OMB Control No. 0660-0038 Expiration Date: 5/31/2019

U.S. Department of Commerce Performance Progress Report						13-10-S13013				
		Pen	ormance Progress Report		4. EIN:	580973190				
1. Recipient Name	Georgia Emergency Management Agency					1/25/2017				
3. Street Address	935 East Confederate Avenue, SE					12/31/2016				
5. City, State, Zip Code	Atlanta, GA, 30316				8. Final Report Yes No _x	9. Report Frequency Quarterly				
10a. Project/Grant Period	•		5		W 1 1 1 1 1 1 1 1 1					
Start Date: (MM/DD/YYYY)	8/1/2013	10b. End Date: (MM/DD/YYYY)	1/31/2018							
11. List the individual projects	in your approved Project Pla	n								
	Project Type (Capacity Building, SCIP Update,	Project Deliverable Quantity (Number & Indicator Description)		Description of Milestone Category						
1	Stakeholders Engaged	14	Actual number of individuals reached via stakel	older meetings during the quarter						
2	Individuals Sent to Broadband Conferences	0	Actual number of individuals who were sent to third-party broadband conferences using SLIGP grant funds during the quarter							
3	Staff Hired (Full-Time Equivalent)(FTE)	0	Actual number of state personnel FTEs who began supporting SLIGP activities during the quarter (may be a decimal)							
4	Contracts Executed	0	Actual number of contracts executed during the	quarter						
5	Governance Meetings	0	The state of the s	r working group meetings held during the quarter						
6	Education and Outreach Materials Distributed	2850	Actual volume of materials distributed (inclusive of paper and electronic materials) plus hits to any website or social media account supported by SLIGP during the quarter							
7	Subrecipient Agreements Executed	N/A	Actual number of agreements executed during 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 provide the status of the activity during the quarter:  Stage 1 - Process Development  Stage 2 - Data Collection in Progress  Stage 3 - Collection Complete; Analyzing/Aggregating Data							
10	Phase 2 – Capacity Planning	Stage 4								
11	Phase 2 – Current Providers/Procurement	Stage 4	Stage 4 - Data Submitted to FirstNet     Stage 5 - Continued/Iterative Data Collection     Stage 6 - Submitted Iterative Data to FirstNet							
12	Phase 2 – State Plan Decision	Stage 3								
the next quarter; and any addit	tional project milestones or in given on the overview of First	nformation.		or obstacles encountered and mitigation strategies you ere obtained for the quarter as well and reflected in outre						
11b. If the project team anticip Commerce before implemental		to the approved Baseline	Report in the next quarter, describe those below	v. Note that any substantive changes to the Baseline Re	port must be approved	by the Department of				
Negotiating with SLIG-P as to the	e State's voluntary reduction (	of original grant award an	nount. No determination has been made as of 12/	31/2016.						

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

Pace of outreach remains measured based on information garnered from FirstNet.

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

## 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.

12b. Staffing Table - Please include all staff that have contributed time to the project. Please do not remove individuals from this table.

Job Title FTE%		Project (s) Assigned	Change Continued work on effort	
Project Coordinator	1 position is existing			
wic	0.15	position is existing	Continued work on effort	
thief of Special Projects	0,4	position is existing	Continued work on effort	
Asst Director of Homeland Security	0,1	position is existing	Continued work on effort	
ompliance Officer	0.15	position is existing	Continued work on effort	
Grants Specialist	0,05	position is existing	Continued work on effort	
inancial Ops Specialist	0,05	position is existing	Continued work on effort	
Dir of Operations	0,01	position is existing	Continued work on effort	
SOC Director	0.01	position is existing	Continued work on effort	

## 13. Subcontracts (Vendors and/or Subrecipients)

13a. Subcontracts Table - Include all subcontractors. The totals from this table must equal the "Subcontracts Total" in Question 14f.

Name	Subcontract Purpose	Type (Vendor/Subrec.)	RFP/RFQ Issued (Y/N)	Contract Executed (Y/N)	Start Date	End Date	Total Federal Funds Allocated	Total Matching Funds Allocated
GTRI	Outreach, education meetings, facilitation	Vendor	N/A	N/A	TBD	TBD	\$2,393,205.00	\$0.00
WhitePost	website development	Vendor	у	у	7/1/2014	11/30/2014	\$6,075.00	\$0.00
Ga Tech Conference Center	State Consultation Facilitation, room rental	Vendor	У	у	7/21/2015	7/21/2015	\$7,080.00	\$0.00
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13b. Describe any challenges encountered with vendors and/or subrecipients.

Project Budget Element (1)	Federal Funds Awarded (2)	Approved Matching Funds (3)	Total Budget (4)	Federal Funds Expended (5)	Approved Matching Funds Expended (6)	Total funds Expended (7)
a. Personnel Salaries	\$527,109.00	\$126,720.00	\$653,829.00	\$203,420.00	\$23,858.00	\$227,278.00
o. Personnel Fringe Benefits	\$252,174.00		\$252,174.00	\$123,641.00		\$123,641.00
c. Travel	\$72,910.00	THE TAIR STATE	\$72,910.00	\$20,409.00		\$20,409.00
d. Equipment	LE U. A. LE U. C.		\$0.00			\$0.00
e. Materials/Supplies	\$26,504.00		\$26,504.00	\$8,045.00	The control of	\$8,045.00
. Subcontracts Total	\$2,406,360.00		\$2,406,360.00	\$13,155.00		\$13,155.00
g. Other	\$21,600.00	\$699,944.00	\$721,544.00	\$9,880.00	\$130,327.00	\$140,207.00
h. Indirect			\$0.00			\$0.00
. Total Costs	\$3,306,657.00	\$826,664.00	\$4,133,321.00	\$378,550.00	\$154,185.00	\$532,735.00
. % of Total	80%	20%	100%	71%	29%	100%
15. Certification: I certify to the best of my know	ledge and belief that this report is correct and complet	e for performance of activities for	or the purpose(s) set forth	in the award documents.		
16a. Typed or printed name and title of Authorized Certifying Official:  Joe McKinney, Director Homeland Security Division				16c. Telephone (area code, number, and extension)	404-635-7514	
16b. Signature of Authorized Certifying Official:	Detw			16d. Email Address:  Date: 01/26/17	joe.mckinney@gema.ga	.gov