			Department of Comme Performance Progress			2. Award or Grant Number: 4. EIN:	21-10-S18021 61-0600439
1. Recipient Name	Commonwealth of Kentucky	Ý				6. Report Date	07/16/2019
3. Street Address	919 Versailles Rd.					(MM/DD/YYYY) 7. Reporting Period End Date: (MM/DD/YYYY)	06/30/2019
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						
	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							
1	Governance Meetings	Yes	2		ance, subcommittee, or working group meetings related to the		
2	Individuals Sent to Broadband Conferences	Yes	1		als who were sent to national or regional third-party confere g SLIGP grant funds during the quarter	ences with a focus area	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 pe	ersonnel FTEs who began supporting SLIGP activities during th	he quarter (may be a d	lecimal).
5	Contracts Executed	No	0	Actual number of contract	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	No		Yes or No if further identij	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 transitio	on plans were developed
11	Identify Ongoing Coverage Gaps	No		Yes or No if participated in	n identifying ongoing coveage gaps using SLIGP funds during	this reporting quarter	
12	Data Collection Activities	No			SMLA Phase Only) Yes or No if participated in data collection lata collection determination by Opt-Out (Post-SMLA) grante		d by FirstNet or
Activities for Opt-Out States only in	the Pre-SMLA Phase during	the Reporting Quarter	The state of the s				
13	Stakeholders Engaged			Actual number of individu	als reached via stakeholder meetings or events during the q	uarter.	
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, o	r other account suppo	rted by SLIGP during the

11a. Narrative description for eac The Public Safety Working Group professional law enforcement eve Roadmap Summit in Phoenix, AZ. most appropriate and effective ag	(PSWG) held meetings on Apent bringing together leading This was a well-organized e	pril 19th and May 9th. May 2 g practitioners to explore unl event that included one on or	20th – 22nd the KY Fi limited opportunities	rstNet team attended the Ir for law enforcement to ap	iternational Associately the latest tech	iation of Chiefs o nology, including	f Police (IACP) Technolog FirstNet. June 11-13th Th	y Conference in Jackson e KY FirstNet team atte	ville, FL. This was a nded the FirstNet
12. Personnel									
12a. Staffing Table - Please include	ie ali staff that have contrib	outed time to the project with	h current quarter's ut	tilization. Please only includ	le FTE staff emplo	yed by the state r	ot contractors. Please do	not remove individuals	from this table.
Job Title	FTE%			Proje	ect (s) Assigned				Change
SWIC	13%	Provides oversight for the							No Change
Admin Support Coordinator	100%	Provides administrative su	upport to the SLIGP2 1	Геат.					No Change
	_						···		
12b. Narrative description of any		<u> </u>							
	Falsa da la sala		<u></u>						
13. Contractual (Contract and/or 1		Abia tabia abawid aai th	#Combustonal# In O						
Name	all contractors. The totals from this table should equal to Subcontract 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	Y	03/01/2018	02/29/2020	\$406,600.00	\$0.00
13b. Narrative description any cha			r subrecipients.						
No challenges, updates, or change	es from the previous quarter	r.							

OMB Control No. 0660-0042 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	\$0.00	\$106,560.00	\$106,560.00	\$0.00	\$106,560.00	\$106,560.00	\$0.00	\$72,704.75	\$72,704.75
o. Personnel Fringe Benefits	\$0.00	\$68,440.00	\$68,440.00	\$0.00	\$68,440.00	\$68,440.00	\$0.00	\$50,893.33	\$50,893.33
c. Travel	\$237,000.00	\$0.00	\$237,000.00	\$237,000.00	\$0.00	\$237,000.00	\$4,106.90	\$0.00	\$4,106.90
d. Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
e. Materials/Supplies	\$1,200.00	\$0.00	\$1,200.00	\$1,200.00	\$0.00	\$1,200.00	\$22.49	\$0.00	\$22.49
f. Contractual	\$406,600.00	\$0.00	\$406,600.00	\$406,600.00	\$0.00	\$406,600.00	\$119,826.00	\$0.00	\$119,826.00
g. Other	\$55,200.00	\$0.00	\$55,200.00	\$55,200.00	\$0.00	\$55,200.00	\$2,500.00	\$0.00	\$2,500.00
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	\$126,455.39	\$123,598.08	\$250,053.47
. Proportionality Percent	80.00%	20.00%	100.00%	80.00%	20.00%	100.00%	50.57%	49.43%	100.00%
Certification: I certify to the bes	t of my knowledge and belief	that this report is correct	and complete for pe	rformance of activities for	the purpose(s) set	t forth in the awar	d documents.	Althorage and the let	
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 Certify	ying Official:	2					16d. Email Address:	derek.nesselrode@ky.go	v

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