| U.S. Department of Commerce<br>SLIGP 2.0 Performance Progress Report |   |   |  |   |   | 2. Award or Grant<br>Number:<br>4. EIN:          | 12-10518012<br>59-3458983          |  |  |  |
|--|---|---|--|---|---|--|------------------------------------|--|--|--|
|  |   |   |  |   |   |  | <u>59-3458983</u>                  |  |  |  |
| . Recipient Name   | Florida Department of Management Services                         |   |  |   |   | 6. Report Date<br>(MM/DD/YYYY)                   | 01/07/2021                         |  |  |  |
| 3. Street Address  | 4030 Esplanade Way Suite 180                                      |   |  |   |   | 7. Reporting Period<br>End Date:<br>(MM/DD/YYYY) | 12/31/2020                         |  |  |  |
| 5. City, State, Zip Code   | Tallahassee, FL 32399-7016  |   |  |   |   | 8. Final Report<br>Yes<br>No X                   | 9. Report Frequence<br>Quarterly X |  |  |  |
| 0a. Project/Grant Period   |   |   |  |   |   |  |                                    |  |  |  |
| Start Date: (MM/DD/YYYY)   | 03/01/2018  | 10b. End Date:<br>(MM/DD/YYYY)  | 03/31/2021   |   |   |  |                                    |  |  |  |
| 11. List the individual projects in                                  | your approved Project Plan  |   |  |   |   |  |                                    |  |  |  |
|  | Activity Type (Planning,<br>Governance Meetings,<br>etc.)         | Was this Activity<br>Performed during the<br>Reporting Quarter?<br>(Yes/No) | Project Deliverable<br>Quantity (Number &<br>Indicator<br>Description) |   | Description of Milestone Category   |  |                                    |  |  |  |
| Activities/Metrics for All Recipien                                  | ts during the Reporting Quart                                     | er  |  |   |   |  |                                    |  |  |  |
| 1  | Governance Meetings   | Yes   | 2  |   | e, subcommittee, or working group meetings r  |  |                                    |  |  |  |
| 2  | Individuals Sent to<br>Broadband Conferences                      | No  | 0  |   | s who were sent to national or regional third-po<br>ant funds during the quarter  | arty conferences with a focus area o             | or training track rela             |  |  |  |
| 3  | Convened Stakeholder<br>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<br>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 contracts executed during the quarter.   |   |  |                                    |  |  |  |
| 6  | Subrecipient Agreements<br>Executed                               | No  | 0  | Actual number of agreements executed during the quarter.  |   |  |                                    |  |  |  |
| 7  | Data Sharing<br>Policies/Agreements<br>Developed                  | No  |  | Yes or No if data sharing po  | licies and/or agreements were developed durin   | g this reporting quarter.                        |                                    |  |  |  |
| 8  | Further Identification of<br>Potential Public Safety<br>Users     | No  |  | Yes or No if further identific  | lentification of potential public safety users occurred during this reporting quarter.  |  |                                    |  |  |  |
| 9  | Plans for Emergency<br>Communications<br>Technology Transitions   | No  |  | Yes or No if plans for future   | r future emergecy communications technology transitions occurred during this reporting quarter.                                     |  |                                    |  |  |  |
| 10   | Identified and Planned to<br>Transition PS Apps &<br>Databases    | No  |  | Yes or No if public safety ap<br>this reporting quarter   | afety applications or databases within the State or territory were identified and transition plans were develo<br>er                |  |                                    |  |  |  |
| 11   | Identify Ongoing Coverage<br>Gaps                                 | No  |  | Yes or No if participated in i  | pated in identifying ongoing coveage gaps using SLIGP funds during this reporting quarter.  |  |                                    |  |  |  |
| 12   | Data Collection Activities  | No  |  | (Opt-In and Opt-Out Post-SI   | ALA Phase Only) Yes or No if participated in dat  | a collection activities as requested             | by FirstNet or follow              |  |  |  |
| Activities for Opt-Out States only                                   |   | the Reporting Quarter   | _  |   |   |  |                                    |  |  |  |
| 13   | Stakeholders Engaged  |   |  | Actual number of individual   | s reached via stakeholder meetings or events d  | iring the quarter.                               |                                    |  |  |  |
| 14   | Education and Outreach<br>Materials Distributed In-<br>Person     |   |  | Actual number of materials  | distributed in-person during this quarter.  |  |                                    |  |  |  |
| 15   | Education and Outreach<br>Materials distributed<br>Electronically |   |  | Actual volume of hits or imp<br>quarter.  | al volume of hits or impressions to any website, e-newsletter, social media post, or other account supported by SLIGP durin<br>ter. |  |                                    |  |  |  |

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 This past quarter's activities involved continued updating of the digital grant files for reporting purposes, further research of the latest technology compatible with the NPSBN, as well as continued research of the latest developments with AT&T/FirstNet. One meeting was held with the FirstNet Authority's R&D Lab personnel to follow-up on the trip to Boulder for tour of both the FirstNet R&D Lab as well as the PSCR Lab. All upcoming face to face activities are presently on hold due to COVID-19 distancing requirements. We will continue to monitoring events for changes and availability due to Covid-19.

## 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               |  |  |  |
| Contract and Project Manager  | 1%   | Supervises Staff and Grant activities   | Continues SLIGP      |  |  |  |
| DMS Chief Technology Officer  | 2%   | Supervising the technology aspect of the Grant  | Continues SLIGP      |  |  |  |
| Program Manager   | 2%   | Overall Project Management and tracking progress of the Grant                           | Continues SLIGP      |  |  |  |
| DMS System Engineer   | 0%   | Providing system interoperability and planning with current State communications plans. | No work this quarter |  |  |  |
| Grant Specialist  | 3%   | Provide Grant support to Grant Manager  | Continues SLIGP      |  |  |  |
| Financial Analyst   | 0%   | Track Grant Expenses  | No work this quarter |  |  |  |
| Financial Administrator   | 1%   | Submit Grant Drawdowns  | Continues SLIGP      |  |  |  |
| Budget Analyst  | 0%   | Expenses Audit  | No work this quarter |  |  |  |
|   |      |   |                      |  |  |  |
| Grant Manager   | 0%   | Managing the SLIGP 2.0 grant activities and Scope of Work / Deliverables                | VACANT               |  |  |  |

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

There were no additional staff members for the period of 10/01/2020 through 12/31/2020 conducting grant activities. The FTE percentages were updated to reflect actual time spent on SLIGP activities during this quarter. Percentages reflecting "1%" were rounded up as formating does not allow for a less than 1% value. SLIGP activities for the quarter were minimal due to Covid-19 distancing requirements and conference cancellations or being placed on hold. Meetings were held with FirstNet authorities and discussions are ongoing as it relates to changing an educational on-site event into a virtual event because of Covid-19 related travel restrictions. Staff continued to research for new and/or updates to educational opportunities that were placed on hold due to the pandemic.

## 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<br>(Contract/Subrec.) | RFP/RFQ Issued (Y/N) | Contract<br>Executed (Y/N) | Start Date | End Date   | Total Federal Funds<br>Allocated | Total Matching Funds<br>Allocated |  |  |
| Florida State University Center For<br>Disaster Risk Policy   | Workshop Development and Execution | Subrecipient               | Ν                    | Y                          | 10/16/2018 | 09/19/2019 | \$168,910.00                     | \$0.00                            |  |  |
|   |                                    |                            |                      |                            |            |            |                                  | 1                                 |  |  |
|   |                                    |                            |                      |                            |            |            |                                  | 1                                 |  |  |
|   |                                    |                            |                      |                            |            |            |                                  | I                                 |  |  |
| and the second state |                                    |                            |                      |                            |            |            |                                  |                                   |  |  |

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

No further contractual expenses were incurred.

| 14. Budget Worksheet<br>Columns 2, 3 and 4 must match you |  |   | the SF-424A on file.  |  |   |                             |                               |   |                              |
|---|--|---|-----------------------|--|---|-----------------------------|-------------------------------|---|------------------------------|
| Only list matching funds that the D                       | epartment of Commerce has<br>NTE Total Federal Funds<br>Approved (2) | already approved.<br>NTE Total Matching<br>Funds Approved (3) | NTE Total Budget (4)  | Federal Funds Obligated<br>to Date (5) | Matching Funds<br>Approved to<br>Date (6) | Total Budget to<br>Date (7) | Federal Funds Expended<br>(8) | Approved Matching<br>Funds Expended (9) | Total funds Expended<br>(10) |
| a. Personnel Salaries                                     | \$290,480.00   | \$118,227.00  | \$408,707.00          | \$290,480.00                           | \$118,227.00                              | \$408,707.00                | \$22,437.50                   | \$78,314.40                             | \$100,751.90                 |
| b. Personnel Fringe Benefits                              | \$97,042.00  | \$40,109.00   | \$137,151.00          | \$97,042.00                            | \$40,109.00                               | \$137,151.00                | \$5,146.62                    | \$24,208.22                             | \$29,354.84                  |
| c. Travel   | \$267,356.00   | \$0.00  | \$267,356.00          | \$267,356.00                           | \$0.00                                    | \$267,356.00                | \$8,354.62                    | \$0.00                                  | \$8,354.62                   |
| d. Equipment  | \$0.00   | \$0.00  | \$0.00                | \$0.00                                 | \$0.00                                    | \$0.00                      | \$0.00                        | \$0.00                                  | \$0.00                       |
| e. Materials/Supplies                                     | \$30,572.00  | \$0.00  | \$30,572.00           | \$30,572.00                            | \$0.00                                    | \$30,572.00                 | \$15,029.23                   | \$0.00                                  | \$15,029.23                  |
| f. Contractual  | \$335,200.00   | \$0.00  | \$335,200.00          | \$335,200.00                           | \$0.00                                    | \$335,200.00                | \$168,910.00                  | \$0.00                                  | \$168,910.00                 |
| g. Other  | \$99,350.00  | \$121,664.00  | \$221,014.00          | \$99,350.00                            | \$121,664.00                              | \$221,014.00                | \$3,593.10                    | \$8,845.57                              | \$12,438.67                  |
| h. Indirect   | \$0.00   | \$0.00  | \$0.00                | \$0.00                                 | \$0.00                                    | \$0.00                      | \$0.00                        | \$0.00                                  | \$0.00                       |
| i. Total Costs  | \$1,120,000.00   | \$280,000.00  | \$1,400,000.00        | \$1,120,000.00                         | \$280,000.00                              | \$1,400,000.00              | \$223,471.07                  | \$111,368.19                            | \$334,839.26                 |
| j. Proportionality Percent                                | 80.00%   | 20.00%  | 100.00%               | 80.00%                                 | 20.00%                                    | 100.00%                     | 66.74%                        | 33.26%                                  | 100.00%                      |
| 15. Certification: I certify to the bes                   | at of my knowledge and belief  | that this report is correc                                    | t and complete for pe | rformance of activities for            | the purpose(s) se                         | t forth in the awa          | rd documents.                 |   |                              |
| 16a. Typed or printed name and tit                        | le of Authorized Certifying Of                                       | ficial:   |                       |  |   |                             | 16c. Telephone (area          |   |                              |
| Pam Gerard, Contract and Project Manager                  |  |   |                       |  | code, number, and<br>extension)           | (850) 487-1804              |                               |   |                              |
| 16b. Signature of Authorized Certifying Official:         |  |   |                       |  |   | 16d. Email Address:         | Pam.Gerard@dms.myflorida.com  |   |                              |
|   |  |   |                       |  |   | Date:                       | 1/25/21                       |   |                              |

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