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:	17-10-S18017
		4. EIN:	73-1641239
1. Recipient Name	Illinois Emergency Management Agency	5. Report Date (MM/DD/YYYY)	01/30/2021
3. Street Address	2200 S Dirksen Parkway	7. Reporting Period End Date: (MM/DD/YYYY)	12/31/2020
5. City, State, Zip Code	Springfield IL 62703-4528	8. Final Report Yes ☐ No ☒	9. Report Frequency Quarterly ☒

10a. Project/Grant Period			
Start Date: (MM/DD/YYYY)	01/01/2018	10b. End Date: (MM/DD/YYYY)	03/31/2021

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	5	Actual number of governance, subcommittee, or working group meetings related to the NPSBN held during the quarter
2	Individuals Sent to State/Local Conferences	No	0	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	0.00	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		Yes or No if data sharing policies and/or agreements were developed during this reporting 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		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		(Opt-In and Opt-Out Post-SMLA States 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.

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
METRIC 1-Governance Meetings Statewide Interoperable Executive Committee (SIEC) Oct & Nov; SIEC & ITTF Technology Working Group (Oct, Nov & Dec), METRIC 8- North RPC Meeting including FirstNet updates (Oct, Nov & Dec); MFF team
Commanders Meetings including FirstNet updates (Nov). ; METRIC OTHER- FirstNet Quarterly Status Meeting at IEMA (Oct)

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
Grant Manager	25%	State Point of Contact (SPOC) for State Administrative Agency (IEMA) and Liaison with National Telecommunications and Information Administration (NTIA)	

12b. Narrative description of any staffing challenges, vacancies, or changes.

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
Illinois Law Enforcement Alarm System (ILEAS)	20% time for Project/System Technology Manager (Bill Springer), 80% time for Project Support Lead	Sub-recipient	Y	Y	3/1/2018	3/31/2021	$334,108.42	$0.00
TBD							$311,120.86	

13b. Narrative description any challenges, updates, or changes related to contracts and/or subrecipients.
No other contracts needed at this time.

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	$247,322.00	$0.00	$247,322.00	$247,322.00	$0.00	$247,322.00	$134,152.10	$0.00	$134,152.10
b. Personnel Fringe Benefits	$110,598.72	$0.00	$110,598.72	$110,598.72	$0.00	$110,598.72	$106,994.65	$0.00	$106,994.65
c. Travel	$16,852.00	$40,000.00	$56,852.00	$16,852.00	$40,000.00	$56,852.00	$0.00	$31,047.12	$31,047.12
d. Equipment	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
e. Materials/Supplies	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
f. Contractual	$645,227.28	$0.00	$645,227.28	$645,227.28	$0.00	$645,227.28	$288,116.85	$0.00	$288,116.85
g. Other	$0.00	$109,492.58	$109,492.58	$0.00	$109,492.58	$109,492.58	$0.00	$64,011.92	$64,011.92
h. Indirect	$0.00	$130,507.42	$130,507.42	$0.00	$130,507.42	$130,507.42	$0.00	$68,726.82	$68,726.82
i. Total Costs	$1,120,000.00	$280,000.00	$1,400,000.00	$1,120,000.00	$280,000.00	$1,400,000.00	$529,263.60	$163,785.86	$693,049.46
j. Proportionality Percent	80.00%	20.00%	100.00%	80.00%	20.00%	100.00%	76.37%	23.63%	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: Alicia Tate-Nadeau, Director-Illinois Emergency Management Agency	**16c. Telephone (area code, number, and extension)**	217-782-2700
16b. Signature of Authorized Certifying Official:	**16d. Email Address:**	IEMA.Director@Illinois.gov
	Date:	1-5-2021

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