	2. Award or Grant Number:	51-10-518051								
	4. EIN: 6. Report Date	54-6002286								
1. Recipient Name Virginia Department of Emergency Management						10/30/2019				
3. Street Address	10501 Trade Ct.	(MM/DD/YYYY) 7. Reporting Period End Date: (MM/DD/YYYY)	09/30/2019							
5. City, State, Zip Code	Richmond, VA, 23236				8. Final Report Yes O No 0	9. Report Frequency Quarterly X				
10a. Project/Grant Period										
Start Date: (MM/DD/YYYY)	03/01/2018	10b. End Date: (MM/DD/YYYY)	02/29/2020			7				
 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 Quart	er								
1	Governance Meetings	No	0	Actual number of governance, subcommittee, or working group meetings related to th						
2	Individuals Sent to Broadband Conferences	Na	1	Actual number of individuals who were sent to national or regional third-party conferented to the NPSBN using SLIGP grant funds during the quarter	ences with a facus area	or training track				
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	Ö	Actual number of contracts executed during the quarter.						
б	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 reporting quarter.						
8	Further Identification of Potential Public Safety Users	Yes		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 occurred during this reporting quarter.						
10	identified and Planned to Transition PS Apps & Databases	No		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 Na if participated in identifying ongoing coveage gaps using SLIGP funds during this reporting quarter.						
12	Data Collection Activities	No		(Opt-In and Opt-Out Past-SMLA Phase Only) Yes or No if participated in data collection activities as requested by FirstNet or following a documented data collection determination by Opt-Out (Post-SMLA) grantees.						
Activities for Opt-Dut-Staties only in	the Pre-SMLA Phase during	the Reporting Quarter								
Œ	Stakeholders Engaged			Actival mymber of indivisions reached via stateholder meetings of events during the g	arter.					
140 April 1997	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, a new sitties, social media post, a quarter.	r other occ ount s uppoy	ted by SLIGP during the				

									· · · · · · · · · · · · · · · · · · ·
11a. Narrative description for each	activity reported in Que	stion 11 for this quarter; ar	y challenges or obstacl	es encountered and mitiga	tion strategies you	have employed; p	lanned major activities	for the next quarter; and	any additional project
SPOC attended APCO International	conference. Engaged na	tional FirstNet and AT&T le:	adership, attended First	(6) Net spansored sessions	, and delivered Vir	ginia perspective f	or FirstNet Pod cast. E	ngaged FirstNet & AT&T	n development of
sessions for VA APCO/NENA/Intero	perability conference (O	ct 2019). Secured presentat	tion spots and facilities i	for same conference. Achie	eved 3 FirstNet act	lvity approvals for	events in October. Dev	reloped and delivered 2.0	execution plan to NTIA
& FirstNet for review and comment	.								
									,
12. Personnel				· · · · · · · · · · · · · · · · · · ·					
12a. Staffing Table - Please include	all staff that have contri	ibuted time to the project w	vith current quarter's ut	ilization. Please only includ	ie FTE stoff emplo	yed by the state no	t contractors. Please d	o not remove individuals	from this table.
Job Title	FTE%		· · · · · · · · · · · · · · · · · · ·	Proj	ect (s) Assigned				Change
		Denis Formalization of	-1			<u></u>			E111 - 4
Interoperability Program Manager	50%	Project Coordination, di	aily operations, project	rebotting					Filled
Grant Manager	25%	Project Coordination, gr	rants management, proj	ect and financial reporting					Vacant
					<u> </u>	··· <u>·</u> ·		<u> </u>	
· · · · · · · · · · · · · · · · · · ·					<u> </u>				
								······································	
12b. Narrative description of any st	affing challenges, vacano	ies, or changes.			·		<u> </u>	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
As of July 1, 2019 the position assign		_	tasks is now fully comp	ensated through State fund	ling. All time contr	ibuted to SLIGP 2.0	will now be calculated	d as a cash match toward	s the 20% cost share
requirement. The personnel and fri									
personnel and fringe cost for the G	-	•			2			-	
•	, , , , , , , , , , , , , , , , , , , ,								,
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13. Contractual (Contract and/or Su	ibrecipients)	······································	· · · · · · · · · · · · · · · · · · ·		<u> </u>	· · · · · · · · · · · · · · · · · · ·		··-····	
13a. Contractual Table - Include all		rom this table should equal	I the "Contractual" in Q	uestion 14f.		<u> </u>	· · · · · · · · · · · · · · · · · · ·	··· ··· ·	· · · · · · · · · · · · · · · · · · ·
	1		Туре	[Contract			Total Federal Funds	Total Matching Funds
Name	Subcon	tract Purpose	(Contract/Subrec.)	RFP/RFQ issued (Y/N)	Executed (Y/N)	Start Date	End Date	Allocated	Alfocated
Unknown	Program Outreach Coor	dinator	Contract	N				\$62,400.00	
Unknown	Program Admin Support	Tech	Contract	N		·····	· · · · · · · · · · · · · · · · · · ·	\$24,960.00	
VA APCO	Virginia Interoperability		Subcontract	N				\$15,000.00	
Unknown	Program Technical Supp		Subcontract	N				\$58,125.00	· · · · · · · · · · · · · · · · · · ·
13b. Narrative description any chal									
2357 real Brise description Bris City	renges, aposters) of charg	Ses related to commonwealth	der sentrempteries.	·· 	····		······		
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14. Budget Worksheet									
Columns 2, 3 and 4 must match you	ur current project budget for t	he entire award, which is	the SF-424A on file.						
Only list matching funds that the D	epartment of Commerce has a	already approved.	<u> </u>	,				,	
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)	Federał Funds Expended (8)	Approved Matching Funds Expended (9)	Total funds Expended (10)
a. Personnel Salaries	\$343,490.00	\$0.00	\$343,490.00	\$343,490.00	\$0.00	\$343,490.00	\$83,600.44	\$437.81	\$84,038.25
b. Personnel Fringe Benefits	\$116,787.00	\$0.00	\$116,787.00	\$116,787.00	\$0.00	\$116,787.00	\$21,660.11	\$0.00	\$21,660.11
c. Travel	<u>\$5</u> 4,560.00	\$0.00	\$54,560.00	\$54,560.00	\$0.00	\$54,560.00	\$977.82	\$0.00	\$977.82
d. Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
e. Materials/Supplies	\$11,400.00	\$0.00	\$11,400.00	\$1,400.00	\$0.00	\$11,400.00	\$17,169.37	\$0.00	\$17,169.37
f. Contractual	\$427,960.00	\$0.00	\$427,960.00	\$427,960.00	\$0.00	\$427,960.00	\$0.00	\$0.00	
g. Other	\$0.00	\$238,550.00	\$238,550.00	\$0.00	\$238,550.00	\$238,550.00	\$0.00	\$22,865.29	\$22,865.29
h. Indirect	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
i, Total Costs	\$954,197.00	\$238,550.00	\$1,192,747.00	\$9 <u>5</u> 4,197.00	\$238,550.00	\$1,192,747.00	\$123,407.74	\$23,303. 1 0	\$146,710.84
j. Proportionality Percent	80.00%	20.00%	100.00%	80.0D%	28.00%	100.00%	84.12%	15.88%	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) set	forth in the awar	d documents.		
16a. Typed or printed name and title of Authorized Certifying Official:							16c. Telephone (area code, number, and 804-897-9760		
Cheryl Lee									97-9760
Cliesyi Lee							extension)		
16b. Signature of Authorized Gertifying Official:						16d. Email Address:	shery' iee Ovde <u>m virg ala g</u> ay		
					Date:	10/30/2019			

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