			i. Department of Comm .0 Performance Progres			2. Award or Grant Number: 4. EIN:	21-10-518021 61-0600439			
1. Recipient Name	Commonwealth of Kentuck	ry				6. Report Date (MM/DD/YYYY)	07/14/2020			
3. Street Address	919 Versailles Rd.					7. Reporting Period End Date: (MM/DD/YYYY)	06/30/2020			
5. City, State, Zip Code	Frankfort, KY 40601-3448					8. Final Report Yes No	9. Report Frequency Quarterly X			
10a. Project/Grant Period	1,1,57,1,1,2		<u> </u>		Real Street Stre					
Start Date: (MM/DD/YYYY)	03/01/2018	10b. End Date: (MM/DD/YYYY)	03/31/2021							
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 Ca	tegory				
Activities/Metrics for Ali Recipier										
1	Governance Meetings	Yes	2		unce, subcommittee, or working group meetings rela					
2	Individuals Sent to Broadband Conferences	No	. 0		ials who were sent to national or regional third-par ng SLIGP grant funds during the quarter	ty conferences with a Jocus are	s or training track			
3	Convened Stakeholder Events	No	o	Actual number of events	coordinated - or held using SLIGP grant funds during	the quarter, as requested by F	irstNet.			
4	Staff Hired (Full-Time Equivalent)(FTE)	No	0.00	Actual number of state pe	ersonnel FTEs who began supporting SLIGP activities	during the quarter (may be a	fecimal).			
5	Contracts Executed	No	0	Actual number of contrac	ts executed during the quarter.					
6	Subrecipient Agreements Executed	No	0	Actual number of agreem	ents 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 identi	fication of potential public safety users occurred du	ring this reporting quarter.				
9	Plans for Emergency Communications Technology Transitions	No	Project Deliverable Quantity (Number & Indicator Description) 2	Yes or No if plans for futu	re emergecy communications technology transition	s occurred during this reporting	ı quarter.			
10	Identified and Planned to Transition PS Apps & Databases	No		Yes or No if public safety this reporting quarter	fety opplications or databases within the State or territory were identified and transition plans were developed r					
11	Identify Ongoing Coverage Gaps	No		Yes or No if participated i	in identifying ongoing coveage gaps using SLIGP fun	unds during this reporting quarter.				
12	Data Collection Activities	No	Land of the	THE SECOND SECURITY OF THE PROPERTY OF THE PARTY OF THE P	-SMLA Phase Only) Yes or No if participated in data data collection determination by Opt-Out (Post-SML	[1] [1] [1] [1] [1] [1] [1] [1] [1] [1]	d by FirstNet or			
Activities for Opt-Out States only	in the Pre-SMLA Phase during	the Reporting Quarter								
13	Stakeholders Engaged			Actual number of individu	sals reached via stakeholder meetings or events dur	ing the quarter.				
14	Education and Outreach Materials Distributed In- Person			Actual number of materia	uls distributed in-person during this quarter.					
15	Education and Outreach Materials distributed Electronically			Actual volume of hits or it quarter.	mpressions to any website, e-newsletter, social med	la post, or other account suppo	rted by SLIGP during the			

-			* "				lanced males articletor	for the next overter, and	l any additional project
11a. Narrative description for ea The Kentucky Wireless Interopera	ch activity reported in Quest	ion 11 for this quarter; any	challenges or obstace	es encountered and mitigat	ion strategies you	nave employed; p	larking Group (PSMG) i	for the next quarter, and	h and May 14th COVID.
The Kentucky Wireless Interopera	ability Executive Committee	(KWIEC) meeting was not o	onducted during this q	nauter one to COAID-13 Lei	nteu restrictions.	ne Public Safety w	Forms as a solution to	neid meetings on April 31 aanduse Ceeff meetings (1	CING Meeting and
19 is impacting travel and in pers	on meetings at this time. Sev	eral national and state con	rerences nave been ca	nceleg due to COVID-13. K	er nas adopted the	e use of Microsoft	leams as a solution to i	conduct stan meetings, r	244.0 taleerings aug
KWIEC meetings remotely.									
				*		****	LEAST CO.	- www	
12. Personnel								A	from this table
12a. Staffing Table - Please inclu		uted time to the project wi	th current quarter's ut			yed by the state na	t contractors. Please a	o not remove inaiviauais	
Job Title	FTE%			Proje	ect (s) Assigned				Change
SWIC	13%	Provides oversight for th							Match Completed
Admin Support Coordinator	100%	Provides administrative :	support to the SLIGP2 1	Team.			7		Match Completed
						2		- 27 - 27	
				\$100,00					120
12b. Narrative description of any	staffing challenges, vacancie	es, or changes.	-740						~~
No challenges, vacancies, or char	see from the previous quart	er.							
nu chanenges, vacancies, or cha-	iges from the previous dual o								
ş.									
<u> </u>		W.							
13. Contractual (Contract and/or						· · · · · ·		*	
13a. Contractual Table – Include	all contractors. The totals fro	om this table should equal		uestion 14t.		30	***	Total Federal Funds	Total Matching Funds
Name	Subcontr	ract Purpose	Type (Contract/Subrec.)	RFP/RFQ Issued (Y/N)	Contract Executed (Y/N)	Start Date	End Date	Allocated	Allocated
NTT Data-Curtis Nail	Project Manager		Contract	N	Y	03/01/2018	03/31/2021	\$406,600.00	\$0.00
INTI Data-Curtis INBII	r i bjedt trjuneger	12							
			1						
			 						
			es subsecialente			-		i in the second	
13b. Narrative description any cl			or subrecipients.						*
No challenges, updates, or chang	ges from the previous quarter	r.							
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						***	-20	_	91,52

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	\$106,560.00	\$106,560.00	\$0.00	\$106,560.00	\$106,560.00	\$0.00	\$106,560.00	\$106,560.0
b. Personnel Fringe Benefits	\$0.00	\$68,440.00	\$68,440.00	\$0.00	\$68,440.00	\$68,440.00	\$0.00	\$68,440.00	\$68,440.0
c. Travel	\$237,000.00	\$0.00	\$237,000.00	\$237,000.00	\$0.00	\$237,000.00	\$5,733.76	\$0.00	\$5,733.7
d. Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.0
e. Materials/Supplies	\$1,200.00	\$0.00	\$1,200.00	\$1,200.00	\$0.00	\$1,200.00	\$22.49	\$0.00	\$22.4
f. Contractual	\$406,600.00	\$0.00	\$406,600.00	\$406,600.00	\$0.00	\$406,600.00	\$210,546.00	\$0.00	\$210,546.0
g. Other	\$55,200.00	\$0.00	\$55,200.00	\$55,200.00	\$0.00	\$55,200.00	\$6,220.72	\$0.00	\$6,220.7
h. Indirect	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.0
. Total Costs	\$700,000.00	\$175,000.00	\$875,000.00	\$700,000.00	\$175,000.00	\$875,000.00	\$222,522.97	\$175,000.00	\$397,522.9
. Proportionality Percent	80.00%	20.00%	100.00%	80.00%	20.00%	100.00%	55.98%	44.02%	100.009
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	forth in the awar	d documents.		CASE THE BETTER OF
16a. Typed or printed name and title of Authorized Certifying Official: Derek Nesselrode, Statewide Interoperability Coordinator (SWIC)						16c. Telephone (area code, number, and extension)	502-782-2064		
16b. Signature of Authorized Certifying Official:						16d. Email Address:	derek nesselrode@ky.gov		
	/	1//					Date:	07/14/2020	•

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