			Department of Comm O Performance Progres			N	. Award or Grant lumber:	20-10-518020 48-1124839	
1. Recipient Name	Kansas Adjutant General's	Department		4. EIN: 48-1124839 6. Report Date (MM/DD/YYYY) 10/30/2018					
3. Street Address	2800 SW. Topeka BLVD.			7. Reporting Period End Date: 09/30/2018 (MM/DD/YYYY)					
5. City, State, Zip Code	Topeka, KS 66611-1220				8. Final Report 9. Report F Yes □ Quarterly No ☑				
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	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 Recipier	its during the Reporting Quart	er		The second second		COLUMN TWO			
1	Governance Meetings	Yes	i	Actual number of governo	mber of governance, subcommittee, or working group meetings related to the NPSBN held during the quarter				
2	Individuals Sent to Broadband Conferences	No		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	y_ ==	Actual number of events coordinated - or held using SLIGP grant funds during the quarter, as requested by FirstNet.					
•	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 contrac	s executed during the quarter.				
6	Subrecipient Agreements Executed	No		Actual number of agreem	ents executed during the quarter.				
7	Policies/Agreements Developed	No		Yes or No if data sharing p	olicies and/ar agreements were devel	loped during this reportir	ng quarter.		
8	Further Identification of Potential Public Safety Users	No		Yes or No if further identij	s 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 futur	e emergecy communications technolo	gy transitions occurred d	uring 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 deve 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		The Part of the Control of the Contr	MLA Phase Only) Yes or No if particip ata collection determination by Opt-O			by FirstNet or	
Activities for Opt-Out States only		the Reporting Quarter							
15)	Stakeholders Engaged			Actual number of Individu	als reached via stakeholder mercings o	or avents during the quar	Ter		
IA.	Education and Gurreach Materials Distributed in- Person			Actual number of materia	s claributed in person during this qua	(FROM)			

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2	Materials distributed	
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La. Narrative description for he state of Kansas had a gove	each activity reported in Question 11 for this quart	pri any challenges or shefad						
	rnance meeting where FirstNet was discussed for 7	5% of the meeting. August 2:	es encountered and mitiga 3rd 2018.	tion strategies you	have employed; pl	lanned major activitie	is for the next quarter; an	d any additional projec
2 Personal								
2. Personnel 2. Staffing Table - Plagre inc	lude all staff that have contributed time to the pro	last with surrant mantacks in	Whatian Mann autobale	la FYE stall amala	and hardharders are	A contractors Officers	July 200 100 100 100 100 100 100 100 100 100	form this balds
Job Title	FTE%	ject wan carrent quarter 5 ut		ect (s) Assigned	yea by the state no	t contractors. Piease	ao not remove inarviauar	Change
100 / 110			1100	ect lay resailines				Litarigue
	1) ()							
Zb. Narrative description of a	ny staffing challeriges, vacancies, or changes.							
Zb. Narrative description of a	ny staffing challenges, vacancies, or changes.							
2b. Narrative description of a	ny staffing challeriges, vacancies, or changes.							
3. Contractual (Contract and/	or Subrecipients)	equal the "Contractual" in O	uestion 14f					
3. Contractual (Contract and/ 3a. Contractual Table – Includ	or Subrecipients) e all contractors. The totals from this table should			Contract		200	Total Federal Funds	Total Matching Funds
3. Contractual (Contract and/ 3a. Contractual Table – Includ Name	or Subrecipients) e all contractors. The totals from this table should Subcontract Purpose	Type (Contract/Subrec.)	uestion 14f. RFP/RFQ Issued (Y/N)	Contract Executed (Y/N)	Start Date	End Date	Total Federal Funds Allocated	Total Matching Funds
3. Contractual (Contract and/ 3a. Contractual Table – Includ	or Subrecipients) e all contractors. The totals from this table should	Туре			Start Date	End Date TBD		
3. Contractual (Contract and/ 3a. Contractual Table – Includ Name	or Subrecipients) e all contractors. The totals from this table should Subcontract Purpose	Type (Contract/Subrec.)	RFP/RFQ Issued (Y/N)	Executed (Y/N)	1 250 70 100 100		Allocated	Allocated
3. Contractual (Contract and/ 3a. Contractual Table – Includ Name	or Subrecipients) e all contractors. The totals from this table should Subcontract Purpose	Type (Contract/Subrec.)	RFP/RFQ Issued (Y/N)	Executed (Y/N)	1 250 70 100 100		Allocated	Allocated

OMB Control No. 0650-0042 Expiration Date: 01/31/2021

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	\$147,019.50	\$114,580.90	\$261,600.40	\$55,132.31	\$42,967.84	\$98,100.15	\$13,449.37	\$0.00	\$13,449.3
b. Personnel Fringe Benefits	\$34,910.00	\$41,249.12	\$76,159.12	\$13,019.25	\$15,468.42	\$28,487.67	\$0.00	\$0.00	50.00
Travel	\$114,520.00	\$19,169.97	\$133,689.97	541,375.00	54,063.74	\$45,438.74	\$1,085.73	\$0.00	\$1,085.7
d. Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.0
e. Materials/Supplies	\$14,349.50	\$0.00	\$14,349.50	\$12,955.44	\$0.00	\$12,955.44	\$715.65	\$0.00	\$715.6
f. Contractual	\$355,575.00	\$0.00	\$355,575.00	\$116,325.00	\$0.00	\$116,325.00	\$0.00	\$0.00	50.00
g. Other	\$12,066.00	\$0.00	\$12,066.00	\$3,036.00	\$0.00	\$3,036.00	\$373.55	\$0.00	\$373.5
h. Indirect	\$21,560.00		\$21,560.00	\$8,085.00	\$0.00	\$8,085.00	\$0.00	\$0.00	50.0
Total Costs	\$700,000.00	\$174,999.99	\$874,999,99	\$249,928,00	\$62,500.00	\$312,428.00	\$15,624.30	\$0.00	\$15,624.30
Proportionality Percent	80.00%	20,00%	100.00%	80.00%	20.00%	100,00%	100.00%	0.00%	100.009
15. Certification: I certify to the be	st of my knowledge and belief	that this report is correc	and complete for pe	rformance of activities for	the purpose(s) set	forth in the awar	d documents.		
16a. Typed or printed name and title of Authorized Certifying Official: Jonathan York, Response & Recovery Branch Director						16c. Telephone (area code, number, and extension)	(785) 646-2501		
16b. Signature of Authorized Certifying Official:						16d. Email Address:	(onathour yorks.nfg@mail.mi)		
XLUNDOUNT 1)	MOINE)						Date:	10/30/2108	

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 in 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 Commence, 1401 Constitution Avenue, NW, Room 4078, Washington, DC 20230.