U.S. Department of Commerce SLIGP 2.0 Performance Progress Report						2. Award or Grant Number: 4. EIN:	32-10-\$18032 88-6000022		
1. Recipient Name State of Nevada, Dept of Public Safety, Division of Emergency Management & Homeland Security						6. Report Date (MM/DD/YYYY)	10/18/2019		
3. Street Address	2478 Fairview Drive					7. Reporting Period End Date: (MM/DD/YYYY)	09/30/2019		
5. City, State, Zip Code	Carson City, Nevada 89701					8. Final Report Yes No X	9. Report Frequency Quarterly X		
10a. Project/Grant Period						THE REAL PROPERTY OF			
Start Date: (MM/DD/YYYY)	03/01/2018	10b. End Date: (MM/DD/YYYY)	02/29/2020						
11. List the individual projects in y	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 Recipient	s during the Reporting Quart	er ·		no destructions also			TO EXCLUSION OF A DES		
1	Governance Meetings	Yes	3	Actual number of governance, subcommittee, or working group meetings related to the NPSBN held during the quarter					
2	Individuals Sent to Broadband Conferences	No	0	Actual number of individuals who were sent to national or regional third-party conferences with a focus area or training track related to the NPSBN using SLIGP grant funds during the quarter					
3	Convened Stakeholder Events	No	0	Actual 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	0	Actual number of contract	ts executed during the quarter.				
6	Subrecipient Agreements Executed	No	0	Actual number of agreements executed during the quarter.					
7	Data Sharing Policies/Agreements Developed	No		Yes or No if data sharing policies and/or agreements were developed during this reporting quarter.					
8	Further Identification of Potential Public Safety Users	No		Yes or No if further identification of potential public safety users occurred during this reporting quarter.					
9	Plans for Emergency Communications Technology Transitions	No		Yes or No if plans for future emergecy communications technology transitions occurred during this reporting quarter.					
10	Identified and Planned to Transition PS Apps & Databases	No		Yes or No if public safety applications or databases within the State or territory were identified and transition plans were developed this reporting quarter					
11	Identify Ongoing Coverage Gaps	Yes		Yes or No if participated in identifying ongoing coveage gaps using SLIGP funds during this reporting quarter.					
12	Data Collection Activities	No		(Opt-In and Opt-Out Post-SMLA Phase Only) Yes or No if participated in data collection activities as requested by FirstNet or following a documented data collection determination by Opt-Out (Post-SMLA) grantees.					
Activities for Opt-Out States only i	No. of Concession, Name of Street, or other Designation, or other	the Reporting Quarter				· 这是一日日 · · · · · ·			
13	Stakeholders Engaged Education and Outreach				als reached via stakeholder meetings or events during the	guarter.			
14	Materials Distributed In- Person			Actual number of materia	ls distributed in-person during this quarter.				

Education and Outreach		
	Actual volume of hits or impressions to any website, e-newsletter, social media post, or othe	er account supported by SLIGP during the
15 Materials distributed	quarter.	
Electronically	A second se	

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11a. Narrative description for each The Resilience Commission held th	activity reported in Quest	on 11 for this quarter; an	y challenges or obstact	es encountered and mitiga	tion strategies yo	u have employed:	planned major activities	for the next quarter: an	d any additional project	
the resultive commission neig n	ice meeting during the qua	rter on July 9th, August 1.	sto, and september 10	th. On Angust 13th, SWIC	Vielissa Friand pro	wided an undate r	egarding the FirstNet bu	ild out efforts. Additions	ally the SMIC bac been	
querying users throughout the stat	e and identifying locations	where coverage is poor/n	ion-existent to put toge	ther an informational ema	il to ATT/FirstNet	· · · · · · · · · · · · · · · · · · ·			iny, the Switc has been	
					•					
12. Personnel										
12a. Staffing Table - Please include	all staff that have contributed and the staff that have contributed as a staff that have contributed as a staff	ited time to the project w	ith current quarter's ut	ilization. Please only inclu	de FTE stoff emplo	yed by the state n	ot contractors. Please d	o not remove individual	s from this table.	
ann ann	FTE%			Proj	ect (s) Assigned				Change	
Chief, Emergency		Single Point of Contact								
Management/SPOC	10%	onigie i onitioi contact							No Change	
Emergency Management Program		Grants Manager								
Manager	10%	diano monoger							No Change	
swic	60%	Statewide Interoperabili	ity Coordinator						No Change	
Legal Counsel	7%	Attorney for Process and	d MOU						No Change	
12b. Narrative description of any st										
12.0										
13. Contractual (Contract and/or Su										
13a. Contractual Table – Include all	contractors. The totals from	n this table should equal		lestion 14f.				,		
Name	Subcontra	ct 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	
Grant Analyst	Programmatic Grants Man	agement	Good of the State	N	Y	02/01/2010	AD /24 /244			
-			Contract	IN	т	03/01/2018	02/29/2020	\$107,453.00	\$0.00	
TBD								\$128,981.00		
		·····								
13b. Narrative description any chall	enges, updates, or changes	related to contracts and/	or subrecipients.							
N/A - No changes.									····	
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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.

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	\$326,944.00	\$140,000.00	\$466,944.00	\$326,944.00	\$140,000.00	\$466,944.00	\$90,659.29	\$47,900.03	\$138,559.3
b. Personnel Fringe Benefits	\$75,491.00	\$0.00	\$75,491.00	\$75,491.00	\$0.00	\$75,491.00	\$28,407.77	\$0.00	\$28,407.7
c. Travel	\$48,744.00	\$0.00	\$48,744.00	\$48,744.00	\$0.00	\$48,744.00	\$3,479.19	\$0.00	\$3,479.1
d. Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.0
e. Materials/Supplies	\$9,938.00	\$0.00	\$9,938.00	\$9,938.00	\$0.00	\$9,938.00	\$4,260.01	\$0.00	\$4,260.0
f. Contractual	\$236,434.00	\$0.00	\$236,434.00	\$236,434.00	\$0.00	\$236,434.00	\$64,378.05	\$0.00	\$64,378.0
g. Other	\$2,449.00	\$35,000.00	\$37,449.00	\$2,449.00	\$35,000.00	\$37,449.00	\$415.80	\$0.00	\$415.8
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	\$191,600.11	\$47,900.03	\$239,500.14
i. Proportionality Percent	80.00%	20.00%	100.00%	80.00%	20.00%	100.00%	80.00%	20.00%	100.009
15. Certification: I certify to the be	st of my knowledge and belief	that this report is correct	t and complete for pe	rformance of activities for	the purpose(s) set	t forth in the awar	d docúments.		CARL AREAS OF
16a. Typed or printed name and ti Kelli Anderson, Emergency Manag		ficial:					16c. Telephone (area code, number, and extension)	775-6	87-0321
16b. Signature of Authorized Certif	fying Official:						16d. Email Address:	kanderson@dps.state.n	v.us
1 u lu							Date:	10/18/2019	

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