U.S. Department of Commerce SLIGP 2.0 Performance Progress Report						2. Award or Grant Number:	21-10-\$18021			
	r					4. EIN:	61-0600439			
1. Recipient Name	Commonwealth of Kentuck	У				6. Report Date (MM/DD/YYYY)	04/30/2019			
3. Street Address	919 Versailles Rd.					7. Reporting Period End Date: (MM/DD/YYYY)	03/31/2019			
5. City, State, Zip Code	Frankfort, KY 40601-3448					8. Final Report Yes □ No ☑	9. Report Frequency Quarterly X			
10a. Project/Grant Period						Vocal Control of the				
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									
	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 and a second								
1	Governance Meetings	Yes	2	Actual number of governo	ance, subcommittee, or working group meetings related to	the NPSBN held during	the quarter			
2	Individuals Sent to Broadband Conferences	No	0		als who were sent to national or regional third-party confe g SLIGP grant funds during the quarter	erences with a focus are	a or training track			
3	Convened Stakeholder Events	No	0	Actual number of events o	tual number of events coordinated - or held using SLIGP grant funds during the quarter, as requested by FirstNet.					
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 contracts 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 rep	orting quarter.				
8	Further Identification of Potential Public Safety Users	No		Yes or No if further identij	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 occurr	ed 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 wer	e identified and transition	on plans were developed			
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				
12	Data Collection Activities	No			SMLA Phase Only) Yes or No if participated in data collecti lata collection determination by Opt-Out (Post-SMLA) gran					
Activities for Opt-Out States only in	the Pre-SMLA Phase during	the Reporting Quarter				NA CONTRACTOR OF THE PERSON OF				
13	Stakeholders Engaged			Actual number of individu	als 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 quarter.	mpressions to any website, e-newsletter, social media post,	or other account suppo	rted by SLIGP during the			

12a. Staffing Table - Please include all staff that have contributed 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 this table.  10b Title FTE% Project (s) Assigned Change  No Change  Admin Support Coordinator 100% Provides administrative support to the SLIGP2 grant.  No Change  No Change  No Change  No Change  No change  No changes  No challenges, vacancies, or changes from the previous quarter.  12b. Narrative description of any staffing challenges, vacancies, or changes from the previous quarter.  13. Contractual (Contract and/or Subrecipients)  13a. Contractual Table – Include all contractors. The totals from this table should equal the "Contractual" in Question 14f.  Name Subcontract Purpose Type (Contract/Subrec.) RFP/RFQ Issued (Y/N) Executed (Y/N) Start Date End Date Allocated Allocated										
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122. Personnel 123. Staffing Table - Piesse include all staff that hove contributed time to the project with current quarter's utilization. Please only include FTE staff employed by the state not contractors. Please do not remove individuois from this table.  125. Project (a) Assigned  Change NO. Change Admin Support Coordinator  100% Provides oversight for the SLIGP2 grant.  No. Change No. Ch		•	•					_		Net team and KSP
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Job Title  FTE%  Project (s) Assigned  Change  No Chang	12. Personnel									
SWIC 13% Provides oversight for the SLIGP2 grant.  Admin Support Coordinator 100% Provides administrative support to the SLIGP2 Team.  No Change N			buted time to the project wit	h current quarter's ut			yed by the state n	ot contractors. Please d	o not remove individual	
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NTT Data-Curtis Nail Project Manager Contract N Y 03/01/2018 02/29/2020 \$406,600.00 \$0.00  13b. Narrative description any challenges, updates, or changes related to contracts and/or subrecipients.	Nama	Subcont	ract Burnosa	Туре	DED/DEO Issued (V/N)		Start Date	End Date	Total Federal Funds	Total Matching Funds
13b. Narrative description any challenges, updates, or changes related to contracts and/or subrecipients.	Name		ract rurpose	(Contract/Subrec.)						
	NTT Data-Curtis Nail	Project Manager		Contract	N	Υ	03/01/2018	02/29/2020	\$406,600.00	\$0.00
No challenges, updates, or changes from the previous quarter.				r subrecipients.						
	No challenges, updates, or chang	es from the previous quarte	r.							
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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	\$57,102.78	\$57,102.7
b. Personnel Fringe Benefits	\$0.00	\$68,440.00	\$68,440.00	\$0.00	\$68,440.00	\$68,440.00	\$0.00	\$39,971.95	\$39,971.9
c. Travel	\$237,000.00	\$0.00	\$237,000.00	\$237,000.00	\$0.00	\$237,000.00	\$3,256.90	\$0.00	\$3,256.9
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	\$93,501.00	\$0.00	\$93,501.0
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	\$0.00
. Total Costs	\$700,000.00	\$175,000.00	\$875,000.00	\$700,000.00	\$175,000.00	\$875,000.00	\$99,280.39	\$97,074.73	\$196,355.1
. Proportionality Percent	80.00%	20.00%	100.00%	80.00%	20.00%	100.00%	50.56%	49.44%	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 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			
							Date:	04/30/2019	

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