| U.S. Department of Commerce SLIGP 2.0 Performance Progress Report | | | | | | 18-10-S18018 | | | |
|--|---|---|--|---|------------------------------|---------------------------------------|--|--|--|
| | 4. EIN: | 35-6000158 | | | | | | | |
| 1. Recipient Name | Indiana Integrated Public Sa | 6. Report Date (MM/DD/YYYY) | 04/30/2020 | | | | | | |
| 3. Street Address | 100 N. Senate Ave., Room N | 7. Reporting Period End Date: (MM/DD/YYYY) | 03/31/2020 | | | | | | |
| 5. City, State, Zip Code Indianapolis, IN 46204-2213 | | | | | | 9. Report Frequency Quarterly X | | | |
| 10a. Project/Grant Period | | | | | And the second second second | | | | |
| Start Date: (MM/DD/YYYY) | 03/01/2018 | 10b. End Date: (MM/DD/YYYY) | 03/31/2021 | | | | | | |
| 11. List the individual projects in yo | ur 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 | water all the star | | Clevel the grant where | | | | |
| 1 | Governance Meetings | No | 0 | Actual number of governance, subcommittee, or working group meetings related to t | he NPSBN held during t | he 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 area | 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) | Yes | 0.35 | Actual number of state personnel FTEs who began supporting SLIGP activities during the quarter (may be a decimal). | | | | | |
| | Contracts Executed | No | 0 | Actual number of contracts executed during the quarter. | | | | | |
| | Subrecipient Agreements Executed | No | 0 | Actual number of agreements executed during the quarter. | | | | | |
| | Data Sharing Policies/Agreements Developed | No | | Yes or No if data sharing policies and/or agreements were developed during this repo | orting quarter. | | | | |
| | 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 occurre | ed 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 coveage gaps using SLIGP funds during this reporting quarter. | | | | | |
| 12 | Data Collection Activities | No | 想的我们的自己是一个问 | (Opt-In and Opt-Out Post-SMLA Phase Only) Yes or No if participated in data collection | on activities as requested | d by FirstNet or | | | |
| Activities for Opt-Out States only in | the Pre-SMLA Phase during | the Reporting Quarter | Can the second second second | | NER JACKE SE MAN | - Constant of the second state of the | | | |
| 13 | Stakeholders Engaged | | | Actual number of individuals reached via stakeholder meetings or events during the c | quarter. | a state of the second | | | |
| 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, quarter. | or other account suppor | ted by SLIGP during the | | | |

| | activity reported in Question 11 for this quarter; any | | | | | | | |
|---|---|--|--------------------------------------|---------------------------------|---------------------------|---------------------------|--|---|
| | | challenges or obstacle | es encountered and mitigat | ion strategies you | have employed; p | lanned major activities | for the next quarter; and | any additional project |
| in March 2020. | nance meetings were held in this quarter. Planned m | eetings were canceled | due to the COVID-19 pand | emic. A written re | eport which include | ed FirstNet/broadband u | pdates was distributed t | o governance members |
| | | | | | | | | |
| | | | | | | | | |
| 2. Individuals Sent to Broadband Co | | | | | | | | |
| Convened Stakeholder Events – N | A | | | | | | | |
| | | | | | | | | |
| Staff Hired (FTE) – IPSC added five | employees to the SLIGP 2.0 grant, who will each be | supporting SLIGP activ | ities. Total combined hour | s will come to app | proximately 0.35 FT | E. | | |
| | | | | | | | | |
| 5. Contract Executions – NA | - 1999 A | | | | | | | |
| 6. Sub recipient Agreements Execute | | | | | | | | |
| 7. Data Sharing Policies / Agreemen | ts Developed – NA | | | | | | | |
| 12. Personnel | | | | | | | | |
| | all staff that have contributed time to the project wi | th current quarter's ut | | | yed by the state no | ot contractors. Please do | 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% | | | | | | | |
| Training Coordinator | 25% | | | | | | | |
| Controller | 10% | | | | | | | Added 2020 |
| GIS Administrator | 5% | | | | | | | Added 2020 |
| Emergency Response Supervisor | 10% | | | | | | | Added 2020 |
| Director Subscriber Services | 5% | | | | | | | Added 2020 |
| IPSC Connection Center Supervisor | 5% | | | | | | | Added 2020 |
| | | | | | | | | |
| | | | | | | | | |
| 12. Contractual (Contract on day Su | | | | | | | | |
| 13. Contractual (Contract and/or Sul | | be "Contractual" in O | uction 14f | | | | | |
| 13a. Contractual Table – Include all | contractors. The totals from this table should equal | T | | Contract | | | Total Federal Funds | Total Matching Funds |
| | | Туре | uestion 14f. RFP/RFQ Issued (Y/N) | Contract Executed (Y/N) | Start Date | End Date | Total Federal Funds Allocated | Total Matching Funds Allocated |
| 13a. Contractual Table – Include all Name | contractors. The totals from this table should equal | T | | Contract Executed (Y/N) Y | Start Date 03/01/2018 | End Date 05/31/2020 | Total Federal Funds Allocated \$574,872.00 | Total Matching Funds Allocated \$0.00 |
| 13a. Contractual Table – Include all | contractors. The totals from this table should equal Subcontract Purpose | Type (Contract/Subrec.) | RFP/RFQ Issued (Y/N) | Executed (Y/N) | La contra construction de | | Allocated | Allocated |
| 13a. Contractual Table – Include all Name | contractors. The totals from this table should equal Subcontract Purpose | Type (Contract/Subrec.) | RFP/RFQ Issued (Y/N) | Executed (Y/N) | La contra construction de | | Allocated | Allocated |
| 13a. Contractual Table – Include all Name | contractors. The totals from this table should equal Subcontract Purpose | Type (Contract/Subrec.) | RFP/RFQ Issued (Y/N) | Executed (Y/N) | La contra construction de | | Allocated | Allocated |
| 13a. Contractual Table – Include all Name Crowe LLP | contractors. The totals from this table should equal Subcontract Purpose | Type (Contract/Subrec.) Contract | RFP/RFQ Issued (Y/N) | Executed (Y/N) | La contra construction de | | Allocated | Allocated |
| 13a. Contractual Table – Include all Name Crowe LLP | contractors. The totals from this table should equal Subcontract Purpose Project Management / Program Support | Type (Contract/Subrec.) Contract | RFP/RFQ Issued (Y/N) | Executed (Y/N) | La contra construction de | | Allocated | Allocated |
| 13a. Contractual Table – Include all Name Crowe LLP | contractors. The totals from this table should equal Subcontract Purpose Project Management / Program Support | Type (Contract/Subrec.) Contract | RFP/RFQ Issued (Y/N) | Executed (Y/N) | La contra construction de | | Allocated | Allocated |
| 13a. Contractual Table – Include all Name Crowe LLP | contractors. The totals from this table should equal Subcontract Purpose Project Management / Program Support | Type (Contract/Subrec.) Contract | RFP/RFQ Issued (Y/N) | Executed (Y/N) | La contra construction de | | Allocated | Allocated |
| 13a. Contractual Table – Include all Name Crowe LLP | contractors. The totals from this table should equal Subcontract Purpose Project Management / Program Support | Type (Contract/Subrec.) Contract | RFP/RFQ Issued (Y/N) | Executed (Y/N) | La contra construction de | | Allocated | Allocated |
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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 De | partment of Commerce has | aiready approved. | | 1 | | | | | |
|--|---|--|-----------------------|--|---|---|-------------------------------|---|-----------------------------|
| 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 Expende (10) |
| a. Personnel Salaries | \$0.00 | \$134,615.00 | \$134,615.00 | \$0.00 | \$134,615.00 | \$134,615.00 | \$0.00 | \$133,054.18 | \$133,054.: |
| b. Personnel Fringe Benefits | \$0.00 | \$40,385.00 | \$40,385.00 | \$0.00 | \$40,385.00 | \$40,385.00 | \$0.00 | \$39,824.15 | \$39,824.3 |
| c. Travel | \$85,050.00 | \$0.00 | \$85,050.00 | \$85,050.00 | \$0.00 | \$85,050.00 | \$3,673.63 | \$0.00 | \$3,673.0 |
| d. Equipment | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.0 |
| e. Materials/Supplies | \$16,878.00 | \$0.00 | \$16,878.00 | \$16,878.00 | \$0.00 | \$16,878.00 | \$6,579.44 | \$0.00 | \$6,579.4 |
| f. Contractual | \$574,872.00 | \$0.00 | \$574,872.00 | \$574,872.00 | \$0.00 | \$574,872.00 | \$350,001.00 | \$0.00 | \$350,001.0 |
| g. Other | \$23,200.00 | \$0.00 | \$23,200.00 | \$23,200.00 | \$0.00 | \$23,200.00 | \$0.00 | \$0.00 | \$0.0 |
| h. Indirect | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.0 |
| i. Total Costs | \$700,000.00 | \$175,000.00 | \$875,000.00 | \$700,000.00 | \$175,000.00 | \$875,000.00 | \$360,254.07 | \$172,878.33 | \$533,132.4 |
| j. Proportionality Percent | 80.00% | 20.00% | 100.00% | 80.00% | 20.00% | 100.00% | 67.57% | 32.43% | 100.00 |
| 15. Certification: I certify to the best | of my knowledge and belief | that this report is correct | t and complete for pe | rformance of activities for | the purpose(s) set | forth in the awar | d documents. | Actual Setting and | |
| 16a. Typed or printed name and title of Authorized Certifying Official: Kelly S. Dignin, Executive Director of Integrated Public Safety Commission and FirstNet SPOC | | | | | | 16c. Telephone (area code, number, and extension) | 317-2 | 32-8993 | |
| 16b. Signature of Authorized Certify | ing Official: |) | | | | | | kdignin@ipsc.in.gov 04/30/2020 | |

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