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

|  |   |   | Department of Commo  |   |  | 2. Award or Grant<br>Number:<br>4. EIN:          | 51-10-S18051<br>54-6002286      |
|--|---|---|--|---|--|--|---------------------------------|
| 1. Recipient Name                      | Virginia Department of Eme  | ergency Management  |  |   |  | 6. Report Date<br>(MM/DD/YYYY)                   | 10/29/2020                      |
| 3. Street Address                      | 9711 Farrar Ct  |   |  |   |  | 7. Reporting Period<br>End Date:<br>(MM/DD/YYYY) | 09/30/2020                      |
| 5. City, State, Zip Code               | Richmond, VA, 23236   |   |  |   |  | 8. Final Report<br>Yes □<br>No ☑                 | 9. Report Frequency Quarterly X |
| 10a. Project/Grant Period              | •   |   |  |   |  |  |                                 |
| Start Date: (MM/DD/YYYY)               | 03/01/2018  | 10b. End Date:<br>(MM/DD/YYYY)  | 03/31/2021   |   |  |  |                                 |
| 11. List the individual projects in ye | our approved Project Plan   |   |  |   |  |  |                                 |
|  | Activity Type (Planning,<br>Governance Meetings,<br>etc.)         | Was this Activity<br>Performed during the<br>Reporting Quarter?<br>(Yes/No) | Project Deliverable<br>Quantity (Number<br>& Indicator<br>Description) |   | Description of Milestone Category  |  |                                 |
| Activities/Metrics for All Recipients  | during the Reporting Quart  | er  |  |   |  |  |                                 |
| 1                                      | Governance Meetings   | No  | 0  |   | ince, subcommittee, or working group meetings related to t   |  |                                 |
| 2                                      | Individuals Sent to<br>Broadband Conferences                      | No  | 0  |   | als who were sent to national or regional third-party confe<br>g SLIGP grant funds during the quarter                      | rences with a focus are                          | ea or training track            |
| 3                                      | Convened Stakeholder<br>Events                                    | No  | 0  | Actual number of events o                                 | coordinated - or held using SLIGP grant funds during the qua   | rter, as requested by F                          | irstNet.                        |
| 4                                      | Staff Hired (Full-Time<br>Equivalent)(FTE)                        | No  | 0.00   | Actual number of state pe                                 | rsonnel 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<br>Executed                               | No  | 0  | Actual number of agreem                                   | ents executed during the quarter.  |  |                                 |
| 7                                      | Data Sharing<br>Policies/Agreements<br>Developed                  | No  |  | Yes or No if data sharing p                               | policies and/or agreements were developed during this rep  | orting quarter.                                  |                                 |
| 8                                      | Further Identification of<br>Potential Public Safety<br>Users     | No  |  | Yes or No if further identi                               | fication of potential public safety users occurred during this   | reporting quarter.                               |                                 |
| 9                                      | Plans for Emergency<br>Communications<br>Technology Transitions   | No  |  | Yes or No if plans for futu                               | re emergecy communications technology transitions occurre  | ed during this reporting                         | g quarter.                      |
| 10                                     | Identified and Planned to<br>Transition PS Apps &<br>Databases    | No  |  | Yes or No if public safety of developed this reporting of | applications or databases within the State or territory were<br>quarter  | identified and transiti                          | on plans were                   |
| 11                                     | Identify Ongoing Coverage<br>Gaps                                 | No  |  | Yes or No if participated in                              | n identifying ongoing coveage gaps using SLIGP funds durin   | g this reporting quarte                          | er.                             |
| 12                                     | Data Collection Activities  | No  |  |   | SMLA Phase Only) Yes or No if participated in data collectic<br>lata collection determination by Opt-Out (Post-SMLA) grant |  | ed by FirstNet or               |
| Activities for Opt-Out States only in  |   | the Reporting Quarter   |  |   |  |  |                                 |
| 13                                     | Stakeholders Engaged  |   |  | Actual number of individu                                 | als reached via stakeholder meetings or events during the o  | quarter.   |                                 |
| 14                                     | Education and Outreach<br>Materials Distributed In-<br>Person     |   |  | Actual number of materia                                  | ls distributed in-person during this quarter.  |  |                                 |
| 15                                     | Education and Outreach<br>Materials distributed<br>Electronically |   |  | Actual volume of hits or in the quarter.                  | npressions to any website, e-newsletter, social media post,  | or other account suppo                           | orted by SLIGP during           |

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| 11a. Narrative description for each   |                                |                            |                            |                               |                     |                      |                          |                               |                         |
|---|--------------------------------|----------------------------|----------------------------|-------------------------------|---------------------|----------------------|--------------------------|-------------------------------|-------------------------|
| COVID-19 Impact - March 12, 2020  | Virginia's Governor declared   | d a State of Emergency i   | n response to the COV      | ID-19 pandemic. Both VDE      | VI and the Secetar  | y's Office of Public | Safety and Homeland      | d Security is fully activated | to emergency            |
| response status. As of mid March V  | irginia's Governor suspende    | ed all public gatherings o | of 10 or more paticipan    | its; and restricted state per | sonnel travel. At t | this time all SLIGP  | 2.0 related activities a | re deferred.                  |                         |
|   |                                |                            |                            |                               |                     |                      |                          |                               |                         |
|   |                                |                            |                            |                               |                     |                      |                          |                               |                         |
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|   |                                |                            |                            |                               |                     |                      |                          |                               |                         |
|   |                                |                            |                            |                               |                     |                      |                          |                               |                         |
|   |                                |                            |                            |                               |                     |                      |                          |                               |                         |
|   |                                |                            |                            |                               |                     |                      |                          |                               |                         |
|   |                                |                            |                            |                               |                     |                      |                          |                               |                         |
| 12. Personnel   |                                |                            |                            |                               |                     |                      |                          |                               |                         |
| 12a. Staffing Table - Please include  | all staff that have contribut  | ted time to the project w  | ith current quarter's u    | tilization. Please only inclu | de FTE staff emplo  | yed by the state n   | ot contractors. Please   | do not remove individual      | s from this table.      |
| Job Title   | FTE%                           | 1                          | ·                          |                               | ect (s) Assigned    | -                    |                          |                               | Change                  |
|   |                                |                            |                            | •                             | ., .                |                      |                          |                               |                         |
| Interoperability Program Manager  | 0%                             | Project Coordination, da   | ily operations, project    | reporting                     |                     |                      |                          |                               | Filled                  |
| Grant Manager   | 0%                             | Project Coordination, gr   | ants management, pro       | ject and financial reporting  |                     |                      |                          |                               | Vacant                  |
|   | 0,0                            | r roject door amation, gr  | arres management, pro      | jeet and maneral reporting    |                     |                      |                          |                               | vacant                  |
|   |                                |                            |                            |                               |                     |                      |                          |                               |                         |
|   |                                |                            |                            |                               |                     |                      |                          |                               |                         |
| 12b. Narrative description of any st  | effice shallowers versusies    |                            |                            |                               |                     |                      |                          |                               |                         |
|   |                                |                            |                            |                               |                     |                      |                          |                               |                         |
| The current report reflects an increa                                       |                                |                            |                            |                               |                     |                      |                          |                               | in will be reflected in |
| next quarters reporting. Effective C  | October 25, 2020, Thomas Cr    | rabbs resigned from the    | positon of Interoperab     | oility Program Manager. At    | this time an interi | im Program Mana      | ger has not been ident   | tified.                       |                         |
|   |                                |                            |                            |                               |                     |                      |                          |                               |                         |
|   |                                |                            |                            |                               |                     |                      |                          |                               |                         |
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|   |                                |                            |                            |                               |                     |                      |                          |                               |                         |
|   |                                |                            |                            |                               |                     |                      |                          |                               |                         |
| 12. Combine the old Combine the ord I am Combine                            | lana atauta astal              |                            |                            |                               |                     |                      |                          |                               |                         |
| 13. Contractual (Contract and/or Su<br>13a. Contractual Table – Include all |                                |                            |                            | D 41 4 46                     |                     |                      |                          |                               |                         |
| 13a. Contractuai Table – Include all  | contractors. The totals from   | n this table should equal  |                            | Question 14t.                 | Ctt                 | Ī                    |                          | Takal Fadamal Familia         | Takal Maskabina Founds  |
| Name  | Subcontrac                     | t Purpose                  | Type<br>(Contract/Subrec.) | RFP/RFQ Issued (Y/N)          | Contract            | Start Date           | End Date                 | Total Federal Funds           | Total Matching Funds    |
| Unknown   | Program Outreach Coordina      | ***                        | Contract/Subrec.)          | N                             | Executed (Y/N)      |                      |                          | Allocated<br>\$0.00           | Allocated               |
|   | -                              |                            |                            |                               |                     |                      |                          |                               |                         |
| Jnknown   | Program Admin Support Tec      |                            | Contract                   | N                             |                     |                      |                          | \$0.00                        |                         |
| VA APCO   | Virginia Interoperability Cor  |                            | Subcontract                | N                             |                     |                      |                          | \$0.00                        |                         |
| Jnknown   | Program Technical Support      |                            | Subcontract                | N                             |                     |                      |                          | \$0.00                        |                         |
| 13b. Narrative description any chall  |                                |                            |                            |                               |                     |                      |                          |                               |                         |
| The current approved budget includ  | les a total of \$427,960 in co | ntractual cost, however    | at this time resources     | have not been identified fo   | r these initiatives |                      |                          |                               |                         |
|   |                                |                            |                            |                               |                     |                      |                          |                               |                         |
|   |                                |                            |                            |                               |                     |                      |                          |                               |                         |
|   |                                |                            |                            |                               |                     |                      |                          |                               |                         |
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|   |                                |                            |                            |                               |                     |                      |                          |                               |                         |
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|   |                                |                            |                            |                               |                     |                      |                          |                               |                         |
|   |                                |                            |                            |                               |                     |                      |                          |                               |                         |

| Project Budget Element (1)   | NTE Total Federal Funds<br>Approved (2) | NTE Total Matching<br>Funds Approved (3) | NTE Total Budget<br>(4) | Federal Funds Obligated<br>to Date (5) | Matching Funds<br>Approved to<br>Date (6)                         | Total Budget to<br>Date (7)  | Federal Funds Expended<br>(8) | Approved Matching<br>Funds Expended (9) | Total funds Expended |
|--|---|--|-------------------------|--|---|--|-------------------------------|---|----------------------|
| Personnel Salaries   | \$343,490.00                            | \$0.00                                   | \$343,490.00            | \$343,490.00                           | \$0.00  | \$343,490.00   | \$127,193.79                  | \$567.41                                | \$127,761.2          |
| Personnel Fringe Benefits  | \$116,787.00                            | \$0.00                                   | \$116,787.00            |  | \$0.00  | \$116,787.00   |                               | \$0.00                                  |                      |
| Travel   | \$54,560.00                             | \$0.00                                   | \$54,560.00             |  | \$0.00  | \$54,560.00  | \$977.82                      | \$0.00                                  | \$32,909.1           |
| Equipment  | \$0.00                                  | \$0.00                                   | \$0.00                  | 7.007.000.000                          | \$0.00  | \$0.00   |                               | \$0.00                                  | \$977.8              |
| Materials/Supplies   | \$11,400.00                             | \$0.00                                   | \$11,400.00             | 7.000                                  | \$0.00  | \$11,400.00  | 1,0,0,0                       | \$0.00                                  | \$0.0                |
| Contractual  | \$427,960.00                            | \$0.00                                   | \$427,960.00            | 1 1                                    | \$0.00  | \$427,960.00   |                               |   | \$18,427.5           |
| Other  | \$0.00                                  | \$238,550.00                             | \$238,550.00            |  | \$238,550.00  | \$238,550.00   |                               | \$0.00                                  | \$0.0                |
| Indirect   | \$0.00                                  | \$0.00                                   | \$0.00                  | 1,000                                  | \$0.00  | The second secon |                               |   | \$25,938.7           |
| Total Costs  | \$954,197.00                            | \$238,550.00                             | \$1,192,747.00          | 70.00                                  | \$238,550.00  | \$1,192,747.00   | \$0.00                        | \$0.00                                  | \$0.0                |
| Proportionality Percent  | 80.00%                                  | 20.00%                                   | 100.00%                 |  | 20.00%  |  | \$179,508.33                  | \$26,506.18                             | \$206,014.5          |
|  |   |  | and complete for n      | orformance of activities for           | 20.00%  | 100.00%  | 87.13%                        | 12.87%                                  | 100.009              |
| 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 a Cheryl Adkins |   |  |                         |  | ard documents.  16c. Telephone (area code, number, and extension) | 804-267-7600   |                               |   |                      |
| 16b. Signature of Authorized Certifying Official:  |   |  |                         |  |   |  | 16d. Email Address:           | cheryl.lee@vdem.virginia.gov            |                      |

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