	U.S. Department of Commerce Performance Progress Report								
1. Recipient Name	Georgia Emergency Manager	4. EIN: 6. Report Date	580973190						
3. Street Address	935 East Confederate Avenue	(MM/DD/YYYY) 7. Reporting Period End Date: (MM/DD/YYYY)	12/31/2017 Q18						
5. City, State, Zip Code	Atlanta, GA, 30316	8. Final Report Yes No	9. Report Frequency Quarterly						
10a. Project/Grant Period				A					
Start Date: (MM/DD/YYYY)	8/1/2013	10b. End Date: (MM/DD/YYYY)	2/28/2018						
11. List the individual projects	in your approved Project Pla								
	Project Type (Capacity Building, SCIP Update,	Project Deliverable Quantity (Number & Indicator Description)	Description of Milestone Category						
1	Stakeholders Engaged Actual number of individuals reached via stakeholder meetings during the quarter								
2	Individuals Sent to Broadband Conferences		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	0 Actual number of contracts executed during the quarter						
5	Governance Meetings	0	Actual number of governance, subcommittee, or working group meetings held during the quarter						
6	Education and Outreach Materials Distributed	12,445	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 5							
11	Phase 2 – Current Providers/Procurement	Stage 5	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 4							
11a. Describe your progress n the next quarter; and any addi	[1] [2] [1] [1] [1] [2] [1] [1] [1] [1] [1] [1] [1] [1] [1] [1		Baseline Report for this project; any challenges or obstacles encountered and mitigation strategies you	have employed; plann	ed major activities for				
Continued out reach, speaking I 11b. If the project team anticip Commerce before implementa	pates requesting any changes		etion availible to attendees. Preport in the next quarter, describe those below. Note that any substantive changes to the Baseline Rej	oort must be approved	by the Department of				
		*							

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	
roject Coordinator 0.5 WIC (911 Director) 0,15		position is existing	Continued work on effort Continued work on effort	
		position is existing		
hief of Special Projects	0.4	position is existing	Continued work on effort	
sst Director of Homeland Security	0.1	position is existing	Continued work on effort	
ompliance Officer	0,15	position is existing	Continued work on effort	
rants Specialist	0,05	position is existing	Continued work on effort	
nancial Ops Specialist	0,05	position is existing	Continued work on effort	
ir of Operations	0,01	position is existing	Continued work on effort	
OC 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		RFP/RFQ Issued (Y/N)	Contract Executed (Y/N)	Start Date	End Date	Total Federal Funds Allocated	Total Matching Funds Allocated
Outreach, education meetings, facilitation	Vendor	N/A	N/A	TBD	TBD	\$2,393,205.00	\$0.00
website development	Vendor	У	У	7/1/2014	11/30/2014	\$6,075.00	\$0.00
State Consultation Facilitation, room rental	Vendor	у	у	7/21/2015	7/21/2015	\$7,080.00	\$0.00
	Outreach, education meetings, facilitation website development	Outreach, education meetings, facilitation Vendor website development Vendor	Outreach, education meetings, facilitation Vendor Vendor Vendor Vendor Vendor Vendor Vendor	Subcontract Purpose Type (Vendor/Subrec.) RFP/RFQ Issued (Y/N) Executed (Y/N) Outreach, education meetings, facilitation Vendor N/A N/A website development Vendor y y	Subcontract Purpose Type	Subcontract Purpose Type (Vendor/Subrec.) Outreach, education meetings, facilitation Vendor Vendor	Subcontract Purpose Type

13b. Describe any challenges encountered with vendors and/or subrecipients.

a. Personnel Salaries b. Personnel Fringe Benefits c. Travel	\$527,109.00 \$252,174.00	\$126,720.00		(5)	Funds Expended (6)	(7)
	CRER 174 00		\$653,829.00	\$246,458.78	\$26,840.00	\$273,298.78
c. Travel	\$232,174.00		\$252,174.00	\$150,522.05		\$150,522.05
	\$72,910.00	2000	\$72,910.00	\$24,797.71		\$24,797.71
d. Equipment			50.00			50.00
e. Materials/Supplies	\$26,504.00		\$26,504.00	\$9,112.49		\$9,112.49
f. Subcontracts Total	\$1,206,360.00		\$1,206,360.00	\$13,155.00		\$13,155.00
g. Other	\$21,600.00	\$399,944.00	\$421,544.00	\$12,680.81	\$166,073.00	\$178,753.81
h. Indirect		THE DESIGNATION	\$0.00			\$0.00
i. Total Costs	\$2,106,657.00	\$526,664.00	\$2,633,321.00	\$456,726.84	\$192,913.00	\$649,639.84
j. % of Total	80%	20%	100%	70%	30%	100%
15. Certification: I certify to the best of my knowledge and belief that th	s report is correct and complet	te 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: William Lee Brown, Federal Preparedness Grants Manager	16c. Telephone (area code, number, and extension)	404-635-7013				