						2. Award or Grant	1		
U.S. Department of Commerce						Number:	32-10-S18032		
SLIGP 2.0 Performance Progress Report							88-6000022		
						4. EIN: 6. Report Date			
1. Recipient Name	State of Nevada, Dept of Pu	blic Safety, Division of Em	ergency Management	& Homeland Security		(MM/DD/YYYY)	04/15/2020		
3. Street Address	2478 Fairview Drive					7. Reporting Period End Date:	03/31/2020		
J. Street Address						(MM/DD/YYYY)	03, 31, 2020		
						8. Final Report	9. Report Frequency		
	L						· — ·		
5. City, State, Zip Code	Carson City, Nevada 89701					Yes	Quarterly X		
						No X			
10a. Project/Grant Period	•	•	•						
Start Date: (MM/DD/YYYY)	03/01/2018	10b. End Date:	03/31/2021						
		(MM/DD/YYYY)	<u> </u>						
11. List the individual projects in yo	our approved Project Plan								
	Activity Type (Planning,	Was this Activity	Project Deliverable						
	Governance Meetings,	Performed during the	Quantity (Number &		Description of Milestone Category				
	etc.)	Reporting Quarter?	Indicator		,				
		(Yes/No)	Description)						
Activities/Metrics for All Recipients									
1	Governance Meetings	Yes	3		nce, subcommittee, or working group meetings related to the				
2	Individuals Sent to	No		-	als who were sent to national or regional third-party confer	ences with a focus are	or training track		
	Broadband Conferences	110	0	related to the NPSBN using	g SLIGP grant funds during the quarter				
3	Convened Stakeholder	No		Actual number of events of	oordinated - or held using SLIGP grant funds during the quai	ter, as requested by Fi	rstNet.		
	Events	140	0			,			
4	Staff Hired (Full-Time	No		Actual number of state ne	rsonnel FTEs who began supporting SLIGP activities during t	ng the quarter (may be a decimal).			
	Equivalent)(FTE)		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 contracts executed during the quarter.					
6	Subrecipient Agreements	No		Actual number of agreements executed during the quarter.					
<u> </u>	Executed	140	0	aaacr oj ugreeme					
	Data Sharing	1							
7	Policies/Agreements	No		Yes or No if data sharing p	rting quarter.	arter.			
	Developed								
,	Further Identification of								
8	Potential Public Safety	No	ſ	Yes or No if further identif	reporting quarter.	porting quarter.			
	Users								
	Plans for Emergency								
9	Communications	No		Yes or No if plans for futur	e emergecy communications technology transitions occurre	d during this reporting	quarter.		
	Technology Transitions								
	Identified and Planned to			Vac or No if nublic serfety o	unnications or databases within the State or torritory were	identified and transition	n nlans were developed		
10	Transition PS Apps &	No		Yes or No if public safety applications or databases within the State or territory were identified and transition pla					
_	Databases	<u> </u>		this reporting quarter					
4.5	Identify Ongoing Coverage			Voc or No if wantisings 1 !-	identifying engoing coverage arms using CLCD for deduction	this rangeting and			
11	Gaps	No		res or No IJ participatea Ir	n identifying ongoing coveage gaps using SLIGP funds during	uns reporting quarter			
12	Data Collection Activities	No		(Opt-In and Opt-Out Post-	SMLA Phase Only) Yes or No if participated in data collection	n activities as requeste	d by FirstNet or		
Activities for Opt-Out States only in	the Pre-SMLA Phase during	the Reporting Quarter							
13	Stakeholders Engaged			Actual number of individu	als reached via stakeholder meetings or events during the q	uarter.			
	Education and Outreach								
14	Materials Distributed In-			Actual number of materials distributed in-person during this quarter.					
	Person								
	Education and Outreach								
15	Materials distributed			Actual volume of hits or impressions to any website, e-newsletter, social media post, or other account supported by SLIGP quarter.					
	Electronically								

11a. Narrative description for each activity reported in Question 11 for this quarter; any challenges or obstacles encountered and mitigation strategies you have employed; planned major activities for the next quarter; and any additional project The Resilience Commission held three meetings during the quarter on January 22nd, February 19th, and March 11th. With the nationwide COVID-19 pandemic and activation of the State Emergency Operation Center (SEOC), Nevada's primary focus has been on response to this incident.									
focus has been on response to this	incident.								
12. Personnel									
12a. Staffing Table - Please include	all staff that have contribut	ted time to the project w	ith current quarter's ut	ilization. Please only includ	le FTE staff emplo	yed by the state n	ot contractors. Please de	o not remove individuals	from this table.
Job Title	FTE%			Proje	ect (s) Assigned				Change
Chief, Emergency		Single Point of Contact							No Change
Management/SPOC	10%	Single Fourt of Contact							No Change
Emergency Management Program		Grants Manager						·	No Change
Manager	10%	_							
SWIC	60%	Statewide Interoperabil							No Change
Legal Counsel	7%	Attorney for Process an	d MOU						No Change
12b. Narrative description of any st									
13. Contractual (Contract and/or Su									
13a. Contractual Table – Include all	contractors. The totals from	n this table should equal	the "Contractual" in Qu	uestion 14f.					
Name	Subcontrac	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 Mana	agement	Good of the State Contract	N	Υ	03/01/2018	02/29/2020	\$107,453.00	\$0.00
TBD								\$128,981.00	
13b. Narrative description any chal	lenges, updates, or changes	related to contracts and/	or subrecipients.						
N/A - No changes.									

14. Budget Worksheet									
Columns 2, 3 and 4 must match you	ır current project budget for t	he entire award, which is	the SF-424A on file.						
Only list matching funds that the D	epartment of Commerce has a	Iready approved.							
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	\$117,426.45	\$59,043.37	\$176,469.82
b. Personnel Fringe Benefits	\$75,491.00	\$0.00	\$75,491.00	\$75,491.00	\$0.00	\$75,491.00	\$37,803.07	\$0.00	\$37,803.07
c. Travel	\$48,744.00	\$0.00	\$48,744.00	\$48,744.00	\$0.00	\$48,744.00	\$3,479.19	\$0.00	\$3,479.19
d. Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00
e. Materials/Supplies	\$9,938.00	\$0.00	\$9,938.00	\$9,938.00	\$0.00	\$9,938.00	\$4,260.01	\$0.00	\$4,260.01
f. Contractual	\$236,434.00	\$0.00	\$236,434.00	\$236,434.00	\$0.00	\$236,434.00	\$72,714.97	\$0.00	\$72,714.97
g. Other	\$2,449.00	\$35,000.00	\$37,449.00	\$2,449.00	\$35,000.00	\$37,449.00	\$489.80	\$0.00	\$489.80
h. Indirect	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
i. Total Costs	\$700,000.00	\$175,000.00	\$875,000.00	\$700,000.00	\$175,000.00	\$875,000.00	\$236,173.49	\$59,043.37	\$295,216.86
j. Proportionality Percent	80.00%	20.00%	100.00%	80.00%	20.00%	100.00%	80.00%	20.00%	100.00%
15. Certification: I certify to the bes	st of my knowledge and belief	that this report is correct	t and complete for pe	rformance of activities for	the purpose(s) set	forth in the awar	d documents.		
16a. Typed or printed name and tit	le of Authorized Certifying Off	icial:					16c. Telephone (area		
Kelli Anderson Emergency Management Programs Manager						code, number, and	775-687-0321		
Kelli Aliderson, Emergency Ivianage	enient Programs Wanager						extension)		
16th Signature of Authorized Cartifying Official:						16d. Email Address:	kanderson@dps.state.nv.us		
Date: 04/27/20									

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