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

U.S. Department of Commerce SLIGP 2.0 Performance Progress Report 4							13-10-S18013 58-0973190		
1. Recipient Name	Georgia Emergency Management Agency						10/30/2018		
3. Street Address	935 East Confederate Avenue SE, Building 2						09/30/2018		
5. City, State, Zip Code	Atlanta, GA 30316					8. Final Report Yes □ No ☑	9. Report Frequency Quarterly χ		
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	_							
	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 Quart	ter							
1	Governance Meetings	No		Actual number of governo	ance, subcommittee, or working group meetings related to	the NPSBN held during	the quarter		
2	Individuals Sent to Broadband Conferences	No		Actual number of individuals who were sent to national or regional third-party conferences with a focus area or training track related to the NPSBN using SLIGP grant funds during the quarter					
3	Convened Stakeholder Events	No		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)	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 executed during the quarter.					
6	Subrecipient Agreements Executed	No		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	No		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	Yes		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	ials reached via stakeholder meetings or events during the	quarter.			
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 impressions to any website, e-newsletter, social media post, or other account supported by SLIGP during the quarter.					

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11a. Narrative description for each Date Range for Web Page Activity:	7/1/18 - 9/30/18 1) Total	Number of Page Views: 12	2,209 2) Average Numb	per of Page Views per Day:	133 3) Total Num	ber of Unique Vi	sitors: 5,135 4) Average	Number of Unique Visit	ors per Day: 56 5)
Total Number of Referrers: 1,311 6			We continue to identify	y coverage gaps. Our agend	y staff as well as	otrher FirstNet us	ers call in or make report	ts and inquiries concern	ing coverage issues. We
relay the information to the approp	oriate AT&T FirstNet repr	esentative.							
12. Personnel									
12a. Staffing Table - Please include	all staff that have contri	buted time to the project	with current quarter's น	ıtilization. Please only inclu	ide FTE staff emp	oyed by the state	not contractors. Please	do not remove individu	als from this table.
Job Title	FTE%			Proje	ct (s) Assigned				Change
PSBN Coordinator	50%	Responsible for the ove	erall management of the	SLIGP initiative and coordi	nating activities of	fall other particip	ants.		15%
Director of Local Government									
9-1-1 Authority	50%	Coordinates with the 9	-1-1 Community and exp	plore impacts and plan integ	gration of the NPS	BN into current E	911 and Next Gen 911.		19%
Manager of Preparedness		Performs administrativ	e grant functions for the	e program Assures complia	nce to the grant to	erms and conditio	ns track expenditures ar	nd track match	
Programs and Federal Grants	10%		Performs administrative grant functions for the program. Assures compliance to the grant terms and conditions, track expenditures, and track match. Prepare internal and external programmatic reports.						
Finance Grants Administrator	5%			eral financial reports relate	d to the SLIGP gra	nt funds			
Agency Director & GEMA/HS Legal	370						on GEMA/HS and other lo	cal and state agency	
Counsel	10%	· ·	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 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 st			chilics in deorgia. And	the Legal Counsel serves as	the self and ivi	DDIVICE ALTEVIEWE	, nanaies records reques	ts, and assist in legal	
13. Contractual (Contract and/or Su	brecipients)								
13a. Contractual Table – Include all	<u> </u>	rom this table should equa	al the "Contractual" in C	Question 14f.					
Name			Туре		Contract	Start Data	End Date	Total Federal Funds	Total Matching Funds
Name	Subcontr	ract Purpose	(Contract/Subrec.)	RFP/RFQ Issued (Y/N)	Executed (Y/N)	Start Date	end Date	Allocated	Allocated
GTRI	Outreach, education mee	etings, facilitation	Contract	N	N			\$28,000.00	
13b. Narrative description any chall	enges, updates, or chang	es related to contracts and	d/or subrecipients.	•					
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Columns 2, 3 and 4 must match you Only list matching funds that the D Project Budget Element (1)	• • •		s the SF-424A on file. NTE Total Budget (4)		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	¢107.056.00	\$62,636,00	\$260 502 00	¢107.056.00		\$260,592.00	¢42.001.61	¢12 F19 10	¢E4 600 90
b. Personnel Fringe Benefits	\$197,956.00 \$124,542.00	\$62,636.00 \$39,139.00	\$260,592.00 \$163,681.00				· '		\$54,609.80 \$34,240.54
c. Travel	\$124,342.00	\$59,159.00				\$32,752.00			
	\$32,732.00		\$32,752.00 \$0.00			\$32,732.00			\$3,768.09 \$0.00
d. Equipment	\$14.353.00						·		•
e. Materials/Supplies	\$14,252.00		\$14,252.00			\$14,252.00			\$2,709.97
f. Contractual	\$28,000.00		\$28,000.00			\$28,000.00			\$0.00
g. Other	\$9,600.00		\$9,600.00			\$9,600.00			\$6,507.27
h. Indirect	4.27.422.22	4.0 00	\$0.00		4.0 00	\$0.00		400.00= 44	\$0.00
i. Total Costs	\$407,102.00	\$101,775.00	\$508,877.00		\$101,775.00	-			\$101,835.67
j. Proportionality Percent	80.00%	20.00%	100.00%		20.00%	100.00%	80.00%	20.00%	100.00%
15. Certification: I certify to the bes	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				
16a. Typed or printed name and tit	tle of Authorized Certifying O	fficial:					16c. Telephone (area		
Ceporia McMillian, Manager of Preparedness Programs and Federal Grants						code, number, and	(404) 635-7041		
extension)									
16b. Signature of Authorized Certifying Official:						16d. Email Address:	ceporia.mcmillian@gema.ga.gov		
						Date:	10/30/2018		

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