OMB Control No. 0660-0042

						OMB Control No. 0 Expiration Date: 01			
U.S. Department of Commerce SLIGP 2.0 Performance Progress Report						15-10-\$18015			
		JLIGP Z.	or enormance rrogres		4. EIN:	99-6000896			
cripient Name State Department of Defense					6. Report Date (MM/DD/YYYY) 7. Reporting Period	04/22/2020			
Street Address	3949 Diamond Head Road					03/31/2020			
City, State, Zip Code Honolulu, Hawaii 96816						9. Report Frequence Quarterly X			
Da. Project/Grant Period		NAME IN NAME OF A			No 🔽				
Start Date: (MM/DD/YYYY)	03/01/2018	10b. End Date: (MM/DD/YYYY)	03/31/2021						
I. List the individual projects in y	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 Mileston	e Category				
ctivities/Metrics for All Recipient	s during the Reporting Quart	ter							
1	Governance Meetings	No	0	Actual number of governance, subcommittee, or working group meeting		the second s			
2	Individuals Sent to Broadband Conferences	No	0	Actual number of individuals who were sent to national or regional third related to the NPSBN using SLIGP grant funds during the quarter	-party conferences with a focus a	rea or training track			
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.	are the second states and	en en son de la serie			
6	Subrecipient Agreements Executed	No	0	Actual number of agreements executed during the quarter.					
7	Data Sharing Policies/Agreements Developed	Yes		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	l 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.					
ctivities for Opt-Out States only h	n the Pre-SMLA Phase during	the Reporting Quarter	Hora Hara			6			
13	Stakeholders Engaged	Ward and Korristen		Actual number of individuals reached via stakeholder meetings or events	during the quarter.	Contraction of the state			
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 the quarter.	media post, or other account supp	orted by SLIGP durin			

iration Date:	01/31/	2021
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1a. Narrative description for each a	activity reported in Question	in 11 for this quarter; an	ny challenges or obsta	cles encountered and mitig	ation strategies y	ou have employed;	planned major activity	ties for the next quarter;	and any additional
L1.7 and 11									
Met with Kauai Police Chief and Ass	istant Chiefs to propose Kar	uai Police, Fire and EMS	participation in FirstN	let Crowdsourced coverage	e measurement pr	oject			
coordinated with contractor to prov	ision County of Kauai Police	e, Fire and EMS with Firs	stNet devices for cover	rage measurement		0 - Didisi			
overage measurement project ongo			and the second						
Met with Maui Police & Fire Chiefs a	nd Mayor's Representative	to propose Maui Police	e, Fire and EMS particip	pation in FirstNet Crowdso	urced coverage me	easurement project	t		
Legislation submitted last quarter is	on hold with the Legislatior	n which postponed sessi	ion due to the COVID-:	19 response. Changes mad	le on the proposed	Legislation based	on discussions with C	ity and County; will need	to
wait until the COVID -19 situation les	ssons to see what actions th	he Legislature will take o	on open Legislation.						
12. Personnel	- 10- 24 8							··· ···	
12a. Staffing Table - Please include of	all staff that have contribut	ed time to the project w	with current quarter's u	tilization. Please only inclu	de FTE staff emplo	oved by the state no	ot contractors. Please	do not remove individua	Is from this table.
Job Title	FTE%				ect (s) Assigned				Change
Statewide Interoperable		In allowert CLICO securit							
Communications Coordinator	50%	Implement SLIGP requir	ements for Emergency	Communications and First	Net				
				1					
12b. Narrative description of any sta			152						
13. Contractual (Contract and/or Sub 13a. Contractual Table – Include all c		this table should equal	Ist - "Cantractual" in (Output tot					
			Type	1	Contract			Total Federal Funds	Total Matching Fund
Name	Subcontract	t Purpose	(Contract/Subrec.)	RFP/RFQ Issued (Y/N)	Executed (Y/N)	Start Date	End Date	Allocated	Allocated
	FN Planning		Contract	Y	Y	01/30/2019	03/31/2021	\$384,900.00	\$0.00
	Host Outreach Activities		Contract	N	N			\$39,450.00	
Coverage activities 0	Coverage activities		Contract	N	N	10.		\$150,000.00	
L3b. Narrative description any challe	anges, undates, or changes (related to contracts and	/or subrecipients	1	1				
Discussion with FirstNet regarding Co	Address of the second se			ntions					<u> </u>
		e to mart to		puons.					
Consultant working continues to wor	rk with Kauai County on the	eir coverage and now wo	orking with the other o	counties on their coverage					
				CONTRACTOR CONTRACTORS AND CONTRACTORS					

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 De	epartment 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	\$40,100.00	\$135,100.00	\$175,200.00	\$0.00	\$53,538.00	\$53,538.00
b. Personnel Fringe Benefits		\$39,900.00	\$39,900.00	\$0.00	\$39,900.00	\$39,900.00	\$0.00	\$19,487.00	\$19,487.00
c. Travel	\$85,550.00		\$85,550.00	\$85,550.00		\$85,550.00	\$8,416.00		\$8,416.00
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	\$574,350.00		\$574,350.00	\$215,433.00		\$215,433.00
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	\$700,000.00	\$175,000.00	\$875,000.00	\$223,849.00	\$73,025.00	\$296,874.00
j. Proportionality Percent	80.00%	20.00%	100.00%	80.00%	20.00%	100.00%	75.40%	24.60%	100.00%
15. Certification: I certify to the best	t of my knowledge and belie	f that this report is correc	t and complete for pe	erformance of activities for	the purpose(s) s	et forth in the aw	ard documents.	and the second	Constant of the South States
16a. Typed or printed name and title of Authorized Certifying Official: Kenneth S. Hara, Major General, Direct of Civil Defense, Homeland Security, SAA					16c. Telephone (area code, number, and extension)	369	-3570		
16b. Signature of Authorized Cervity	vice Official:							dolores.m.cook@hawaii 04/22/2020	gov

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