U.S. Department of Commerce Performance Progress Report						36-10-S13036				
						146013200				
1. Recipient Name N	New York State Division of Homeland Security and Emergency Services					4/18/2018				
3. Street Address 1.	1220 Washington Ave, State Campus Building 7A, Suite 610					2/28/2018				
5. City, State, Zip Code	lbany, NY 12226				8. Final Report Yes No	9. Report Frequency Quarterly x				
10a. Project/Grant Period										
Start Date: (MM/DD/YYYY) 8,	/1/2013	10b. End Date: (MM/DD/YYYY)	2/28/2018							
List the individual projects in					Symbol - College of the College of t	NAME OF TAXABLE PARTY OF TAXABLE PARTY.				
	uilding, SCIP Update.	Project Deliverable Quantity (Number & Indicator Description)		Description of Milestone Category						
1 St	takeholders Engaged	11	Actual number of individuals reached via stakeholder meetings during the quarter							
2 1	ndividuals Sent to roadband Conferences	0	Actual number of individuals who were sent to third-party broadband conferences using SLIGP grant funds during the quarter							
3 1	taff Hired (Full-Time quivalent)(FTE)	0	Actual number of state personnel FTEs who began supporting SLIGP activities during the quarter (may be a decimal)							
-	ontracts Executed	0	Actual number of contracts executed during the quarter							
5 G	overnance Meetings	1		r working group meetings held during the quarter	Marie Control					
6 E	ducation and Outreach Naterials Distributed	416	Actual volume of materials distributed (inclusive of paper and electronic materials) plus hits to any website or social media account supported by SLIGH during the quarter							
/	ubrecipient Agreements xecuted	0	Actual number of agreements executed during the quarter							
8 P	hase 2 - Coverage	Stage 6								
9 1	hase 2 – Users and Their perational Areas	Stage 6	For each Phase 2 milestone category, please provide the status of the activity during the quarter: Stage 1 - Process Development							
10 P	hase 2 – Capacity Planning	Stage 6	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							
20101	hase 2 – Current roviders/Procurement	Stage 4								
12 D	hase 2 – State Plan ecision	Stage 4								
#1 - Stakeholders were engaged at #2 - None this quarter #5 - The SIEC Board meeting was h #6 - Hit count for the New York Sta	the SIEC Board meeting on held on January 31st, 2018. ate Public Safety Broadband	I January 31st, 2018. I website (note, due to qu	arterly reporting of the web statistics, this value is	or obstacles encountered and mitigation strategies you lead to be a simple 2/3rds of the Jan-Mar total). w. Note that any substantive changes to the Baseline Rep						
Commerce before implementatio	n.									

11c. Provide any other information that would be useful to NTIA as it assesses this project's progress.

11d. Describe any success stories or best practices you have identified. Please be as specific as possible.

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.

Note that the FTE% reflects actual percentage of hours spent working on SLIGP during this quarter. The SWIC left the agency in Q12 and a new one started in Q13. The SPOC is not tracked here. The senior administrative assistant retired. The State GIS program office has restructed their teams and no specific person is expected to work on SLIGP requests, rather it will be assigned to an individual from the office as each request comes in.

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
SWIC & OIEC Director	8.15%	Overall SLIGP and policy oversight and liasion	Continues Work
Radio Engineer #1	19.93%	SLIGP/State FirstNet primary	Continues Work
Radio Engineer #2	0.89%	Support SLIGP and FirstNet Activities	Continues Work
Agency Budget Analyst	5.19%	Supports communications office budget/fiscal. Assists in preparation of SLIGP budget reports.	Continues Work
Senior Adminstrative Analyst	0.00%	Supports office activities, including the interop board and its working groups	Continues Work (none this quarter)
Senior Administrative Assistant	0	Support office outreach and project management efforts.	Employee Retired
Information Tech Specialist 5 (GIS)	0	Supervises GIS staff, provides overall GIS liasion effort on data collection and mapping	No longer working on project
ITS Specialist II (GIS)	0	Performs GIS work related to data collection and mapping	No longer working on project
Assistant Director, OIEC	1.04%	Assistant OIEC director. Works for the SWIC and provides operational and policy oversight	Continues Work
Excelsior Fellow	0.15%	DHSES Counsel's Office representive (legal)	Continues Work

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
New York State Technology Enterprise Corporation (NYSTEC)	Outreach, project management, support	Vendor	Not needed (existing State contract)	Y	8/1/2013	02/28/2018 (no-cost extension)	\$2,013,960.00	\$0.00

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

No challenges at this time. NYSTEC contract was reissued (at no increase in cost) to account for the new SLIGP end date and new OGS centralized contract. Then since SLIGP was extended to 2/28/18, we processed a one month no-cost extension to the NYSTEC contract.

Project Budget Element (1)	Federal Funds Awarded (2)	Approved Matching Funds (3)	Total Budget (4)	Federal Funds Expended (5)	Approved Matching Funds Expended (6)	
a. Personnel Salaries	\$0.00	\$215,096.00	\$215,096.00	\$0.00	\$218,002.23	\$218,002.23
b. Personnel Fringe Benefits	\$0.00	\$123,707.00	\$123,707.00	\$0.00	\$118,679.68	\$118,679.68
c. Travel	\$52,164.00	\$0.00	\$52,164.00	\$39,261.65	\$0.00	\$39,261.65
J. Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
e. Materials/Supplies	\$16,499.53	\$0.00	\$16,499.53	\$12,244,43	\$0.00	\$12,244.43
. Subcontracts Total	\$1,737,867.47	\$0.00	\$1,737,867.47	\$1,217,510.75	\$0.00	\$1,217,510.75
. Other	\$0.00	\$112,880.00	\$112,880.00	\$0.00		
n. Indirect	\$0.00	\$0.00	\$0.00	\$0.00	\$19,494.63 \$0.00	\$19,494.63
. Total Costs	\$1,806,531.00	\$451,683.00	\$2,258,214.00	\$1,269,016.83		\$0.00
. % of Total	80%	20%	100%	78%	\$356,176.54	\$1,625,193.37
15. Certification: I certify to the best of my knowledge	and belief that this report is correct and complete	e for performance of activities for	or the nurnose(s) set forth	in the award documents	22%	100%
16a. Typed or printed name and title of Authorized Co	16c. Telephone (area	518-242-8275				
	16b. Signature of Authorized Certifying Official:				michael.sprague@dhses.ny.gov	