

U.S. Department of Commerce SLIGP 2.0 Performance Progress Report				2. Award or Grant Number:	15-10-S18015
1. Recipient Name				4. EIN:	99-6000896
3. Street Address				6. Report Date (MM/DD/YYYY)	07/16/2018
5. City, State, Zip Code				7. Reporting Period End Date: (MM/DD/YYYY)	06/30/2018
10a. Project/Grant Period				8. Final Report Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	9. Report Frequency Quarterly <input checked="" type="checkbox"/>
Start Date: (MM/DD/YYYY)	03/01/2018	10b. End Date: (MM/DD/YYYY)	02/29/2020		
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 Milestone Category	
Activities/Metrics for All Recipients during the Reporting Quarter					
1	Governance Meetings	Yes	1	Actual number of governance, subcommittee, or working group meetings related to the NPSBN held during the quarter	
2	Individuals Sent to Broadband Conferences	Yes	1	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	0	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	0	Actual number of state personnel FTEs who began supporting SLIGP activities during the quarter (may be a decimal).	
5	Contracts Executed	No	0	Actual number of contracts executed during the quarter.	
6	Subrecipient Agreements Executed	No	0	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 emergency 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	No		Yes or No if participated in identifying ongoing coverage gaps using SLIGP funds during this reporting quarter.	
12	Data Collection Activities	No		<i>(Opt-In and Opt-Out Post-SMLA Phase Only)</i> 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 individuals reached via stakeholder meetings or events during the quarter.	
14	Education and Outreach Materials Distributed In-Person			Actual number of materials 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.	

11a. Narrative description for each activity reported in Question 11 for this quarter; any challenges or obstacles encountered and mitigation strategies you have employed; planned major activities for the next quarter; and any additional project

11.1 - Held ad hoc meeting with selected personnel to discuss way ahead for governance -- what do we need; what actions are we going to take; who will be responsible.
11.2; 11.4 - SWIC contributes 50 percent of effort toward SLIGP initiatives. The SWIC attends conferences associated with broadband.

12. Personnel

12a. Staffing Table - Please include all staff that have contributed time to the project with current quarter's utilization. Please only include FTE staff employed by the state not contractors. Please do not remove individuals from this table.

Job Title	FTE%	Project (s) Assigned	Change
SWIC	50%	Implement SLIGP requirements based on initial plan submittal	

12b. Narrative description of any staffing challenges, vacancies, or changes.
There will be not additional staff hired for the SWIC; SWIC is full time supported by state funding; currently attributing 50 percent of time toward SLIGP and related topic area.

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	End Date	Total Federal Funds Allocated	Total Matching Funds Allocated
Project Management Consultant	FN Planning	Contract	N	N			\$384,900.00	
Program Support	Host Outreach Activities	Contract	N	N			\$39,450.00	
Coverage activities	Coverage activities	Contract	N	N			\$150,000.00	

13b. Narrative description any challenges, updates, or changes related to contracts and/or subrecipients.

Special condition on the award document removed effective 1 June 2018.
Contract information added based on narrative; once decided for contracting, the section should be adjusted.

No SLIGP funds were used during the quarter. The planned activities with federal, state, county representatives was planned as part of the SCIP Meetings conducted every two months. In that the SLIGP funds are so restrictive, no federal funds are used to support dual activities.

The following initiative have been discussed as a way ahead for the months head. This hes areas will be part of the contract we want to complete but insufficient funding available at this time.

1. Develop a baseline of coverage of AT&T service for Oahu, Maui, Lanai, Molokai, Kauai and Hawaii Islands. Tests will be conducted in each county; update the baseline every 4-6 months to determine whether coverage has been extended based on AT&T network improvements. Develop a crowd source methodology for residents to participate in the coverage determination in future assessments after the base is created.
2. Develop and Implement an approach to survey state agencies and county first responders on applications used or desired. Determine to extent possible to which these applications can be shared, accepted by FirstNet/AT&T, standardized and deployed.
3. Survey and capability assessment. Conduct a survey of state agencies and county first responder agencies to assist in a planning assessment of mission critical capabilities. Survey to include but not limited to manpower levels, capabilities, and

14. Budget Worksheet

Columns 2, 3 and 4 must match your current project budget for the entire award, which is the SF-424A on file.

Only list matching funds that the Department of Commerce has already approved.

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)
a. Personnel Salaries	\$40,100.00	\$135,100.00	\$175,200.00	\$16,732.00	\$47,537.00	\$64,269.00	\$0.00	\$2,015.00	\$2,015.00
b. Personnel Fringe Benefits		\$39,900.00	\$39,900.00	\$0.00	\$14,963.00	\$14,963.00	\$0.00		\$0.00
c. Travel	\$85,550.00		\$85,550.00	\$33,268.00		\$33,268.00	\$0.00		\$0.00
d. Equipment			\$0.00	\$0.00		\$0.00	\$0.00		\$0.00
e. Materials/Supplies			\$0.00	\$0.00		\$0.00	\$0.00		\$0.00
f. Contractual	\$574,350.00		\$574,350.00	\$200,000.00		\$200,000.00	\$0.00		\$0.00
g. Other			\$0.00	\$0.00		\$0.00	\$0.00		\$0.00
h. Indirect			\$0.00	\$0.00		\$0.00	\$0.00		\$0.00
i. Total Costs	\$700,000.00	\$175,000.00	\$875,000.00	\$250,000.00	\$62,500.00	\$312,500.00	\$0.00	\$2,015.00	\$2,015.00
j. Proportionality Percent	80.00%	20.00%	100.00%	80.00%	20.00%	100.00%	0.00%	100.00%	100.00%

15. Certification: I certify to the best of my knowledge and belief that this report is correct and complete for performance of activities for the purpose(s) set forth in the award documents.

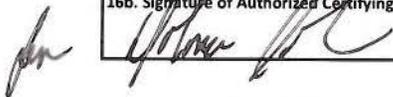
16a. Typed or printed name and title of Authorized Certifying Official:

Arthur J. Logan, Major General, Direct of Civil Defense, Homeland Security, SAA

16c. Telephone (area code, number, and extension)

733-4205

16b. Signature of Authorized Certifying Official:



16d. Email Address:

dolors.m.cook@hawaii.gov

Date:

07/16/2018

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