OMB Control No. 0660-0042 Expiration Date: 01/31/2021

U.S. Department of Commerce SLIGP 2.0 Performance Progress Report						2. Award or Grant Number:	13-10-518013			
						4. EIN:	58-0973190			
1. Recipient Name	Georgia Emergency Management Agency					6. Report Date (MM/DD/YYYY)	07/25/2018			
3. Street Address	935 East Confederate Avenue SE, Building 5					7. Reporting Period End Date: (MM/DD/YYYY)	06/30/2018			
5. City, State, Zip Code	Atlanta, GA 30316					8. Final Report Yes □ No ☑	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 yo	our approved Project Plan	W								
	Activity Type (Planning, Governance Meetings, etc.)	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 Quarte	er .			THE RESERVE THE PARTY OF THE PA					
	Governance Meetings	No		Actual number of governa	nce, subcommittee, or working group meetings related to th	e NPSBN held durina t	he quarter			
2	Individuals Sent to Broadband Conferences	No		Actual number of individue	als who were sent to national or regional third-party confer g SLIGP grant funds during the quarter	Moral Stall				
3	Convened Stakeholder Events	No		Actual number of events co	oordinated - or held using SLIGP grant funds during the quar	ter, as requested by Fi	rstNet.			
4	Staff Hired (Full-Time Equivalent)(FTE)	No		Actual number of state personnel FTEs who began supporting SLIGP activities during the quarter (may be a decimal).						
5	Contracts Executed	No		Actual number of contracts	s executed during the quarter.					
6	Subrecipient Agreements Executed	No		Actual number of agreeme	ents executed during the quarter.					
7	Data Sharing Policies/Agreements Developed	No	Liber 1	Yes or No if data sharing p	aring policies and/or agreements were developed during this reporting quarter.					
8	Further Identification of Potential Public Safety Users	No		Yes or No if further identifi	ication of potential public safety users occurred during this r	eporting quarter.				
9	Plans for Emergency Communications Technology Transitions	No		Yes or No if plans for futur	e emergecy communications technology transitions occurre	d 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 develope this reporting quarter						
11	Identify Ongoing Coverage Gaps	Yes		Yes or No if participated in	n identifying ongoing coveage gaps using SLIGP funds during	this reporting quarter				
12	Data Collection Activities	No			SMLA Phase Only) Yes or No if participated in data collection ata collection determination by Opt-Out (Post-SMLA) grante	0.000	d by FirstNet or			
Activities for Opt-Out States only in		the Reporting Quarter			E E E STORY OF THE BEST OF THE		Name of the last o			
13	Stakéholders Engaged		But State of the	Actual number of Individuo	als reached via stakeholder meetings or events during the q	uarter.	SHIER PARK THE			
14	Education and Outreach Materials Distributed in-			Actual number of material	is distributed in-person during this quarter.					

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	Education and Outreach Materials distributed Electronically	Actual volume of hits or impressions to ony website, e-newsletter, social media past, or other account supported by SLIGP during the quarter
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11a. Narrative description for each									
Date Range for Web Page Activity: 4									
Number of Referrers: 1,130 6) Avera	age Number of Referrers p	oer Day: 12 11.11 - We cont	inue to identify cover	age gaps. Our agency staff	as well as otrher I	FirstNet users call	in or make reports and inc	quiries concerning cove	rage issues. We relay
the information to the appropriate	AT&T FirstNet representat	tive.							
12. Personnel									
12a. Staffing Table - Please include		uted time to the project wit	h current quarter's ut			yed by the state i	ot contractors. Please do	not remove individuals	from this table.
Job Title	FTE%				ect (s) Assigned				Change
PSBN Coordinator	50%	Responsible for the overa	all management of the	SLIGP initiative and coording	nating activities of	all other participa	nts.		
Director of Local Government		Coordinates with the 9-1-	-1 Community and eve	lore impacts and plan integ	ration of the NPSE	N into current F9	11 and Next Gen 911		
9-1-1 Authority	50%	Coordinates with the 3-1-	-1 Community and exp	nove impacts and plan integ	ration of the Ni St	on the current L3	II and Next Gen 311.		
Manager of Preparedness Programs		Performs administrative g	grant functions for the	program. Assures complia	nce to the grant te	rms and condition	s, track expenditures, and	track match, Prepare	
and Federal Grants	10%	internal and external programmatic reports.							
Finance Grants Administrator	5%	Writes, interprets, and executes State and Federal financial reports related to the SLIGP grant funds.							
Agency Director & GEMA/HS Legal		Both positions spend 10% of their time supporting the grant. The agency Director serves as the liaison between GEMA/HS and other local and state agency							
Counsel	10%	directors and political entities in Georgia. And the Legal Counsel serves as the SLIGP and NPSBN legal reviewer, handles records requests, and assist in legal							
12b. Narrative description of any sta	affing challenges, vacancie	s, or changes.							
13. Contractual (Contract and/or Su	hraciniants)								
13a. Contractual Table – Include all		om this table should equal t	he "Contractual" in O	uestion 14f					
			Туре	The state of the s	Contract			Total Federal Funds	Total Matching Funds
Name	Subcontra	act Purpose	(Contract/Subrec.)	RFP/RFQ Issued (Y/N)	Executed (Y/N)	Start Date	End Date	Allocated	Allocated
GTRI	Outreach, education meet	tings, facilitation	Contract	N	N			\$28,000.00	
13b. Narrative description any chall	enges, updates, or change	s related to contracts and/o	r subrecipients.					-	

7/27/2018 Updated 8/22/18

Date:

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)
. Personnel Salaries	\$197,956.00	\$62,636.00	\$260,592.00	\$197,956.00	\$62,636.00	\$260,592.00	\$22,459.85	\$10,439.34	\$32,899.1
Personnel Fringe Benefits	\$124,542.00	\$39,139.00	\$163,681.00	\$124,542.00	\$39,139.00	\$163,681.00	\$14,090.83	\$6,523.18	\$20,614.0
, Travel	\$32,752.00		\$32,752.00	\$32,752.00		\$32,752.00	\$1,380.87		\$1,380.8
i. Equipment			\$0.00			\$0.00	\$0.00		\$0.0
. Materials/Supplies	\$14,252.00		\$14,252.00	\$14,252.00		\$14,252.00	\$611.42		\$611.4
Contractual	\$28,000.00		\$28,000.00	\$28,000.00		\$28,000.00	\$0.00		\$0.0
, Other	\$9,600.00		\$9,600.00	\$9,600.00		\$9,600.00	\$3,813.60		\$3,813.6
ı. Indirect			\$0.00			\$0.00			\$0.0
Total Costs	\$407,102.00	\$101,775.00	\$508,877.00	\$407,102.00	\$101,775.00	\$508,877.00	\$42,356.57	\$16,962.52	\$59,319.0
Proportionality Percent	80.00%	20.00%	100.00%	80.00%	20.00%	- 100.00%	71.40%	28.60%	100.009
15. Certification: I certify to the be	est of my knowledge and belief	that this report is correct	t and complete for pe	rformance of activities for	the purpose(s) se	forth in the awar	d documents.		
.6a. Typed or printed name and ti Ceporia McMillian, Manager of Pr	tle of Authorized Certifying Of	ficial:					16c. Telephone (area code, number, and extension)	(404) 6	635-7041

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