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	2. Award or Grant Number: 4. EIN:	12-10S18012 59-3458983							
1. Recipient Name	Florida Department of Management Services  6. (N						04/23/2018		
3. Street Address							03/31/2018		
5. City, State, Zip Code							9. Report Frequency Quarterly X		
10a. Project/Grant Period									
Start Date: (MM/DD/YYYY)	03/01/2018	10b. End Date: (MM/DD/YYYY)	02/29/2020						
11. List the individual projects in ye	our approved Project Plan								
	Governance Meetings,	Was this Activity Performed during the Reporting Quarter? (Yes/No)	Project Deliverable Quantity (Number & Indicator Description)		Description of Milestone Category				
Activities/Metrics for All Recipients	during the Reporting Quart	er							
1	Governance Meetings	No	0	Actual number of governo	ince, subcommittee, or working group meetings related to t	he NPSBN held during	the quarter		
2	Individuals Sent to Broadband Conferences	Yes	3		als who were sent to national or regional third-party confer g SLIGP grant funds during the quarter	ences with a focus are	a or training track		
3	Convened Stakeholder 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 Equivalent)(FTE)	Yes	1.86	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 Executed	No	0	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	Yes		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 future 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 applications or databases within the State or territory were identified and transition plans were developed this reporting quarter					
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 Pre-SMLA Phase during	the Reporting Quarter			· · · · · · · · · · · · · · · · · · ·				
13	Stakeholders Engaged			Actual number of individu	als reached via stakeholder meetings or events during the q	uarter.			
14	Education and Outreach Materials Distributed In- Person			Actual number of materia	ls distributed in-person during this quarter.				
15	Education and Outreach Materials distributed Electronically			Actual volume of hits or ir the quarter.	mpressions to any website, e-newsletter, social media post, o	or other account suppo	orted by SLIGP during		

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11a. Narrative description for each a		•		-			•		•
11.2) Our three DMS staff attended	the IWCE conference in	Orlando, FL March 5-9, 201	18 at the Orange Count	y Convention Center in Orl	ando, Florida. The	y attended works	hops and training regai	rding how FirstNet was g	oing to make the
human connections for all First Respo	onders to be successful	in the State of Florida. Who	ether it is connecting to	a first responder to the co	mmand center, d	ashboard, or fello	w employees. It was als	so where our staff could	connect with other
technical professionals to get inform	ation about technology	product or policy that is co	rucial to success. Now t	that FirstNet is a reality ou	r staff needs to ful	ly understand how	v FirstNet will operate	and impact public safety	with the State of
Florida. Who and how to access to Fi				· ·		•	•		
for us. How do devices get approved		•		•				•	
		-	•	••			-		
Band 14. The use of HPUE, with appr	•	• •		•	n the communicat	ion tools needed	to today very technical	community during catas	tropnic events.
11.8) Updated the MS Access DB for	First Responders (LEO)	within each of the 67 Coun	ities with input from th	ie FDLE website.					
12. Personnel									
12a. Staffing Table - Please include of	**	buted time to the project w	vith current quarter's u	tilization. Please only inclu	de FTE staff emplo	yed by the state n	ot contractors. Please	do not remove individual	s from this table.
Job Title	FTE%			Proje	ect (s) Assigned				Change
Contract and Project Manager	15%	Supervises Staff and Gra	ant activities						New
DMS Chief Technology Officer	15%	Supervising the technol	ogy aspect of the Grant						New
Program Manager	49%	Overall Project Manage							New
DMS System Engineer	7%	, ,	01 0	with current State commu	nications plans				New
Grant Manager	100%			ope of Work / Deliverables	neacrons plansi				New
12b. Narrative description of any sta		0 0	grant activities and sec	ope of work / Deliverables					New
13. Contractual (Contract and/or Sub	precipients)								
13a. Contractual Table – Include all c		rom this table should equa	I the "Contractual" in C	Question 14f.					
			Туре		Contract			Total Federal Funds	Total Matching Funds
Name	Subcont	ract Purpose	(Contract/Subrec.)	RFP/RFQ Issued (Y/N)	Executed (Y/N)	Start Date	End Date	Allocated	Allocated
			(00.11.000,000.001,		zacouteu (1711)			7111000100	741004104
13b. Narrative description any challe									
At this early stages of the SLIGP 2.0 g	rant there no known ch	allenges or issues. Prepara	tion and organization of	of the grant file structure a	nd planning contir	nues.			
1									

4. 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 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	\$348,480.00	\$118,228.00	\$466,708.00	\$130,680.00	\$41,588.40	\$172,268.40		\$5,808.12	\$5,808.13
b. Personnel Fringe Benefits	\$116,435.69	\$40,108.33	\$156,544.02	\$43,650.56	\$15,040.60	\$58,691.16		\$1,769.67	\$1,769.6
c. Travel	\$267,356.00	\$0.00	\$267,356.00	\$84,158.00	\$0.00	\$84,158.00	\$3,031.51		\$3,031.5
d. Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			\$0.00
e. Materials/Supplies	\$30,572.31	\$0.00	\$30,572.31	\$18,555.44	\$0.00	\$18,555.44			\$0.00
f. Contractual	\$335,200.00	\$0.00	\$335,200.00	\$122,450.00	\$0.00	\$122,450.00			\$0.00
g. Other	\$101,956.00	\$141,663.67	\$243,619.67	\$25,506.00	\$49,621.00	\$75,127.00	\$2,198.00	\$580.51	\$2,778.5
h. Indirect	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			\$0.0
i. Total Costs	\$1,200,000.00	\$300,000.00	\$1,500,000.00	\$425,000.00	\$106,250.00	\$531,250.00	\$5,229.51	\$8,158.30	\$13,387.8
j. Proportionality Percent	80.00%	20.00%	100.00%	80.00%	20.00%	100.00%	39.06%	60.94%	100.009
15. Certification: I certify to the be	st of my knowledge and belie	f that this report is correc	t and complete for p	erformance of activities fo	r the purpose(s) s	et forth in the aw	ard documents.		
16a. Typed or printed name and title of Authorized Certifying Official:						16c. Telephone (area			
Meredith Van Valkenburgh Contract and Project Manager						code, number, and extension)	(850) 487-1804		
16b. Signature of Authorized Certifying Official:						16d. Email Address:	Meredith.VanValkenburgh@dms.myflorida.com		
							Date:	5/18/2018	

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