U.S. Department of Commerce			**2. Award or Grant**	04-10-S18004
SLIGP 2.0 Performance Progress Report			**4. EIN:**	86-6004791
1. Recipient Name	State of Arizona Department of Administration		**6. Report Date**	01/25/2021
3. Street Address	100 N. 15th Ave, Suite 305		**7. Reporting Period**	12/31/2020
5. City, State, Zip Code	Phoenix, Arizona 85007-2364		**8. Final Report** Yes No	**9. Report Frequency** Quarterly X

10a. Project/Grant Period				
Start Date: (MM/DD/YYYY)	03/01/2018	**10b. End Date:**	03/31/2021	

11. List the individual projects in your approved Project Plan

	Activity Type (Planning,	Was this Activity	Project Deliverable	Description of Milestone Category
Activities/Metrics for All Recipients during the Reporting Quarter				
1	Governance Meetings	No	0	*Actual number of governance, subcommittee, or working group meetings related to the NPSBN held during the quarter*
2	Individuals Sent to	No	0	*Actual number of individuals who were sent to national or regional third-party conferences with a focus area or training track*
3	Convened Stakeholder	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	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 contracts executed during the quarter.*
6	Subrecipient Agreements	No	0	*Actual number of agreements executed during the quarter.*
7	Data Sharing	No		*Yes or No if data sharing policies and/or agreements were developed during this reporting quarter.*
8	Further Identification of	No		*Yes or No if further identification of potential public safety users occurred during this reporting quarter.*
9	Plans for Emergency	No		*Yes or No if plans for future emergecy communications technology transitions occurred during this reporting quarter.*
10	Identified and Planned to	No		*Yes or No if public safety applications or databases within the State or territory were identified and transition plans were*
11	Identify Ongoing	No		*Yes or No if participated in identifying ongoing coverage 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*
Activities for Opt-Out States only in the Pre-SMLA Phase during the Reporting Quarter				
13	Stakeholders Engaged			*Actual number of individuals reached via stakeholder meetings or events during the quarter.*
14	Education and Outreach			*Actual number of materials distributed in-person during this quarter.*
15	Education and Outreach			*Actual volume of hits or impressions to any website, e-newsletter, social media post, or other account supported by SLIGP*

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

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*

Job Title	FTE%	Project (s) Assigned	Change
Assistant Director - OGFR	10%	SLIGP 2.0 Oversight	none

12b. Narrative description of any staffing challenges, vacancies, or changes.

Under SLIGP 2.0, the Assistant Director for the Az Department of Administration, Grants and Federal Resources Office was the oversight authority for the grant and contractors until mid-April when he was moved from ADOA to the Governor's Office to manage the CARES Act funding awarded to the state. Ten percent of the Assistant Director's time was spent on oversight activities including review and approval of expenditures from grant funds as well as approval of financial and programmatic reporting. The FirstNet program was moved under the ADOA IT department but SLIGP 2.0 will no longer be used to support personnel expenses. The ADOA Assistant Director over IT will oversee activities of the grant funds; however, grant funds will not be used for this position. No other changes or challenges were identified with staffing during the quarter.

13. Contractual (Contract and/or Subrecipients)

13a. 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
Knowledge Services	Project Management	Contract	N	Y	03/01/2018	03/31/2021	$302,952.00	$0.00
Mission Critical Partners, Inc	Subject Matter Expert/Technical Consultant	Contract	N	Y	03/01/2018	03/31/2021	$316,335.00	$0.00

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

No changes to contracts or contractors occurred during the quarter and no challenges were identified with the contracts.

14. Budget Worksheet

Columns 2, 3 and 4 must match your current project budget for the entire award, which is the SF-424A on file.

Only list matching funds that the Department of Commerce has already approved.

Project Budget Element (1)	NTE Total Federal Funds	NTE Total Matching	NTE Total Budget	Federal Funds Obligated	Matching	Total Budget to	Federal Funds Expended	Approved Matching	Total funds Expended
a. Personnel Salaries	$22,680.00	$93,261.00	$115,941.00	$22,680.00	$93,261.00	$115,941.00	$26,082.70	$21,461.57	$47,544.27
b. Personnel Fringe Benefits	$7,938.00	$31,739.00	$39,677.00	$7,938.00	$31,739.00	$39,677.00	$9,038.51	$7,511.55	$16,550.06
c. Travel	$21,800.00	$0.00	$21,800.00	$21,800.00	$0.00	$21,800.00	$8,815.80	$0.00	$8,815.80
d. Equipment			$0.00			$0.00	$0.00	$0.00	$0.00
e. Materials/Supplies	$25,234.00	$0.00	$25,234.00	$25,234.00	$0.00	$25,234.00	$29,373.88	$0.00	$29,373.88
f. Contractual	$619,287.00	$0.00	$619,287.00	$619,287.00	$0.00	$619,287.00	$571,231.82	$0.00	$571,231.82
g. Other	$0.00	$50,000.00	$50,000.00	$0.00	$50,000.00	$50,000.00	$0.00	$144,291.67	$144,291.67
h. Indirect	$3,061.00		$3,061.00	$3,061.00		$3,061.00	$0.00	$0.00	$0.00
i. Total Costs	$700,000.00	$175,000.00	$875,000.00	$700,000.00	$175,000.00	$875,000.00	$644,542.71	$173,264.79	$817,807.50
j. Proportionality Percent	80.00%	20.00%	100.00%	80.00%	20.00%	100.00%	78.81%	21.19%	100.00%

15. Certification: I certify to the best of my knowledge and belief that this report is correct and complete for performance of activities for the purpose(s) set forth in the award documents.

16a. Typed or printed name and title of Authorized Certifying Official: **Gary Hensley, Chief Operating Officer**	16c. Telephone (area code, number, and extension)	**602-616-4118**
16b. Signature of Authorized Certifying Official: *Gary Hensley*	16d. Email Address:	Gary.Hensley@azdoa.gov
	Date:	02/18/2021