OMB Control No. 0660-0042 Expiration Date: 01/31/2021

U.S. Department of Commerce SLIGP 2.0 Performance Progress Report							21-10-S18021 61-0600439
1. Recipient Name	Commonwealth of Kentucky	у				6. Report Date	01/30/2019
3. Street Address	919 Versailles Rd.					(MM/DD/YYYY) 7. Reporting Period End Date: (MM/DD/YYYY)	12/31/2018
5. City, State, Zip Code	Frankfort, KY 40601-3448					8. Final Report	9. Report Frequency Quarterly χ
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							
	Activity Type (Planning, Governance Meetings, etc.)	Performed during the Reporting Quarter?	Project Deliverable Quantity (Number & Indicator Description)		Description of Milestone Category		
Activities/Metrics for All Recipients	during the Reporting Quart	er					
1	Governance Meetings	Yes	3		ance, subcommittee, or working group meetings related to		<u> </u>
2	Individuals Sent to Broadband Conferences	No	0	_	ials who were sent to national or regional third-party confe ig SLIGP grant funds during the quarter	rences with a focus are	ea or training track
3	Convened Stakeholder Events	No	0	Actual number of events o	coordinated - or held using SLIGP grant funds during the qu	arter, 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	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 _l	policies and/or agreements were developed during this rep	orting quarter.	
8	Further Identification of Potential Public Safety Users	No		Yes or No if further identi	fication of potential public safety users occurred during this	reporting quarter.	
9	Plans for Emergency Communications Technology Transitions	No		Yes or No if plans for futu	re emergecy communications technology transitions occuri	ed during this reporting	g quarter.
10	Identified and Planned to Transition PS Apps & Databases	No		Yes or No if public safety of developed this reporting of	applications or databases within the State or territory were quarter	e identified and transiti	on plans were
11	Identify Ongoing Coverage Gaps	No		Yes or No if participated in	n identifying ongoing coveage gaps using SLIGP funds duri	ng this reporting quarte	er.
12	Data Collection Activities	No			SMLA Phase Only) Yes or No if participated in data collectidata collectidata collection determination by Opt-Out (Post-SMLA) gran		ed by FirstNet or
Activities for Opt-Out States only in		the Reporting Quarter					
13	Stakeholders Engaged			Actual number of individu	ials reached via stakeholder meetings or events during the	quarter.	
14	Education and Outreach Materials Distributed In- Person			Actual number of materia	ls distributed in-person during this quarter.		
15	Education and Outreach Materials distributed Electronically			Actual volume of hits or in the quarter.	mpressions to any website, e-newsletter, social media post,	or other account suppo	orted by SLIGP during

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11a. Narrative description for each The Public Safety Working Group (Plocations/facilities that can be used effort began to work out the finer locard limits. The logistics could not bworkshop in Lexington KY.	SWG) held meetings on N for FirstNet Regional Wording Strical details. The KY Fire Sweet S	ovember 8th and December rkshops. Lexington was sele rstNet team encountered di	r 12th. The Kentucky cted to be the first lo fficulties with obtaini	Wireless Interoperability E cation for a regional works ing a detailed fixed quote f	xecutive Commits shop. FirstNet app or facility costs ar	ee (KWIEC) held a r roved the preliminand the amount requ	neeting on December ary agenda and locati ested to place a hold	r 12th. The KY FirstNet te on. A preliminary date w on the facility exceeded	am identified as established and the state supplied credit
12. Personnel									
	all staff that have contrib	outed time to the project wit	th current auarter's u	tilization. Please only incli	ıde FTE staff emp	loved by the state n	ot contractors. Pleas	e do not remove individu	als from this table.
Job Title	FTE%	uted time to the project with current quarter's utilization. Please only include FTE staff employed by the state not contractors. Please do not remove individuals from the Project (s) Assigned							Change
SWIC	13%	Provides oversight for the	SLIGP2 grant.		()				No Change
Admin Support Coordinator	100%	Provides administrative su		Геат.					No Change
			• •						J
13. Contractual (Contract and/or Su 13a. Contractual Table – Include all				Question 14f.					
Name	Subcontra	act Purpose	Type (Contract/Subrec.)	RFP/RFQ Issued (Y/N)	Contract Executed (Y/N)	Start Date	End Date	Total Federal Funds Allocated	Total Matching Funds Allocated
NTT Data-Curtis Nail	Project Manager		Contract	N	Υ	03/01/2018		\$406,600.00	\$0.00
			_						
13b. Narrative description any chall			or subrecipients.						
No challenges, updates, or changes	nom the previous quarter								

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Only list matching funds that the E 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	\$40,812.66	\$40,812.6
b. Personnel Fringe Benefits	\$0.00	\$68,440.00	\$68,440.00	\$0.00	\$68,440.00	\$68,440.00	\$0.00	\$28,568.87	\$28,568.8
c. Travel	\$237,000.00	\$0.00	\$237,000.00	\$237,000.00	\$0.00	\$237,000.00	\$2,753.34	\$0.00	\$2,753.3
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	\$0.00	\$0.00	\$0.0
f. Contractual	\$406,600.00	\$0.00	\$406,600.00	\$406,600.00	\$0.00	\$406,600.00	\$68,391.00	\$0.00	\$68,391.0
g. Other	\$55,200.00	\$0.00	\$55,200.00	\$55,200.00	\$0.00	\$55,200.00	\$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	\$700,000.00	\$175,000.00	\$875,000.00	\$73,644.34	\$69,381.53	\$143,025.8
j. Proportionality Percent	80.00%	20.00%	100.00%	80.00%	20.00%	100.00%	51.49%	48.51%	100.00%
15. Certification: I certify to the be	st of my knowledge and belie	f that this report is correc	ct and complete for p	erformance of activities fo	r the purpose(s) s	et forth in the aw	ard documents.		
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 Certi	fying Official:						16d. Email Address:	derek.nesselrode@ky.gc	<u>vv</u>

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