	2. Award or Grant Number: 4. EIN:	17-10-S18017 73-1641239				
						73-1041239
1. Recipient Name	Illinois Emergency Manager	ment Agency			6. Report Date (MM/DD/YYYY)	07/30/2018
3. Street Address	2200 S Dirksen Parkway				7. Reporting Period End Date: (MM/DD/YYYY)	06/30/2018
5. City, State, Zip Code	Springfield IL 62703-4528				8. Final Report Yes No	9. Report Frequency Quarterly X
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 yo	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	er				
1	Governance Meetings	Yes	2	Actual number of governance, subcommittee, or working group meetings related to t	he NPSBN held during	the avarter
2	Individuals Sent to Broadband Conferences	No	-	Actual number of individuals who were sent to national or regional third-party confer 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 qua	rter, 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 t	he quarter (may be a	decimal).
5	Contracts Executed	No	0	Actual number of contracts executed during the quarter.		
6	Subrecipient Agreements Executed	Yes		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 repo	rting 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 emergecy communications technology transitions occurre	d during this reporting	g quarter.
10	identified and Planned to Transition P5 Apps & Databases	Yes		Yes or No if public safety opplications or databases within the State or territory were developed this reporting quarter	identified and transiti	on plans were
11	Identify Ongoing Coverage Gaps	Yes		Yes or No if participated in identifying ongoing coveage gaps using SLIGP funds during	this reporting quarte	er.
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) grante	•	ed by FirstNet or
Activities for the constants of the constant o	this Rossman Phase during Bulkerhilder it mos et Euchtlich sich but eine Wischelb die die eine Berogne Edinkvier auf Outrand. Winschaftelbrildungs Türkerlichty	The Report of Charter		Actual number of individuals reached was takeflutter meethers or events during the g Actual number of materials also fluid ted impossion during this general. Actual values of fills of might be in a taken we believe the meeting social media particularities.		reed by SUGP Haring

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

11a. Narrative description for each			-	-				•	,
METRIC 1-Governance Meetings: St	•	. ,	• •					,	
agreement executed with Illinois La	ıw Enforecemewnt Alarm S	ystem (ILEAS) for Technolo	ogy Manager (Bill Sprii	nger) and Lori Bell Project	support Lead to d	rive activiteis arou	ınd FirstNet program;	METRIC 8-Bill Springer (Jid a presentation at
the IESMA Training Conference @ S	Springfield with 32 attender	es. Bill Springer & Joe Ga	lvin held an STR Work	shop @ Urbana May 8 & 9	with 73 attendee	s. Bill Springer pre	sented at STARCOM US	ER meeting in Woodford	i County with 27
attendees. Bill Springer presented	at Starcom User Group med	eting @ Belleville IL for 58	attendees. Springer p	resented at STARCOM US	R meeting at Roa	noke, IL with 24 at	ttendee; METRIC 10- I	FirstNet Operational & T	echnical Working
Group Monthly - (June, July), RECC	WG (Regional Emergency Co	ommunications Coordinati	on Work Groups) First	net Call - Monthly (Apr, M	ay June); METR	IC 11-FirstNet Ope	erational & Technical Wo	orking Group Monthly - ((June, July), Monthly
meetings with ATT and Local FirstN	et representatives (May, Jl	JN, Jul)							
12. Personnel 12a. Staffing Table - Please include	-II stoff that have contribu	stad time to the project wi	th aureant auartaele ut	ilization Ologea anlu inclu	lo ETE staff om ala	wad hu tha stata n	ot contractors Olema		a fua uz éleja Ambila
Job Title	FTE%	neo time to the project wi	in corrent quarter 5 at		ct (s) Assigned	iyeu by the state n	ot contractors, Please a	o not remove individuals	S from this toble. Change
Project Manager-Joe Galvin	80%	Project Manager for Nati	anal Public Safaty Bros	adband Network (NPSBN) a	., .	ranarahility Coordi	instor (SIMIC) for Illinois		Change
Grant Manager-Robert Evans	50%			y (IEMA) and Liaison with I				n (NITIA)	
Glast Manager-Robert Evans	3078	Positi di Contact idi State	: Authinistrative Agenc	y (iciwin) and clason with i	iational relections	numications and mi	Ormation Administration	1 (141)/4)	
									
12b. Narrative description of any st									
13. Contractual (Contract and/or So	ubrecipients)								
13a. Contractual Table – Include all	contractors. The totals fro	m this table should equal	the "Contractual" in O	uestion 14f.					
Name	Subcontra	ct Purpose	Туре	RFP/RFQ issued (Y/N)	Contract	Start Date	End Date	Total Federal Funds	Total Matching Funds
			(Contract/Subrec.)	,,.,.,.,,	Executed (Y/N)			Allocated	Allocated
Illinois Law Enforcement Alarm	80% time for System Tech	U , U	Sub-recipient	l y	Y	3/1/2018	11/30/2018	\$123,704.85	\$0.00
System (ILEAS)	Springer), 80% time for Pro	oject Support Lead (Lori	<u> </u>						
	<u> </u>		<u> </u>						L.,
13b. Narrative description any chal		s related to contracts and/	or subrecipients.						
No other contracts will be awarded	•								

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	\$86,280.00	\$0.00	\$86,280.00	\$46,518.00	\$0.00	\$46,518.00
b. Personnel Fringe Benefits	\$210,598.72	\$0.00	\$210,598.72	\$74,215.04	\$0.00	\$74,215.04	\$37,195.44	\$0.00	\$37,195.44
c. Travel	\$16,852.00	\$40,000.00	\$56,852.00	\$7,000.00	\$10,000.00	\$17,000.00	\$0.00	\$11,120.13	\$11,120.13
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	\$725,227.28	\$0.00	\$725,227.28	\$123,704.85	\$0.00	\$123,704.85	\$25,440.83	\$0.00	\$25,440.83
g. Other	\$0.00	\$129,492.58	\$129,492.58	\$0.00	\$50,508.95	\$50,508.95	\$0.00	\$10,421.28	\$10,421.28
h. Indirect	\$0.00	\$130,507.42	\$130,507.42	\$0.00	\$45,741.09	\$45,741.09	\$0.00	\$23,858.99	\$23,858.99
i. Total Costs	\$1,200,000.00	\$300,000.00	\$1,500,000.00	\$291,199.89	\$106,250.04	\$397,449.93	\$109,154.27	\$45,400.40	\$154,554.67
j. Proportionality Percent	80.00%	20.00%	100.00%	73.27%	26.73%	100.00%	70.63%	29.37%	100.00%
15. 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 fo	r the purpose(s) s	et forth in the awa	ard documents.	100	and January and Alle
16a. Typed or printed name and tit	le of Authorized Certifying O	fficial:					16c. Telephone (area		
code, no					code, number, and extension)	217-782-2700			
16b. Signature of Authorized Certifying Official:						16d. Email Address:	IEMA.Director@illinois.gov		
Date: 9 AUG 18									

Public Burden Statement: According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a currently valid OMB number. Public reporting burden for this collection of information is estimated to average 12.5 hours per response. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Michael Dame, Program Director, State and Local Implementation Grant Program, National Telecommunications and Information Administration, U.S. Department of Commerce, 1401 Constitution Avenue, NW, Room 4078, Washington, DC 20230.