U.S. Department of Commerce SLIGP 2.0 Performance Progress Report							53-10-S18053 91-6001095			
1. Recipient Name Washington State Military Department						4. EIN: 6. Report Date (MM/DD/YYYY)	08/07/2019			
3. Street Address	eet Address Building 20 Aviation Drive						06/30/2019			
5. City, State, Zip Code	Camp Murray, WA 98430					8. Final Report Yes [□] No	9. Report Frequency Quarterly X			
10a. Project/Grant Period					TAMES SOUTH OF THE SECOND SECO					
Start Date: (MM/DD/YYYY)	03/01/2018	10b. End Date: (MM/DD/YYYY)	02/29/2020							
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 Quart	er	THE RESERVE AND ADDRESS.	WHEN AND SECURITION IN			EVERY OF THE			
1	Governance Meetings	No	0		ance, subcommittee, or working group meetings related to					
2	Individuals Sent to Broadband Conferences	No	0		ials who were sent to national or regional third-party confe ig SLIGP grant funds during the quarter	erences with a focus are	a 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_	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.		V			
7	Data Sharing Policies/Agreements Developed	No		Yes or No if data sharing p	r 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	No		Yes or No if plans for futur	re emergecy communications technology transitions occurr	ed during this reporting	ı 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 No if participated in	n identifying ongoing coveage gaps using SLIGP funds duri	ng this reporting quarte	r.			
12	Data Collection Activities	No	STEEL NO.		SMLA Phase Only) Yes or No if participated in data collecti data collection determination by Opt-Out (Post-SMLA) gran		ed by FirstNet or			
Activities for Opt-Out States only in	the Pre-SMLA Phase during	the Reporting Quarter	Section 1991							
13	Stakeholders Engaged			Actual number of individu	ials reached via stakeholder meetings or events during the	quarter.				
14	Education and Outreach Materials Distributed In-			Actual number of material	als distributed in-person during this quarter.					

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15	Education and Outreach Materials distributed Electronically			Actual volume of hits or li quarter.	mpressions to any	website, e-newsle	tter, social media post	or other account suppor	ted by SLIGP during the	
11a. Narrative description for each No activities for this quarter.		on 11 for this quarter; an	y challenges or obstacle	 es encountered and mitiga	ion strategies you	ı have employed; p	lanned major activitie	for the next quarter; an	d any additional project	
1										
		•								
12. Personnel										
12a. Staffing Table - Please includ	e all staff that have contribu	ted time to the project w	ith current quarter's ut	ilization. Please only includ	le FTE staff emplo	yed by the state no	ot contractors. Please o	o not remove individuals	from this table.	
Job Title	FTE%	Project (s) Assigned Change								
Grant Coordinator	15%	Assist in report processi	ing and reimbursement	requests from Contractor -	OCIO/WaTech				None	
Program Manager	5%	Review reports and rein	nbursement requests fro	om Contractor - OCIO/WaT	ech		,		None	
		<u> </u>								
12b. Narrative description of any	1	<u> </u>								
13. Contractual (Contract and/or S										
13a. Contractual Table – Include a	ll contractors. The totals from	n this table should equal		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	
OCIO/WaTech	Oversight and managemen	t SLIGP 2.0 activites.	Subrecipient	N ·	N N	03/01/2018	02/28/2020	\$558,207.00	\$90,563.00	
13b. Narrative description any cha	llenges, undates, or changes	related to contracts and/	or subrecipients	!	l	<u>.</u> 1				
	menges, apactes, or enanges	Total to constitute and,	o, sas. cap.ans.							

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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	\$107,267.00	\$64,167.00	\$171,434.00	\$107,267.00	\$64,167.00	\$171,434.00	\$2,817.51		\$2,817.51
o. Personnel Fringe Benefits	\$26,852.00	\$17,967.00	\$44,819.00	\$26,852.00	\$17,967.00	\$44,819.00	\$1,076.12		\$1,076.12
. Travel	\$7,674.00		\$7,674.00	\$7,674.00	\$0.00	\$7,674.00	\$22.16		\$22.16
d. Equipment			\$0.00			\$0.00			\$0.00
e. Materials/Supplies		\$2,303.00	\$2,303.00		\$2,303.00	\$2,303.00			\$0.00
. Contractual	\$558,207.00	\$90,563.00	\$648,770.00	\$558,207.00	\$90,563.00	\$648,770.00	\$200,622.76	\$47,742.57	\$248,365.33
g. Other			\$0.00			\$0.00			\$0.00
n. 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	\$204,538.55	\$47,742.57	\$252,281.12
. Proportionality Percent	80.00%	20.00%	100.00%	80.00%	20.00%	100.00%	81.08%	18.92%	100.00%
15. Certification: I certify to the be	st of my knowledge and belief	that this report is correct	and complete for per	rformance of activities for	the purpose(s) set	forth in the awar	rd documents.		
16a. Typed or printed name and title of Authorized Certifying Official: Sierra Wardell, Preparedness Grants Section Manager, Emergency Management Division, Washington Military Department						16c. Telephone (area code, number, and extension)	253-512-7121		
L6b. Signature of Authorized Certi	fying Official:					-	16d. Email Address:	sierra.wardell@mil.wa.g	<u>ov</u>

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