	2. Award or Grant Number: 4. EIN:	18-10-S18018							
L. Recipient Name	Indiana Integrated Public Safety Commission					35-6000158			
3. Street Address	100 N. Senate Ave., Room M	(MM/DD/YYYY) 7. Reporting Period End Date: (MM/DD/YYYY)	10/30/2018 09/30/2018						
i. City, State, Zip Code	Indianapolis, IN 46204-2213	8. Final Report Yes □ No ☑	9. Report Frequency Quarterly X						
0a. Project/Grant Period				and the second		The Rendered And			
Start Date: (MM/DD/YYYY)	03/01/2018	10b. End Date: (MM/DD/YYYY)	02/29/2020						
1. List the individual projects in	your approved Project Plan	<u>1</u>							
	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					
ctivities/Metrics for All Recipien	ts during the Reporting Quart	er			The second second	State of the state of the			
1	Governance Meetings	Yes	3	Actual number of governance, subcommittee, or working group meetings related to t	he NPSBN held during t	he auarter			
2	Individuals Sent to Broadband Conferences	Yes	4	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	ences with a focus area	or training track			
3	Convened Stakeholder Events	No		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		Actual number of state personnel FTEs who began supporting SLIGP activities during the quarter (may be a decimal).					
5	Contracts Executed	No		Actual number of contracts executed during the quarter.					
6	Subrecipient Agreements Executed	No		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	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	Yes		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 develop this reporting quarter					
11	Identify Ongoing Coverage Gaps	No		Yes or No if participated in identifying ongoing coveage gaps using SLIGP funds during	g this reporting quarter.				
12	Data Collection Activities	No		(Opt-In and Opt-Out Post-SMLA Phase Only) Yes or No if participated in data collectio	n activities as requested	d by FirstNet or			
tivities for Opt-Out States only		the Reporting Quarter			11				
13	Stakeholders Engaged			Actual number of individuals reached via stakeholder meetings or events during the q	uarter.				
14	Education and Outreach Materials Distributed In- Person			Actual number of moterials 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, o guarter.	or other account suppor	ted by SLIGP during the			

		en a la resta e a ser a contra da cara a contra da		A REAL BOOK STOLEN AND A REAL PROPERTY.				
	ach activity reported in Question 11 for this quarter							
	e governance meetings were held in this reporting p				nonthly meetings or	n July 17th and Septen	ber 18th and the Integra	ted Public Safety
· · · · · · · · · · · · · · · · · · ·	eeting on September 18th. FirstNet/broadband upd		N					
	d Conferences – SLIGP funds were used to send four	individuals to the National	Governors Association Enh	ancing Public Safe	ty Communications	Governance Worksho	p in Philadelphia in July.	
3. Convened Stakeholder Events	s – NA							
4. Staff Hired (FTE) – NA								
5. Contract Executions – NA								
Subrecipient Agreements Exe								
Data Sharing Policies / Agreer								
8. Further Identification of Poter	ntial Public Safety Users – IPSC staff continued to as	sist local agencies with thei	r questions on FirstNet/AT	&T and directed th	em to the proper co	ontacts. This has led to	multiple meetings betw	een FirstNet/AT&T and
potential public safety users.								2
9. Plans for Emergency Commun	nications Technology Transitions – IPSC staff, in part	nership with federal DHS, c	onducted the Statewide Co	mmunication Inte	roperability Plan (SC	CIP) Workshop. Broadb	and implementation wa	s discussed at this
12. Personnel					×			
12a. Staffing Table - Please incl.	ude all staff that have contributed time to the proje	ct with current quarter's ut	ilization. Please only includ	e FTE staff emplo	yed by the state not	contractors. Please de	o not remove individuals	from this table.
Job Title	FTE%		Proj	ect (s) Assigned				Change
SPOC, Exec Director	15%							
SWIC	25%							
Field Coordinator	25%							
Field Coordinator	25%		34					
Training Coordinator	25%							
12b. Narrative description of an	y staffing challenges, vacancies, or changes.							
				e o pi		c		
13. Contractual (Contract and/o	r Subrecipients)							
13a. Contractual Table – Include	e all contractors. The totals from this table should e	qual the "Contractual" in Q	uestion 14f.					
Name	Subcontract Purpose	Type						
1993 (J.1.1)+1	Subcontract rarpose	(Contract/Subrec.)	RFP/RFQ Issued (Y/N)	Contract Executed (Y/N)	Start Date	End Date	Total Federal Funds Allocated	Total Matching Funds Allocated
Crowe LLP	Project Management / Program Support	The second	RFP/RFQ Issued (Y/N)	Contract Executed (Y/N) Y			Allocated	Allocated
Crowe LLP		(Contract/Subrec.)	2	Executed (Y/N)	Start Date 03/01/2018	End Date 05/31/2020	ennounder Gellen un erne Poursen a.	
Crowe LLP		(Contract/Subrec.)	2	Executed (Y/N)			Allocated	Allocated
Crowe LLP		(Contract/Subrec.)	2	Executed (Y/N)			Allocated	Allocated
	Project Management / Program Support	(Contract/Subrec.) Contract	2	Executed (Y/N)			Allocated	Allocated
13b. Narrative description any c	Project Management / Program Support	(Contract/Subrec.) Contract and/or subrecipients.	N	Executed (Y/N)			Allocated	Allocated
13b. Narrative description any c	Project Management / Program Support	(Contract/Subrec.) Contract and/or subrecipients.	N	Executed (Y/N)			Allocated	Allocated
13b. Narrative description any c	Project Management / Program Support	(Contract/Subrec.) Contract and/or subrecipients.	N	Executed (Y/N)			Allocated	Allocated
13b. Narrative description any c	Project Management / Program Support	(Contract/Subrec.) Contract and/or subrecipients.	N	Executed (Y/N)			Allocated	Allocated
13b. Narrative description any c	Project Management / Program Support	(Contract/Subrec.) Contract and/or subrecipients.	N	Executed (Y/N)			Allocated	Allocated
13b. Narrative description any c	Project Management / Program Support	(Contract/Subrec.) Contract and/or subrecipients.	N	Executed (Y/N)			Allocated	Allocated
13b. Narrative description any c	Project Management / Program Support	(Contract/Subrec.) Contract and/or subrecipients.	N	Executed (Y/N)			Allocated	Allocated
13b. Narrative description any c	Project Management / Program Support	(Contract/Subrec.) Contract and/or subrecipients.	N	Executed (Y/N)			Allocated	Allocated
13b. Narrative description any c	Project Management / Program Support	(Contract/Subrec.) Contract and/or subrecipients.	N	Executed (Y/N)			Allocated	Allocated
13b. Narrative description any c	Project Management / Program Support	(Contract/Subrec.) Contract and/or subrecipients.	N	Executed (Y/N)			Allocated	Allocated
13b. Narrative description any c	Project Management / Program Support	(Contract/Subrec.) Contract and/or subrecipients.	N	Executed (Y/N)			Allocated	Allocated
13b. Narrative description any c	Project Management / Program Support	(Contract/Subrec.) Contract and/or subrecipients.	N	Executed (Y/N)			Allocated	Allocated

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.

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	\$0.00	\$134,615.00	\$134,615.00	\$0.00	\$48,077.00	\$48,077.00	\$0.00	\$38,258.46	\$38,258.4
b. Personnel Fringe Benefits	\$0.00	\$40,385.00	\$40,385.00	\$0.00	\$14,423.00	\$14,423.00		\$11,385.44	
c. Travel	\$85,050.00	\$0.00	\$85,050.00	\$30,375.00	\$0.00	\$30,375.00		\$0.00	
d. Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
e. Materials/Supplies	\$16,878.00	\$0.00	\$16,878.00	\$6,028.00	\$0.00	\$6,028.00	\$0.00	\$0.00	\$0.00
f. Contractual	\$574,872.00	\$0.00	\$574,872.00	\$205,311.00	\$0.00	\$205,311.00	\$41,225.00	\$0.00	\$41,225.00
g. Other	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
h. Indirect	\$23,200.00	\$0.00	\$23,200.00	\$8,286.00	\$0.00	\$8,286.00	\$0.00	\$0.00	\$0.00
i. Total Costs	\$700,000.00	\$175,000.00	\$875,000.00	\$250,000.00	\$62,500.00	\$312,500.00	\$41,225.00	\$49,643.90	\$90,868.90
j. Proportionality Percent	80.00%	20.00%			20.00%			54.63%	and the second se
15. Certification: I certify to the be	st of my knowledge and belief	that this report is correc	t and complete for pe	rformance of activities for	the purpose(s) set	t forth in the awar	d documents.		
16a. Typed or printed name and title of Authorized Certifying Official: David W. Vice, Executive Director of Integrated Public Safety Commission and FirstNet SPOC					16c. Telephone (area code, number, and extension)	317-232-8993			
16b. Signature of Authorized Certif								dvice@ipsc.in.gov 10/30/2018	

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