			Department of Comm Performance Progres		
1. Recipient Name	Florida Department of Mar	nagement Services			
3. Street Address	4030 Esplanade Way Suite	180			
5. City, State, Zip Code	Tallahassee, FL 32399-7016	6			
10a. Project/Grant Period					
Start Date: (MM/DD/YYYY)	03/01/2018	10b. End Date: (MM/DD/YYYY)	03/31/2021		
11. List the individual projects in	your 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 Milest
Activities/Metrics for All Recipier	nts during the Reporting Qua	arter			
1	Governance Meetings	No	0		ance, subcommittee, or working group meet
2	Individuals Sent to Broadband Conferences	No	0	-	uals who were sent to national or regional th ng SLIGP grant funds during the quarter
3	Convened Stakeholder Events	No	0		coordinated - or held using SLIGP grant funds
4	Staff Hired (Full-Time Equivalent)(FTE)	Yes	0.03	Actual number of state pe	ersonnel FTEs who began supporting SLIGP a
5	Contracts Executed	No	0	Actual number of contrac	ts executed during the quarter.
6	Subrecipient Agreements Executed	No	0	Actual number of agreem	ents executed during the quarter.
7	Data Sharing Policies/Agreements Developed	No		Yes or No if data sharing	policies and/or agreements were developed
8	Further Identification of Potential Public Safety Users	No		Yes or No if further identi	fication of potential public safety users occu
9	Plans for Emergency Communications Technology Transitions	No		Yes or No if plans for futu	re emergecy communications technology tra
10	Identified and Planned to Transition PS Apps & Databases	No		Yes or No if public safety developed this reporting	applications or databases within the State o quarter
11	Identify Ongoing Coverage Gaps	No		Yes or No if participated i	n identifying ongoing coveage gaps using SL
12	Data Collection Activities	No			- <mark>SMLA Phase Only)</mark> Yes or No if participated data collection determination by Opt-Out (Po
Activities for Opt-Out States only	in the Pre-SMLA Phase duri	ng the Reporting Quarter	r		
13	Stakeholders Engaged			Actual number of individu	als reached via stakeholder meetings or eve
14	Education and Outreach Materials Distributed In- Person			Actual number of materia	als distributed in-person during this quarter.
15	Education and Outreach Materials distributed Electronically			Actual volume of hits or in the quarter.	mpressions to any website, e-newsletter, soc

	2. Award or Grant	12-10518012
	Number:	
	4. EIN:	59-3458983
	6. Report Date (MM/DD/YYYY)	01/20/2020
	7. Reporting Period	
	End Date:	12/31/2019
	(MM/DD/YYYY)	
	8. Final Report	9. Report Frequency
	Yes 🗆	Quarterly X
	No 🔽	
Ailestone Category		
meetings related to t onal third-party confer r		
funds during the qua	rter, as requested by I	FirstNet.
LIGP activities during	the quarter (may be a	decimal).
loped during this repo	orting quarter.	
s occurred during this	reporting quarter.	
ogy transitions occurre	ed during this reportin	ng quarter.
tate or territory were	identified and transit	tion plans were
ing SLIGP funds during	g this reporting quart	er.
pated in data collectic Dut (Post-SMLA) grant	-	ted by FirstNet or
or events during the q	juarter.	
arter.		

, social media post, or other account supported by SLIGP during

11a. Narrative description for each activity reported in Question 11 for this quarter; any challenges or obstacles encountered and mitigation strategies you have employed; p This past quarter's activities involved continued updating of the digital grant files for filing invoices and receipts, further research of the latest technology compatible with the developments with AT&T/FirstNet. The Center For Disaster Risk Policy (CDRP) at Florida State University (FSU) submitted the closeout invoices and documentation for the NIM oportunities were sent to members of the FloridaNet Executive and Technical Committees as well as the members of the Regional Domestic Security Task Force (RDSTF). Follo FirstNet centric conferences and meetings are announced. DMS Budget Analyst conducted an audit of the SLIGP travel expenses during this quarter.

12. Personnel

12a. Staffing Table - Please include a	ll staff that have co	ntributed time to the project with current quarter's utilization. Please only include FTE staff employed by the state not c				
Job Title	FTE%	Project (s) Assigned				
Contract and Project Manager	15%	Supervises Staff and Grant activities				
DMS Chief Technology Officer	15%	Supervising the technology aspect of the Grant				
Program Manager	49%	Overall Project Management and tracking progress of the Grant				
DMS System Engineer	7%	Providing system interoperability and planning with current State communications plans.				
Grant Specialist	15%	Provide Grant support to Grant Manager				
Financial Analyst	15%	Track Grant Expenses				
Financial Administrator	10%	Submit Grant Drawdowns				
Budget Analyst	3%	Expenses Audit				
Grant Manager	100%	Managing the SLIGP 2.0 grant activities and Scope of Work / Deliverables				

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

There was one additional staff member for the period of 10/1/2019 through 12/31/2019 conducting grant activities.

## **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			
Florida State University Center For Disaster Risk Policy	Workshop Development and Execution	Subrecipient	N	Y	10/16/2018			
12h Norrative description any cha	llanges undates or changes related to contracts an	d /or subrasiniants						

13b. Narrative description any challenges, updates, or changes related to contracts and/or subrecipients. CDRP submitted final closeout invoices on 11/20/2019.

planned major activities for the next quarter; and any e NPSBN, as well as continued research of the latest MBLE workshops. The initial invitations for the educational ow-Up invites will be sent through the next quarter as more					
contractors. Plea	ase do not remove indivi	duals from this table.			
		Change			
		0%			
		0%			
		0%			
		0%			
		0%			
		0% 0%			
		3%			
		570			
		0%			
End Date	Total Federal Funds Allocated	Total Matching Funds Allocated			
09/19/2019	\$168,910.00	\$0.00			

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)	-
a. Personnel Salaries	\$290,480.00	\$118,227.00	\$408,707.00	\$290,480.00	\$118,227.00	\$408,707.00	\$22,437.50	\$70,356.21	\$92,793.71
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	\$21,513.75	\$26,660.37
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	\$2,555.00	\$8,155.15	\$10,710.15
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	\$222,432.97	\$100,025.11	\$322,458.08
j. Proportionality Percent	80.00%	20.00%	100.00%	80.00%	20.00%	100.00%	68.98%	31.02%	100.00%
15. Certification: I certify to the be	est of my knowledge and bel	ief that this report is corr	ect and complete fo	r performance of activities	for the purpose	(s) set forth in the	e award documents.		
16a. Typed or printed name and title of Authorized Certifying Official: Pam Gerard, Contract and Project Mananger					16c. Telephone (area code, number, and extension)	(850) 487-1804			
16b. Signature of Authorized Cert	ifying Official:	am Gerard					16d. Email Address: Date:	Pam.Gerard@dms.myfl 2/4/2020	orida.com

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