			Department of Commerce ormance Progress Report	
1. Recipient Name	Virginia Department of Eme	rgency Management		
3. Street Address	10501 Trade Court			
5. City, State, Zip Code	North Chesterfield, VA 2323	6		
10a. Project/Grant Period				
Start Date: (MM/DD/YYYY)	8/1/2013	10b. End Date: (MM/DD/YYYY)	1/31/2018	
11. List the individual projects	s in your approved Project P	lan		
	Project Type (Capacity Building, SCIP Update,	Project Deliverable Quantity (Number & Indicator Description)		Description of Mileston
1	Stakeholders Engaged	28	Actual number of individuals reached via stak	eholder meetings during the quarte
2	Individuals Sent to Broadband Conferences	0	Actual number of individuals who were sent to	o third-party broadband conference
3	Staff Hired (Full-Time Equivalent)(FTE)	0	Actual number of state personnel FTEs who be	egan supporting SLIGP activities du
4	Contracts Executed	0	Actual number of contracts executed during the	he quarter
5	Governance Meetings	1	Actual number of governance, subcommittee,	or working group meetings held de
6	Education and Outreach Materials Distributed	0	Actual volume of materials distributed (incluse SLIGP during the quarter	ive of paper and electronic materia
7	Subrecipient Agreements Executed	0	Actual number of agreements executed during	g the quarter
8	Phase 2 - Coverage	Stage 5		
9	Phase 2 – Users and Their Operational Areas	Stage 5	 For each Phase 2 milestone category, please p Stage 1 - Process Development 	rovide the status of the activity du
10	Phase 2 – Capacity Planning	Stage 5	 Stage 2 - Data Collection in Progress Stage 3 - Collection Complete; Analyzing/2 	Aggregating Data
11	Phase 2 – Current Providers/Procurement	Stage 4	 Stage 4 - Data Submitted to FirstNet Stage 5 - Continued/Iterative Data Collect 	tion
12	Phase 2 – State Plan Decision	Stage 4	• Stage 6 - Submitted Iterative Data to First	Net

11a. Describe your progress meeting each major activity/milestone approved in the Baseline Report for this project; any challenges or obstacles encountered an activities for the next quarter; and any additional project milestones or information.

1. Stakeholders Engaged: 2. Governance Meetings: The SIEC Governance Body met during this quarter at the states Annual APCO conference to discuss First Net, Broa Outreach Events: 7 regional outreach workshops were planned to engage stakeholders and educate them on how to effectively prepare for new technology and service were strategically reformatted and will be delivered in the last performance quarter. 4. Education and Outreach Materials Distributed: Stakeholder engagement was materials.

11b. If the project team anticipates requesting any changes to the approved Baseline Report in the next quarter, describe those below. Note that any substantive Department of Commerce before implementation.

No.

	2. Award or Grant Number:	51-10-S13051
	4. EIN:	54-6002286
	6. Report Date	
	(MM/DD/YYYY)	revised 2/22/18
	7. Reporting Period	12/21/2017
	End Date: (MM/DD/YYYY)	12/31/2017
	8. Final Report	9. Report Frequency
	Yes	Quarterly 🕎
	No x	
na Catagon		
one Category		
rter		
nces using SLIGP grant f	unds during the quart	er
luring the quarter (may	be a decimal)	
during the quarter		
ials) plus hits to any we	bsite or social media	account supported by
luring the quarter:		
nd mitigation strategies	you nave employed;	planned major
adband Technology and	future policy engager	nent. 3. Conference
e plans. These workshop		-
i limited in this quarter a	and did not require dis	semenation of
changes to the Baselin	e Report must be app	proved by the

11c. Provide any other information that would be useful to NTIA as it assesses this project's progress.

The States Interoperability Program Manager resigned from the position in October, however program initiatives have continued to be carried out by the Deputy Secr Manager, and VDEM Grants Office.

11d. Describe any success stories or best practices you have identified. Please be as specific as possible.

The State's Interoperability Executive Committee continues to be engaged and identified working groups/committees to assist in the evaluation of the FirstNet plan as access to the FristNet Portal to assist in their evaluation.

12. Personnel

12a. If the project is not fully staffed, describe how any lack of staffing may impact the project's time line and when the project will be fully staffed.

Job Title	FTE%	Project (s) Assigned					Change		
SWIC	0%	PSBN, FirstNet							Deputy Secretary of Pubic Safety Homeland Security named SWIC 10/2017.
IO Program Manager		PSBN, FirstNet							FT Program Manager resigned 10/2017. Grant Administrator currently serves as Acting Program Manager beginning 10/2017
Grant Adminstrator	50%	PSBN, FirstNet							
13. Subcontracts (Vendors and	d/or Subrecipients)								
13a. Subcontracts Table – Incl		totals from this table m	ist equal the "Subcon	tracts Total" in Question	14f.				
Name	Subcontract		Type (Vendor/Subrec.)	RFP/RFQ Issued (Y/N)	Contract Executed (Y/N)	Start Date	End Date	Total Federal Funds Allocated	Total Matching Funds Allocated
Regional Coordination/Outreach/Office Mgr	Organize stakeholder meetings; maintain website and awareness	Caliper	Vendor	Y	Y	10/1/2013	1/31/2018	\$229,072	
Regional Coordination	MACINAC	All Hazards	Subrec	N	Y	2/25/2014	6/30/2016	\$90,000	\$22,500.00
Project Management	Project Management and Support for FirstNet	Center for Innovative Technology (CIT)	Subrec	Ν	Y	7/1/2015	1/28/2018	\$246,213	
Interop Conference	ΑΡϹΟ			N	Ν			\$50,000	
Website Development and Deployment	FirstNet Website for outreach and information dissemination	VERT Mobile, LLC	Vendor	Y	Y	5/4/2017	1/31/2018	\$34,491	
Regional State Plan Evaluation	Multi independent review and analysis of state plan	Old Dominion University	Vendor	N	Y	8/4/2017	11/30/2017	\$150,000	
State Plan Evaluation	Independent review and analysis of state plan	Televate	Vendor	Y	Y	7/17/2017	12/31/2017	\$163,965	
	Lead in the support, planning and	CADMUS	Vendor	Y	Y	6/16/2017	9/30/2017	\$97,125	
Conference Planning, Logistics and Coordinator Conference Planning, Logistics and	facilitation of regional conferences Lead in the support, planning and	TBD				10/12/2017	2/28/2018	\$165,000	

The total amount of contracts now exceeds the orginal budget due to the execution of CIT. Some costs that were orginally budgeted in non-contractual costs have been rolled into that contract. This has been accounted for in the revised

retary of Public Safety an	d Homeland Security,	Interim Program
as presented to the Comm	nonwealth. This group	was identified with
		Change
		Deputy Secretary of Pubic Safety Homeland Security named SWIC 10/2017.
		FT Program Manager resigned 10/2017. Grant Administrator currently serves as Acting Program Manager beginning 10/2017
End Date	Total Federal Funds Allocated	Total Matching Funds Allocated
1/31/2018	\$229,072	
6/30/2016	\$90,000	\$22,500.00

14. Budget Worksheet							
Columns 2, 3 and 4 must match your current proje	ect budget for the entire award, which is the SF-424A o	on file.					
Only list matching funds that the Department of Co	ommerce has already approved.						
Project Budget Element (1)	Federal Funds Awarded (2)	Approved Matching Funds (3) Total Budget (4)		Federal Funds Expended (5)	Approved Matching Funds Expended (6)	-	
a. Personnel Salaries	\$245,440.00		\$245,440.00	\$172,544.79		\$172,544.79	
b. Personnel Fringe Benefits	\$127,639.00		\$127,639.00	\$63,505.76		\$63,505.76	
c. Travel	\$40,320.00		\$40,320.00	\$27,052.07		\$27,052.07	
d. Equipment			\$0.00	\$0.00		\$0.00	
e. Materials/Supplies	\$41,680.00		\$41,680.00	\$41,554.21		\$41,554.21	
f. Subcontracts Total	\$1,225,866.00		\$1,225,866.00	\$341,067.00		\$341,067.00	
g. Other	\$308,213.00	\$497,289.50	\$805,502.50	\$308,213.00	\$251,678.18	\$559,891.18	
h. Indirect	\$0.00		\$0.00	\$0.00		\$0.00	
i. Total Costs	\$1,989,158.00	\$497,289.50	\$2,486,447.50	\$953,936.83	\$251,678.18	\$1,205,615.01	
j. % of Total	80%	20%	100%	79%	21%	100%	
15. Certification: I certify to the best of my know	ledge and belief that this report is correct and compl	lete for performance of activit	ies for the purpose(s) set t	forth in the award documen	ts.		
16a. Typed or printed name and title of Authorized Certifying Official:				16c. Telephone (area code, number, and	804-897-9760		
Cheryl Lee, Chief Financial Officer 16b. Signature of Authorized Certifying Official:				16d. Email Address:	cheryl.lee@vdem.virginia.gov		
Cheryl Lee				Date:	revised 2/22/18		