U.S. Department of Commerce SLIGP 2.0 Performance Progress Report							21-10-S18021 61-0600439	
		×0				4. EIN: 6. Report Date		
1. Recipient Name	Commonwealth of Kentucky	/				(MM/DD/YYYY)	10/25/2018	
3. Street Address	919 Versailles Rd.					7. Reporting Period End Date: (MM/DD/YYYY)	09/30/2018	
5. City, State, Zip Code	Frankfort, KY 40601-3448					8. Final Report Yes No	9. Report Frequency Quarterly X	
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 yo	our approved Project Plan						are the same of th	
	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 Quarte	er						
1	Governance Meetings	Yes	4		ance, subcommittee, or working group meetings related to th			
2	Individuals Sent to Broadband Conferences	Yes	1	A STATE OF THE PROPERTY OF THE	uals who were sent to national or regional third-party conference og SLIGP grant funds during the quarter	ences with a focus are	a or training track	
3	Convened Stakeholder Events	No	0	Actual number of events o	coordinated - or held using SLIGP grant funds during the quar	ter, as requested by Fi	rstNet.	
4	Staff Hired (Full-Time Equivalent)(FTE)	No	0.00	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	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 p	policies and/or agreements were developed during this repo	rting quarter.		
8	Further Identification of Potential Public Safety Users	Yes		Yes or No if further identi	fication of potential public safety users occurred during this r	reporting quarter.		
9	Plans for Emergency Communications Technology Transitions	No		Yes or No if plans for futu	re emergecy communications technology transitions occurred	d during this reporting	quarter.	
10	Identified and Planned to Transition PS Apps & Databases	No		Yes or No if public safety of this reporting quarter	applications or databases within the State or territory were	identified and transition	on plans were developed	
11	Identify Ongoing Coverage Gaps	No		Yes or No if participated i	in identifying ongoing coveage gaps using SLIGP funds during	this reporting quarte	•	
12	Data Collection Activities	No		THE STATE OF THE S	- <mark>SMLA Phase Only)</mark> Yes or No if participated in data collection data collection determination by Opt-Out (Post-SMLA) grante	SVENESDOMS SELECTED HELE A VIII LE COMMENT DE L'AL	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	uals reached via stakeholder meetings or events during the q	uarter.		
14	Education and Outreach Materials Distributed In- Person			Actual number of materia	als distributed in-person during this quarter.			
15	Education and Outreach Materials distributed Electronically			Actual volume of hits or in quarter.	mpressions to any website, e-newsletter, social media post, a	or other account suppo	rted by SLIGP during the	

11a. Narrative description for each The Public Safety Working Group (P participate in the Kentucky Emerger 300+ public safety personnel in atte	SWG) held meetings on Jul ncy Services Conference (Kl	ly 12th, August 9th, and Sep ESC) held in Louisville on Se	tember 13th. The Ker ptember 4th - 6th. Bo	ntucky Wireless Interoperal oth space was rented for t	pility Executive Co his conference. Th	mmittee (KWIEC) e FirstNet Regiona	held a meeting on Aug al Rep, John Hunt, and A	ust 29th. The KY FirstNet to T&T participated in this o	eam was invited to onference. There were
Lexington was selected to be the fir									
texington was selected to be the in-	st location for a regional w	rorkshop. This has been sub	milieu to Firstwet for	approval. Activity for the f	ext quarter snou	a madae conduct	ing the mat rustivet reg	ionsi morkanob in rexing	ton Ki ii approved.
12. Personnel									
12a. Staffing Table - Please include	all staff that have contribu	uted time to the project wit	h current quarter's ut	ilization Diense only inches	le ETE staff emple	und hu the state a	at contractors Diense	lo not romovo individuale	from this table
Job Title	FTE%	T anne to the project with	ir carrent quarter 3 at			yeu by the state in	ot compociors. Ficuse (O NOT LEWONE WITH AND AND	
		 		Proje	ct (s) Assigned				Change
SWIC	13%	Provides oversight for the							New position added
Admin Support Coordinator	100%	Provides administrative s	upport to the SLIGP2 T	Team.					New position added
				- · · · · · · · · · · · · · · · · · · ·					
12b. Narrative description of any st	Ming challenges wasansie	e or changes							
	• • •	•							
No challenges, vacancies, or change	s from the previous quarte	er.							
									
13. Contractual (Contract and/or Su									
13a. Contractual Table – Include all	contractors. The totals fro	<u>om this table should equal t</u>	he "Contractual" in Qu	uestion 14f.					
Name	Subcontract Purpose		Type PSD/PSO Issued	RFP/RFQ Issued (Y/N)	Contract	Start Date	End Date	Total Federal Funds	Total Matching Funds
Name	Subcontra	act rurpose	(Contract/Subrec.)	REP/REQ ISSUED (1/N)	Executed (Y/N)	Start Date	Start Date End Date Allocat	Aliocated	Allocated
NTT Data-Curtis Nai!	Project Manager		Contract	N	Y	03/01/2018		\$406,600.00	\$0.00
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	_							_	
	<u> </u>		<u> </u>	<u> </u>				_	
13b. Narrative description any chall	enges, updates, or changes	s related to contracts and/o	r subrecipients.						
No challenges, updates, or changes	from the previous quarter.								

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	\$39,960.00	\$39,960.00	\$0.00	\$24,752.36	\$24,752.3
b. Personnel Fringe Benefits	\$0.00	\$68,440.00	\$68,440.00	\$0.00	\$22,540.00	\$22,540.00	\$0.00	\$17,326.66	\$17,326.6
c. Travel	\$237,000.00	\$0.00	\$237,000.00	\$88,875.00	\$0.00	\$88,875.00	\$1,971.22	\$0.00	\$1,971.2
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	\$450.00	\$0.00	\$450.00	\$0.00	\$0.00	\$0.0
f. Contractual	\$406,600.00	\$0.00	\$406,600.00	\$152,475.00	\$0.00	\$152,475.00	\$43,281.00	\$0.00	\$43,281.0
g. Other	\$55,200.00	\$0.00	\$55,200.00	\$8,200.00	\$0.00	\$8,200.00	\$2,500.00	\$0.00	\$2,500.0
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	\$250,000.00	\$62,500.00	\$312,500.00	\$47,752.22	\$42,079.02	\$89,831.2
j. Proportionality Percent	80.00%	20.00%	100.00%	80.00%	20.00%	100.00%	53.16%	46.84%	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	t forth in the awar	d documents.		
16a. Typed or printed name and ti Derek Nesselrode, Statewide Inter							16c. Telephone (area code, number, and extension)	502-7	82-2064
16b. Signature of Authorized Certif	fying Official:	78	0				16d. Email Address:	derek.nesselrode@ky.go	v

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