

U.S. Department of Commerce Performance Progress Report				2. Award or Grant Number:	32-10-513-32
1. Recipient Name	State of Nevada, Dept of Public Safety, Division of Emergency Management & Homeland Security			4. EIN:	88-6000022
3. Street Address	2478 Fairview Drive			6. Report Date (MM/DD/YYYY)	1/12/2018
5. City, State, Zip Code	Carson City, Nevada 89701			7. Reporting Period End Date: (MM/DD/YYYY)	12/31/2017
10a. Project/Grant Period				8. Final Report	9. Report Frequency
Start Date: (MM/DD/YYYY)	8/1/2013	10b. End Date: (MM/DD/YYYY)	2/28/2018	Yes <input type="checkbox"/>	Quarterly <input checked="" type="checkbox"/>
11. List the individual projects in your approved Project Plan					
	Project Type (Capacity Building, SCIP Update, etc.)	Project Deliverable Quantity (Number & Indicator Description)	Description of Milestone Category		
1	Stakeholders Engaged	0	Actual number of individuals reached via stakeholder meetings during the quarter		
2	Individuals Sent to Broadband Conferences	0	Actual number of individuals who were sent to third-party broadband conferences using SLIGP grant funds during the quarter		
3	Staff Hired (Full-Time Equivalent)(FTE)	0	Actual number of state personnel FTEs who began supporting SLIGP activities during the quarter (may be a decimal)		
4	Contracts Executed	0	Actual number of contracts executed during the quarter		
5	Governance Meetings	0	Actual number of governance, subcommittee, or working group meetings held during the quarter		
6	Education and Outreach Materials Distributed	0	Actual volume of materials distributed (inclusive of paper and electronic materials) plus hits to any website or social media account supported by SLIGP during the quarter		
7	Subrecipient Agreements Executed	0	Actual number of agreements executed during the quarter		
8	Phase 2 - Coverage	Stage 6	For each Phase 2 milestone category, please provide the status of the activity during the quarter: <ul style="list-style-type: none"> • Stage 1 - Process Development • Stage 2 - Data Collection in Progress • Stage 3 - Collection Complete; Analyzing/Aggregating Data • Stage 4 - Data Submitted to FirstNet • Stage 5 - Continued/Iterative Data Collection • Stage 6 - Submitted Iterative Data to FirstNet 		
9	Phase 2 - Users and Their Operational Areas	Stage 6			
10	Phase 2 - Capacity Planning	Stage 6			
11	Phase 2 - Current Providers/Procurement	Stage 6			
12	Phase 2 - State Plan Decision	Stage 6			
11a. Describe your progress meeting each major activity/milestone approved in the Baseline Report for this project; any challenges or obstacles encountered and mitigation strategies you have employed; planned major activities for the next quarter; and any additional project milestones or information.					
<p>The October to December quarter was fairly quiet secondary to the holiday season. Nevada's governance board was unable to meet this quarter; however, the next meeting has been scheduled for February 2018.</p>					
11b. If the project team anticipates requesting any changes to the approved Baseline Report in the next quarter, describe those below. Note that any substantive changes to the Baseline Report must be approved by the Department of Commerce before implementation.					
<p>Nevada anticipates no changes in the next quarter at this time.</p>					

11c. Provide any other information that would be useful to NTIA as it assesses this project's progress.
Nevada continues to look forward to a new SWIC being hired in the next quarter.

11d. Describe any success stories or best practices you have identified. Please be as specific as possible.
Nevada's outreach to stakeholders was quiet secondary to the holiday season and SWIC vacancy.

12. Personnel

12a. If the project is not fully staffed, describe how any lack of staffing may impact the project's time line and when the project will be fully staffed.
Nevada currently has a vacancy for the SWIC position with duties being covered by our SPOC during this time. Recruitment is in process to fill this position and a new SWIC is expected to be actively hired within the next quarter.

12b. Staffing Table - Please include all staff that have contributed time to the project. Please do not remove individuals from this table.

Job Title	FTE%	Project (s) Assigned	Change
Chief, Emergency Management/SPOC	10%	Single Point of Contact	No Change
Emergency Management Program Manager	10%	Grants Manager	No Change
Grants and Projects Supervisor	10%	Supervisor of SLIGP Grant Coordinator	No Change

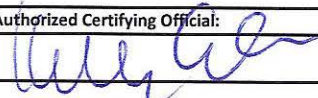
13. Subcontracts (Vendors and/or Subrecipients)

13a. Subcontracts Table -- Include all subcontractors. The totals from this table must equal the "Subcontracts Total" in Question 14f.

Name	Subcontract Purpose	Type (Vendor/Subrec.)	RFP/RFQ Issued (Y/N)	Contract Executed (Y/N)	Start Date	End Date	Total Federal Funds Allocated	Total Matching Funds Allocated
SWIC	SWIC Duties	Good of the State Contract	N	Y	11/1/2013	1/31/2018	\$319,680.00	\$0.00
Grant Coordinator	Coordinate Grant	Good of the State Contract	N	Y	11/1/2013	1/31/2018	\$217,110.00	\$0.00
SLIGP Project Manager/Outreach	Manage SLIGP Programmatic	Contract	Y	Y	5/13/2015	1/31/2018	\$432,324.00	\$0.00
Legal Counsel	Attorney for Process and MOU	Sub-Grant	N	N	3/1/2013	1/31/2018	\$159,192.00	\$0.00
Gap Analysis MOU	MOU for partners	Contract	N	N	12/1/2014	1/31/2018	\$450,000.00	\$0.00
Facilitator	Meeting Facilitator	Contract	N	N			\$7,200.00	\$0.00
Facilitator	Meeting Facilitator	Contract	N	N			\$14,400.00	\$0.00
						Total	\$1,599,906.00	\$0.00

13b. Describe any challenges encountered with vendors and/or subrecipients.

N/A - None

14. Budget Worksheet						
Columns 2, 3 and 4 must match your current project budget for the entire award, which is the SF-424A on file. Only list matching funds that the Department of Commerce has already approved.						
Project Budget Element (1)	Federal Funds Awarded (2)	Approved Matching Funds (3)	Total Budget (4)	Federal Funds Expended (5)	Approved Matching Funds Expended (6)	Total funds Expended (7)
a. Personnel Salaries	\$109,272.90	\$241,875.00	\$351,147.90	\$135,546.00	\$216,113.00	\$351,659.00
b. Personnel Fringe Benefits	\$43,763.50	\$107,640.00	\$151,403.50	\$36,118.00	\$67,535.00	\$103,653.00
c. Travel	\$88,620.00	\$0.00	\$88,620.00	\$51,283.00	\$0.00	\$51,283.00
d. Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
e. Materials/Supplies	\$28,007.15	\$0.00	\$28,007.15	\$4,015.00	\$0.00	\$4,015.00
f. Subcontracts Total	\$1,643,677.95	\$0.00	\$1,643,677.95	\$1,121,348.00	\$0.00	\$1,121,348.00
g. Other	\$59,324.50	\$160,101.00	\$219,425.50	\$2,397.00	\$54,029.00	\$56,426.00
h. Indirect	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
i. Total Costs	\$1,972,666.00	\$509,616.00	\$2,482,282.00	\$1,350,707.00	\$337,677.00	\$1,688,384.00
j. % of Total	79%	21%	100%	80%	20%	100%
15. Certification: I certify to the best of my knowledge and belief that this report is correct and complete for performance of activities for the purpose(s) set forth in the award documents.						
16a. Typed or printed name and title of Authorized Certifying Official:				16c. Telephone (area code, number, and extension)		
Kelli Anderson, Emergency Management Programs Manager				775-687-0321		
16b. Signature of Authorized Certifying Official:				16d. Email Address:		
				kanderson@dps.state.nv.us		
				Date:		
				1/12/2018		