	U.S. Department of Commerce SLIGP 2.0 Performance Progress Report Recipient Name Illinois Emergency Management Agency							
1. Recipient Name	6. Report Date (MM/DD/YYYY)	04/17/2020						
3. Street Address	7. Reporting Period End Date: (MM/DD/YYYY)	03/31/2020						
5. City, State, Zip Code	Springfield IL 62703-4528				8. Final Report Yes □ No ☑	9. Report Frequency Quarterly X		
10a. Project/Grant Period		1.00			The second of the last			
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		**		7.			
	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 Car	tegory			
Activities/Metrics for All Recipient	during the Reporting Quart	ter						
1	Governance Meetings	Yes	2	Actual number of governance, subcommittee, or working group meetings rel	ated 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-par related to the NPSBN using SLIGP grant funds during the quarter	ty conferences with a focus ar	ea 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	0.00	Actual number of state personnel FTEs who began supporting SLIGP activities	s 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 du	ring this reporting quarter.			
9	Plans for Emergency Communications Technology Transitions	No		Yes or No if plans for future emergecy communications technology transition	s occurred during this reportir	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 territor developed this reporting quarter	ory were identified and transi	tion plans were		
11	Identify Ongoing Coverage Gaps	No		Yes or No if participated in identifying ongoing coveage gaps using SLIGP fur				
12	Data Collection Activities	No		(Opt-in and Opt-Out Post-SMLA Phase Only) Yes or No if participated in data following a documented data collection determination by Opt-Out (Post-SMI		ted by FirstNet or		
Activities for Opt-Out States only in	the Pre-SMLA Phase during	the Reporting Quarter	Story and the second					
13	Stakeholders Engaged	No. of the least o	THE PERSON OF	Actual number of individuals reached via stakeholder meetings or events du	ring 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 med the quarter.	lia post, or other account supp	orted by SLIGP during		

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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) (Jan; Feb); Regular engagements with State agency points of contact regarding expanding SIEC governance body to specifically address Broadband with a focus of strategy development to support the adoption of FN within State agencies and eventually local agencies by leading by example. METRIC Other- Monthly meetings with ATT and Local FIRSTNET representatives in February (6 & 10). ILEAS Staff Meetings – Springer gave update on FirstNet status (Jan & Feb)									
ILEAS Staff Meetings – Springer gav	e update on FirstNet status	Jan & Feb)							
12. Personnel	200			77.22					
12a. Staffing Table - Please include		ted time to the project wit	h current quarter's ut			yed by the state I	not contractors. Please do	not remove individual	
Job Title	FTE%		,467654h	Proje	ct (s) Assigned		***	,	Change
Project Manager-Joe Galvin	80%			adband Network (NPSBN) a					left position on 9/15/19
Grant Manager-Robert Evans	25%	Point of Contact for State	Administrative Agenc	y (IEMA) and Liaison with h	lational Telecomm	unications and In	formation Administration	(NTIA)	
2 8									
13. Contractual (Contract and/or Su	brecipients)					-			
13a. Contractual Table – Include all	contractors. The totals from	n this table should equal t		luestion 14f.				Ta	F=
Name	Subcontrac	t 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 System Techno Springer), 80% time for Proj		Sub-recipient	Y	Y	3/1/2018	7/1/2020	\$334,106.42	\$0.00
System (ILEAS) TBD	S20 - 10 · · ·							\$311,120.86	
						1)		1	
13b. Narrative description any chall	enges, updates, or changes	related to contracts and/	or subrecipients.					200	
No other contracts awarded at this	time.								

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		\$134,152.1
b. Personnel Fringe Benefits	\$210,598.72	\$0.00	\$210,598.72	\$210,598.72	\$0.00	\$210,598.72			\$106,994.6
c. Travel	\$16,852.00	\$40,000.00	\$56,852.00	\$16,852.00	\$40,000.00	\$56,852.00			
d. Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	\$0.0
e. Materials/Supplies	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		4 1000000000000000000000000000000000000	\$0.0
f. Contractual	\$645,227.28	\$0.00	\$645,227.28	\$645,227.28	\$0.00	\$645,227.28	\$259,600.31		\$259,600.3
g. Other	\$0.00	\$109,492.58	\$109,492.58	\$0.00	\$109,492.58	\$109,492.58	\$0.00	\$57,261.65	
h. Indirect	\$0.00	\$130,507.42	\$130,507.42	\$0.00	\$130,507.42	\$130,507.42	\$0.00	\$68,726.82	\$68,726.8
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	\$500,747.06	\$157,035.59	
. Proportionality Percent	80.00%	20.00%	100.00%	80.00%	20.00%	100.00%	76.13%	23.87%	100.009
15. Certification: I certify to the be	est of my knowledge and belie	f that this report is correct	t and complete for p	erformance of activities fo	r the purpose(s) s	et forth in the aw	ard 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 the section of the sec		mine cs 5					16d. Email Address:	IEMA.Director@illinois.g	tov

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