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		II S	Department of Comm	nerre	2. Award or Grant	17-10-518017
U.S. Department of Commerce SLIGP 2.0 Performance Progress Report						17-10-315017
						73-1641239
1. Recipient Name	Illinois Emergency Manage	ment Agency			6. Report Date (MM/DD/YYYY)	10/15/2020
3. Street Address 2200 S Dirksen Parkway						09/30/2020
5. City, State, Zip Code	Springfield IL 62703-4528				8. Final Report Yes  No	9. Report Frequency Quarterly X
10a. Project/Grant Period					THE RESERVE OF	11 11 11 11 11
Start Date: (MM/DD/YYYY)	03/01/2018	10b. End Date: (MM/DD/YYYY)	03/31/2021			
11. List the individual projects in y	our approved Project Plan	A				
	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		ter				- 10
1	Governance Meetings	Yes	_ 6	Actual number of governance, subcommittee, or working group meetings related to	the NPSBN held during	the quarter
2	Individuals Sent to Broadband Conferences	No	0	Actual number of individuals who were sent to national or regional third-party confe related to the NPSBN using SLIGP grant funds during the quarter	rences with a focus are	ea or training track
3	Convened Stakeholder Events	No	0	Actual number of events coordinated - or held using SLIGP grant funds during the qua	orter, as requested by F	irstNet.
4	Staff Hired (Full-Time Equivalent)(FTE)	No	0.00	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	FAL.	Yes or No if data sharing policies and/or agreements were developed during this rep	orting quarter.	
8	Further Identification of Potential Public Safety Users	Yes		Yes or No if further identification of potential public safety users occurred during this	reporting quarter.	
9	Plans for Emergency Communications Technology Transitions	No	FE.F	Yes or No if plans for future emergecy communications technology transitions occurr	ed during this reporting	g 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 developed this reporting quarter	identified and transiti	on plans were
11	Identify Ongoing Coverage Gaps	No		Yes or No if participated in identifying ongoing coveage gaps using SLIGP funds during	g this reporting quarte	ır.
12	Data Collection Activities	No		(Opt-in and Opt-Out Post-SMLA Phase Only) Yes or No if participated in data collection following a documented data collection determination by Opt-Out (Post-SMLA) grant		ed by FirstNet or
Activities for Opt-Out States only In	the Pre-SMLA Phase during	the Reporting Quarter			THE RESERVE	Section 1988
13	Stakeholders Engaged	DATE OF THE PARTY	THE REPORT OF THE PARTY OF	Actual number of individuals reached via stakeholder meetings or events during the	guarter.	I SEE
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, the quarter.	or other occount suppo	rted by SLIGP during

BATTRIC & Communica Mantines Cha	activity reported in Question 11 for this q atewide Interoperable Executive Committe Meeting including FirstNet updates (Aug. S	tee (SIEC) Aug: SIEC & ITTE Technoli	logy Working Group (July, )	Aug & Sept), School	of Safety Working G	Group Meetings Liury,	Aug; MEIRIC &- SIK WO	ucuong madeng
12. Personnel	3307				3			
12a. Staffing Table - Please include	e all staff that have contributed time to the	e project with current quarter's ut	ilization. Please only inclu	de FTE staff emplo	yed by the state no	t contractors. Please	ao not remove individual.	rom this table.
Job Title	FTE%		Proje	ect (s) Assigned	-			Change
		Contact (Charles of the	trating Sacra distant	linicon with Alexa	al Telecommunication	ions and Information	Administration (AITIA)	-
Grant Manager	25% State Point of	f Contact (SPOC) for State Administ	trative Agency (IEMA) and	MILLI NOTIO	ner reiecommunica	nons and miormation		
***************************************	+ +			-			200	Vi
	<del>                                     </del>							
				5				
13. Contractual (Contract and/or Su	ibrecipients)		<u> </u>		100			
13a. Contractual Table – Include ali	contractors. The totals from this table sh		luestion 14f.				Tabel F. de	Total Manualine
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
Illinois Law Enforcement Alarm System (ILEAS)	80% time for Project/System Technology (Bill Springer), 80% time for Project Suppo	ISUD-recipient I	Y	Y	3/1/2018	3/31/2021	\$334,106.42	\$0.00
TBO							\$311,120.86	
				$\vdash$	`		-	
	<u> </u>							-
13b. Narrative description any chal No other contracts awarded at this	llenges, updates, or changes related to cor s time.	and an expression of the second	-					
			2			Q		

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	\$247,322.00	\$0.00	\$247,322.00	\$247,322.00	\$0.00	\$247,322.00	\$134,152.10		\$134,152.1
. Personnel Fringe Benefits	\$210,598.72	\$0.00	\$210,598.72	\$210,598.72	\$0.00	\$210,598.72	\$106,994.65		\$106,994.6
Travel	\$16,852.00	\$40,000.00	\$56,852.00	\$16,852.00	\$40,000.00	\$56,852.00			\$31,047.1
l. Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	TO A CONTRACT OF THE PARTY OF T	\$0.0
. Materials/Supplies	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.0
Contractual	\$645,227.28	\$0.00	\$645,227.28	\$645,227.28	\$0.00	\$645,227.28			\$276,773.2
Other	\$0.00	\$109,492.58	\$109,492.58	\$0.00	\$109,492.58	\$109,492.58			\$61,984.6
Indirect	\$0.00	\$130,507.42	\$130,507.42	\$0.00	\$130,507.42	\$130,507.42	\$0.00	\$68,726.82	\$68,726.8
Total Costs	\$1,120,000.00	\$280,000.00	\$1,400,000.00	\$1,120,000.00	\$280,000.00	\$1,400,000.00			\$679,678.6
Proportionality Percent	80.00%	20.00%	100.00%		20.00%	100.00%		23.80%	100.00
5. Certification: I certify to the be	st of my knowledge and belie	f that this report is correc	t and complete for p	erformance of activities for	the purpose(s) s	et forth in the aw	ard documents.		
6a. Typed or printed name and ti ulicia Tate-Nadeau, Director-Illino	tle of Authorized Certifying Of	ficial:			772		16c. Telephone (area code, number, and extension)	217-7	82-2700
16b. Signature of Authorized Certi	fying Official:		20	0= 200	^		16d. Email Address:	IEMA.Director@illinois.g	ov
XVIII.	X 17(1) A	~	OK	CICI 20	( )		Date:		

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