	2. Award or Grant Number: 4. EIN:	13-10-S13013 580973190							
1. Recipient Name	6. Report Date	300373130							
3. Street Address	Georgia Emergency Manager 935 East Confederate Avenue	(03/31/2018) 7. Reporting Period End Date: (02/28/2018)	03/31/2018 Q19						
5. City, State, Zip Code	Atlanta, GA, 30316	8. Final Report Yes X No	9. Report Frequency Quarterly						
10a. Project/Grant Period									
Start Date: (MM/DD/YYYY)	19/1/2013	10b. End Date: (MM/DD/YYYY)	2/28/2018						
11. List the individual projects		And the second s							
	Project Type (Capacity	Project Deliverable Quantity (Number & Indicator Description)	Description of Milestone Category						
1	Stakeholders Engaged	0	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	8,701	Actual volume of materials distributed (inclusive of paper and electronic materials) plus hits to any website or social media account supported by SLIG during the quarter						
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	For each Phase 2 milestone category, please provide the status of the activity during the quarter: Stage 1 - Process Development Stage 2 - Data Collection in Progress Stage 3 - Collection Complete; Analyzing/Aggregating Data						
10	Phase 2 – Capacity Planning	Stage 5							
11	Phase 2 – Current Providers/Procurement	Stage 5	Stage 4 - Data Submitted to FirstNet Stage 5 - Continued/Iterative Data Collection Stage 6 - Submitted Iterative Data to FirstNet						
12	Phase 2 – State Plan Decision	Stage 4							
the next quarter; and any addi Continued out reach, speaking distributed.	itional project milestones or i briefly on firstnet meetings, m pates requesting any changes	nformation. aking information availibl	Baseline Report for this project; any challenges or obstacles encountered and mitigation strategies you e to attendees and supporting electronic media. Georgia FirstNet website received 8,701 page hits which ac e Report in the next quarter, describe those below. Note that any substantive changes to the Baseline Re	counts for the outreach	n and education materials				

11c. Provide any other information that would be useful to NTIA as it assesses 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 Project Coordinator 0.5 position is existing Not Charged - Quarer 19 Continued Work SWIC (911 Director) 0.15 position is existing Chief of Special Projects 0.4 Not Charged - Quarer 19 position is existing Asst Director of Homeland Security 0.1 Continued Work position is existing Compliance Officer 0.15 Not Charged - Quarer 19 position is existing Continued Work **Grants Specialist** 0.05 position is existing Continued Work Financial Ops Specialist 0.05 position is existing Not Charged - Quarer 19 Dir of Operations 0.01 position is existing SOC Director 0.01 position is existing Continued Work 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. Contract **Total Federal Funds Total Matching Funds** Type RFP/RFQ Issued (Y/N) Start Date **End Date** Name **Subcontract Purpose** Executed (Vendor/Subrec.) Allocated Allocated (Y/N) \$2,393,205,00 GTRI Outreach, education meetings, facilitation N/A N/A TBD TBD \$0.00 Vendor website development 7/1/2014 11/30/2014 \$6,075.00 \$0.00 WhitePost Vendor ٧ ٧ State Consultation Facilitation, room rental 7/21/2015 7/21/2015 \$7,080.00 \$0.00 Ga Tech Conference Center Vendor y У

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

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	\$259,199.25	\$26,840.00	\$286,039.25	
b. Personnel Fringe Benefits	\$252,174.00		\$252,174.00	\$158,550.79		\$158,550.79	
c. Travel	\$72,910.00	NAMES OF THE SECOND STREET, SALES	\$72,910.00	\$25,800.45		\$25,800.45	
d. Equipment			\$0.00			\$0.00	
e. Materials/Supplies	\$26,504.00		\$26,504.00	\$9,283.35		\$9,283.35	
f. Subcontracts Total	\$1,206,360.00		\$1,206,360.00	\$13,155.00		\$13,155.00	
g. Other	\$21,600.00	\$399,944.00	\$421,544.00	\$13,981.28	\$166,073.00	\$180,054.28	
h. Indirect			\$0.00			\$0.00	
i. Total Costs	\$2,106,657.00	\$526,664.00	\$2,633,321.00	\$479,970.12	\$192,913.00	\$672,883.12	
i. % of Total	80%	20%	100%	71%	29%	100%	
15. Certification: I certify to the best of my knowledge and	belief that this report is correct and complet	e for performance of activities f	or the purpose(s) set forti	in the award documents.			
16a. Typed or printed name and title of Authorized Certification Ceporia McMillian, Preparedness Grants and Programs Mar	16c. Telephone (area code, number, and extension)	404-635-7041					
16b. Signature of Authorized Certifying Official:	16d. Email Address: Date: 05/04/18	ceporia.mcmillian@gema.ga.gov					