		NAME OF THE PARTY	the way			2. Award or Grant			
U.S. Department of Commerce							01-10-S18001		
SLIGP 2.0 Performance Progress Report						Number: 4. EIN:	63-6000619		
1. Recipient Name	ient Name State Office of Information Technology					6. Report Date (MM/DD/YYYY)	10/01/2019		
3. Street Address	ess 64 North Union Street, Folsom Administration Building, Suite 200					7. Reporting Period End Date: (MM/DD/YYYY)	12/31/2019		
City, State, Zip Code Montgomery, Alabama 36130-30230					8. Final Report Yes No	9. Report Frequency Quarterly X			
10a. Project/Grant Period			444						
Start Date: (MM/DD/YYYY)	03/01/2018	10b. End Date: (MM/DD/YYYY)	02/29/2020						
11. List the individual projects in y	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 Cat	egory			
Activities/Metrics for All Recipients	during the Reporting Quart	er							
1	Governance Meetings	Yes	1		ince, subcommittee, or working group meetings rela				
2	Individuals Sent to Broadband Conferences	No	0		als who were sent to national or regional third-party g SLIGP grant funds during the quarter	conferences with a focus area	or training track		
3	Convened Stakeholder Events	No	0	Actual number of events o	oordinated - or held using SLIGP grant funds during t	he quarter, as requested by Fir	stNet.		
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		Actual number of contracts executed during the quarter.					
6	Subrecipient Agreements Executed	No		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	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	e 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 a this reporting quarter	applications or databases within the State or territory	were identified and transition	n plans were developed		
11	Identify Ongoing Coverage Gaps	No		Yes or No if participated in identifying ongoing coveage gaps using SLIGP funds during this reporting quarter.					
12	Data Collection Activities	No		(Opt-In and Opt-Out Post-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-Out States only in		the Reporting Quarter							
13	Stakeholders Engaged			Actual number of individu	als reached via stakeholder meetings or events durin	g the quarter.			
14	Education and Outreach Materials Distributed In- Person			Actual number of material	s distributed in-person during this quarter.				
15	Education and Outreach Materials distributed Electronically			Actual volume of hits or in quarter.	pressions to any website, e-newsletter, social media	post, or other account support	ted by SLIGP during the		

11a. Narrative description for each activity reported in Question 11 for this quarter; any challenges or obstacles encountered and mitigation strategies you have employed; planned major activities for the next quarter; and any additional project During this quarter, there were no activities completed other than the attendance at the quarterly meeting of the Alabama First Responder Wireless Commission (AFRWC). 12. Personnel 12a. Staffing Table - Please include all staff that have contributed time to the project with current quarter's utilization. Please only include FTE staff employed by the state not contractors. Please do not remove individuals from this table. Job Title FTE% Project (s) Assigned Change Grant Manager-Jade Berrong 100% Outreach, Media, Performance Progress Reporting, Support of the Program Director with grant activities New Position Added Vacant-Contribution Outreach, Media, Performance Progress Reporting, Support of the Program Director with grant activities Grant Manager-Danitra Tolbert 100% Completed Financial Oversight- Brian Woika 10% Alabama FirstNet Grant Financial Reporting and Fiscal Close Out No Change Project Manager- Suzanna Willis 10% Alabama FirstNet Grant Proposal, Project Management No Change Alabama FirstNet Accountant-Accouting and Reconciliation, Fiscal Monitoring, Financial Reporting, Fiscal Close Out No Change Lindsey Raughton 30% Alabama FirstNet Communications Media coverage, Outreach resources No Change Manager- Stefanie East 10% Vacant-Contribution Pre-Award Contributor- Art Bess 10% FirstNet Grant Proposal Completed Vacant-Contribution Pre-Award Contributor-Clay Weaver 10% FirstNet Grant Proposal, Project Management, Support of the Program Director with Grant Activities Completed Alabama FirstNet Legal Counsel-All Alabama FirstNet legal matters Taylor Nichols 10% No Change 12b. Narrative description of any staffing challenges, vacancies, or changes.

13	 Contractual (Contract and/or Subrecipients) 	
1	L3a. Contractual Table - Include all contractors.	The totals from this table should equal the "Contractual" in Question 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
Meghan Echols	Alabama FirstNet Program Director	Contract	У	V	08/20/2018	02/29/2020		
Terrance Carson	Alabama FirstNet Program Director	Contract	у	ý	03/05/2018	08/10/2018	\$59,092.56	\$14,773.14

13b. Narrative description any challenges, updates, or changes related to contracts and/or subrecipients.

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	\$381,408.64	\$0.00	\$381,408.64	\$381,408.64	\$0.00	\$381,408.64	\$28,485.12	\$7,121.28	\$35,606.40
b. Personnel Fringe Benefits	\$44,068.84	\$70,353.75	\$114,422.59	\$44,068.84	\$70,353.75	\$114,422.59	\$15,683.68	\$3,920.92	\$19,604.60
c. Travel	\$137,284.97	\$979.03	\$138,264.00	\$137,284.97	\$979.03	\$138,264.00	\$3,113.42	\$778.35	\$3,891.7
d. Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
e. Materials/Supplies	\$15,600.00	\$0.00	\$15,600.00	\$15,600.00	\$0.00	\$15,600.00	\$0.00	\$0.00	\$0.00
f. Contractual	\$80,000.00	\$0.00	\$80,000.00	\$80,000.00	\$0.00	\$80,000.00	\$117,501.81	\$29,375.46	\$146,877.2
g. Other	\$18,240.00	\$31,060.00	\$49,300.00	\$18,240.00	\$31,060.00	\$49,300.00	\$14,185.54	\$3,546.35	\$17,731.89
h. Indirect	\$7,089.33	\$68,530.17	\$75,619.50	\$7,089.33	\$68,530.17	\$75,619.50	\$17,896.96	\$4,474.24	\$22,371.20
. Total Costs	\$683,691.78	\$170,922.95	\$854,614.73	\$683,691.78	\$170,922.95	\$854,614.73	\$196,866.53	\$49,216.60	\$246,083.13
. Proportionality Percent	80.00%	20.00%	100.00%	80.00%	20.00%	100.00%	80.00%	20.00%	100.00%
15. Certification: I certify to the be	st of my knowledge and belief	that this report is correc	t and complete for per	rformance of activities for	the purpose(s) set	forth in the awar	d documents.		Market and the second
16a. Typed or printed name and title of Authorized Certifying Official: Meghan Echols, Program Director					16c. Telephone (area code, number, and extension)	334-353-0219			
16b. Signature of Authorized Certif	iying Official:	·					16d. Email Address:	meghan.echols@oit.alab	oama.gov

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