U.S. Department of Commerce Performance Progress Report  2. Award or Grant Number:										
	4. EIN: 580973190									
1. Recipient Name	Georgia Emergency Management Agency  6. Report Date (MM/DD/YYYY)  4/26/2017									
3. Street Address	935 East Confederate Avenue	35 East Confederate Avenue, SE  T. Reporting Period End Date: 3/31/2017 (MM/DD/YYYY)								
5. City, State, Zip Code	Atlanta, GA, 30316	8. Fit								
10a. Project/Grant Period				- 1 TO TAIL	TO THE STATE OF					
Start Date: (MM/DD/YYYY)	8/1/2013	10b. End Date: (MM/DD/YYYY)	1/31/2018							
11. List the individual projects	in your approved Project Pla	<del></del>								
*	Project Type (Capacity Building, SCIP Update,  Project Deliverable Quantity (Number & Description of Milestone Category Indicator Description)									
1	Stakeholders Engaged	131	Actual number of individuals reached via stakeholder meetings during the quarter							
2	Individuals Sent to Broadband Conferences	0	Actual number of individuals who were sent to third-party broadband conferences using SLIGP grant funds during the quarter							
3	Staff Hired (Full-Time Equivalent)(FTE)	0	Actual number of state personnel FTEs who began supporting SLIGP activities during the quarter (may be a decimal)							
4	Contracts Executed	0	Actual number of contracts executed during the quarter							
5	Governance Meetings	0	Actual number of governance, subcommittee, or working group meetings held during the quarter							
6	Education and Outreach Materials Distributed  Actual volume of materials distributed (inclusive of paper and electronic materials) plus hits to any website or social media account supported by SUG									
7	Subrecipient Agreements Executed	N/A	Actual number of agreements executed during the quarter							
8	Phase 2 - Coverage	Stage 5								
9	Phase 2 – Users and Their Operational Areas	Stage 5  • Stage 1 - Process Development  • Stage 2 - Data Collection in Progress								
10	Phase 2 – Capacity Planning									
11	Phase 2 - Current Providers/Procurement Stage 4 Stage 5 - Continued/Iterative Data Collection									
12	Phase 2 – State Plan Decision Stage 3 Stage 3 Stage 3									
	eeting each major activity/m		Baseline Report for this project; any challenges or obstacles encountered and mitigation strategies you	nave employed; planne	d major activities for					
the next quarter; and any additional project milestones or information.  Two outreach meetings held. SUGP monitoring visit held. Submitted written state outreach plan to FPO. Broadband Coordinator FTE cchanged from full time to approximately 50% effort, as incumbent was promoted to new position with added duties.  11b. If the project team anticipates requesting any changes to the approved Baseline Report in the next quarter, describe those below. Note that any substantive changes to the Baseline Report must be approved by the Department of										
Commerce before implementation.  Prepared for submission upon request by SLIG-P the State's voluntary reduction of original grant award amount. No determination for submittal timeline has been made as of 03/31/2017.										

11c.	Provide any	other information	that would be usefu	I to NTIA as it assess	es this project's progress.

Pace of outreach remains measured based on information garnered from FirstNet.

11d. Describe any success stories or best practices you have identified. Please be as specific as possible.

## 12. Personnel

12a. If the project is not fully staffed, describe how any lack of staffing may impact the project's time line and when the project will be fully staffed.

12b. Staffing Table - Please include all staff that have contributed time to the project. Please do not remove individuals from this table.

Job Title FTE%		Project (s) Assigned	Change	
roject Coordinator	0.5	position is existing	Continued work on effort	
wic	0.15	position is existing	Continued work on effort	
hief of Special Projects	0,4	position is existing	Continued work on effort	
sst Director of Homeland Security	0,1	position is existing	Continued work on effort	
ompliance Officer	0,15	position is existing	Continued work on effort	
irants Specialist	0,05	position is existing	Continued work on effort	
inancial Ops Specialist	0,05	position is existing	Continued work on effort	
ir of Operations	0,01	position is existing	Continued work on effort	
OC Director	0,01	position is existing	Continued work on effort	

## 13. Subcontracts (Vendors and/or Subrecipients)

13a. Subcontracts Table - Include all subcontractors. The totals from this table must equal the "Subcontracts Total" in Question 14f.

Name	Subcontract Purpose	Type (Vendor/Subrec.)	RFP/RFQ Issued (Y/N)	Contract Executed (Y/N)	Start Date	End Date	Total Federal Funds Allocated	Total Matching Funds Allocated
GTRI	Outreach, education meetings, facilitation	Vendor	N/A	N/A	TBD	TBD	\$2,393,205.00	\$0.00
WhitePost	website development	Vendor	у	У	7/1/2014	11/30/2014	\$6,075.00	\$0.00
Ga Tech Conference Center	State Consultation Facilitation, room rental	Vendor	У	у	7/21/2015	7/21/2015	\$7,080.00	\$0.00
21. B								

13b. Describe any challenges encountered with vendors and/or subrecipients.

14. Budget Worksheet						
Columns 2, 3 and 4 must match your current project budget fo		file.				
Only list matching funds that the Department of Commerce has	already approved.					
Project Budget Element (1)	Federal Funds Awarded (2)	Approved Matching Funds (3)	Total Budget (4)	Federal Funds Expended (5)	Approved Matching Funds Expended (6)	Total funds Expended (7)
a. Personnel Salaries	\$527,109.00	\$126,720.00	\$653,829.00	\$209,171.00	\$23,858.00	\$233,029.00
b. Personnel Fringe Benefits	\$252,174.00		\$252,174.00	\$127,326.00		\$127,326.00
c. Travel	\$72,910.00		\$72,910.00	\$20,550.00		\$20,550.00
d. Equipment			\$0.00			\$0.00
e. Materials/Supplies	\$26,504.00		\$26,504.00	\$8,139.00	1 2 - 2 - 3	\$8,139.00
f. Subcontracts Total	\$2,406,360.00		\$2,406,360.00	\$13,155.00		\$13,155.00
g. Other	\$21,600.00	\$699,944.00	\$721,544.00	\$11,107.00	\$135,753.00	\$146,860.00
h. Indirect		Removed to the second	\$0.00			\$0.00
i. Total Costs	\$3,306,657.00	\$826,664.00	\$4,133,321.00	\$389,448.00	\$159,611.00	\$549,059.00
j. % of Total	80%	20%	100%	71%	29%	100%
15. Certification: I certify to the best of my knowledge and be	lief that this report is correct and complet	e for performance of activities f	or the purpose(s) set forth	in the award documents.	20 E E E E	
16a. Typed or printed name and title of Authorized Certifying Official:  Joe McKinney, Director Homeland Security Division				16c. Telephone (area code, number, and extension)	404-635-7514	
16b. Signature of Authorized Certifying Official:				16d. Email Address:	joe.mckinney@gema.ga.gov	
./		Date: 04/26/17	<u> </u>			