative description any chall	enges, updates, or changes re	elated to contracts and/o	r subrecipients.						
Currently signed with Buford Goff a	nd Associates, Inc.								

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14. Budget Worksheet Columns 2, 3 and 4 must match yo Only list matching funds that the D			the SF-424A on file.						
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		\$79,520.00	\$79,520.00		\$79,520.00	\$79,520.00		\$53,882.19	\$53,882.19
b. Personnel Fringe Benefits		\$34,100.00	\$34,100.00		\$34,100.00	\$34,100.00		\$20,919.19	\$20,919.19
c. Travel	\$104,000.00		\$104,000.00	\$104,000.00		\$104,000.00	\$37,100.36		\$37,100.36
d. Equipment			\$0.00			\$0.00			\$0.00
e. Materials/Supplies			\$0.00			\$0,00			\$0.00
f. Contractual	\$596,000.00		\$596,000.00	\$596,000.00		\$596,000.00	\$166,936.22		\$166,936.22
g. Other		\$61,380.00	\$61,380.00		\$61,380.00	\$61,380.00		\$10,424.18	\$10,424.18
h. Indirect			\$0.00			\$0.00			\$0.00
. Total Costs	\$700,000.00	\$175,000.00	\$875,000.00	\$700,000.00	\$175,000.00	\$875,000.00	\$204,036.58	\$85,225.56	\$289,262.14
j. Proportionality Percent	80.00%	20,00%	100.00%	80.00%	20.00%	100.00%	70.54%	29.46%	100.00%
15. Certification: I certify to the be	st of my knowledge and belief	that this report is correct	and complete for pe	rformance of activities for	the purpose(s) se	t forth in the awar	d documents.		
6a. Typed or printed name and title of Authorized Certifying Official: my Singley						16c. Telephone (area code, number, and extension)	615-483-0396		
16b. Signature of Authorized Certi	tving Official:		1/20	119			16d. Email Address:	amy.singley@tn.gov	
LYVVV			111	2111			Date:	4.23.2019	

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