OMB Control No. 0660-0042 Expiration Date: 01/31/2021

			Department of Comme Performance Progress			2. Award or Grant Number: 4. EIN:	42-10-S18042 25-1671669		
1. Recipient Name	Pennsylvania State Police					6. Report Date	04/30/2018		
3. Street Address	1800 Elmerton Avenue					7. Reporting Period	03/31/2018		
5. City, State, Zip Code	Harrisburg, PA 17110-9718					8. Final Report	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									
	Activity Type (Planning, Governance Meetings, etc.)	Performed during the Reporting Quarter?	Project Deliverable Quantity (Number & Indicator Description)		Description of Milestone Category				
Activities/Metrics for All Recipients	during the Reporting Quart	er							
1	Governance Meetings	No	0	Actual number of governo	ance, subcommittee, or working group meetings related to	the NPSBN held during	the quarter		
2	Individuals Sent to Broadband Conferences	No	0	_	uals who were sent to national or regional third-party conf ng SLIGP grant funds during the quarter	erences with a focus are	ea or training track		
3	Convened Stakeholder Events	No	0	Actual number of events o	coordinated - or held using SLIGP grant funds during the qu	arter, as requested by F	irstNet.		
4	Staff Hired (Full-Time Equivalent)(FTE)	Yes	0.66	Actual number of state pe	ersonnel FTEs who began supporting SLIGP activities during	the quarter (may be a	decimal).		
5	Contracts Executed	No	0	Actual number of contrac	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 re	porting quarter.			
8	Further Identification of Potential Public Safety Users	No		Yes or No if further identi	fication of potential public safety users occurred during thi	s reporting quarter.			
9	Plans for Emergency Communications Technology Transitions	No		Yes or No if plans for futu	re emergecy communications technology transitions occur	red during this reporting	g quarter.		
10	Identified and Planned to Transition PS Apps & Databases	No		Yes or No if public safety of developed this reporting of	applications or databases within the State or territory wer	e identified and transiti	on plans were		
11	Identify Ongoing Coverage Gaps	No		Yes or No if participated in 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 collect data collect data collectidata collection determination by Opt-Out (Post-SMLA) gran		ed by FirstNet or		
Activities for Opt-Out States only in		the Reporting Quarter							
13	Stakeholders Engaged			Actual number of individu	ials reached via stakeholder meetings or events during the	quarter.			
14	Education and Outreach Materials Distributed In- Person			Actual number of materia	Is distributed in-person during this quarter.				
15	Education and Outreach Materials distributed Electronically			Actual volume of hits or in the quarter.	mpressions to any website, e-newsletter, social media post	or other account suppo	orted by SLIGP during		

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11a. Narrative description for each The Commonwealth of Pennsylvani upcoming dates of our task force's contributed to the project (state ma	a has written an RFQ to meetings in order to get	hire a consultant to assist wit onto their schedules once we	th project manageme coordinate with Firs	nt and event planning for t tNet and gain their approv	he SLIGP 2.0 proje al. Activities surro	ct. In anticipation	of the completion of	that process, we have sta	arted to collect the
12. Personnel									
12a. Staffing Table - Please include	all staff that have contr	ibuted time to the project wit	th current quarter's u	tilization. Please only inclu	de FTE staff empl	oyed by the state i	not contractors. Pleas	e do not remove individu	als from this table.
Job Title	FTE%		•		ct (s) Assigned	<i>.</i>			Change
Deputy SPOC	11%	Reviewing RFQ document	S	•	., .				new to SLIGP 2.0
Policy Specialist	19%	Reviewing RFQ document	S						new to SLIGP 2.0
Administrative Officer	36%	Grant set up, RFQ writing	for project manager/	event planner, set-up mech	anism to capture t	ime contributions			new to SLIGP 2.0
13. Contractual (Contract and/or Su 13a. Contractual Table – Include all	contractors. The totals f	·	he "Contractual" in C		Contract			Total Federal Funds	Total Matching Funds
Name	Subcont	ract Purpose	(Contract/Subrec.)	RFP/RFQ Issued (Y/N)	Executed (Y/N)	Start Date	End Date	Allocated	Allocated
l		1 . 1							
13b. Narrative description any chall No contracts have been issued on the reporting quarter. We will provide	nis project yet. We are a	bout to publish an RFQ to hir	·	sultants to assist with proj	ect management a	nd event planning	g on the project; howe	ver, the RFQ was not pul	olished during this

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14. Budget Worksheet									
Columns 2, 3 and 4 must match yo	ur current project budget for	the entire award, which i	s the SF-424A on file.						
Only list matching funds that the D	epartment of Commerce has	already 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	\$0.00	\$171,300.00	\$171,300.00	\$0.00	\$64,230.00	\$64,230.00	\$0.00	\$0.00	\$0.00
b. Personnel Fringe Benefits	\$0.00	\$128,700.00	\$128,700.00	\$0.00	\$48,270.00	\$48,270.00	\$0.00	\$0.00	\$0.00
c. Travel	\$55,760.00	\$0.00	\$55,760.00	\$27,880.00	\$0.00	\$27,880.00	\$0.00	\$0.00	\$0.00
d. Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
e. Materials/Supplies	\$9,000.00	\$0.00	\$9,000.00	\$4,500.00	\$0.00	\$4,500.00	\$0.00	\$0.00	\$0.00
f. Contractual	\$1,105,240.00	\$0.00	\$1,105,240.00	\$377,620.00	\$0.00	\$377,620.00	\$0.00	\$0.00	\$0.00
g. Other	\$30,000.00	\$0.00	\$30,000.00	\$15,000.00	\$0.00	\$15,000.00	\$0.00	\$0.00	\$0.00
h. Indirect	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
i. Total Costs	\$1,200,000.00	\$300,000.00	\$1,500,000.00	\$425,000.00	\$112,500.00	\$537,500.00	\$0.00	\$0.00	\$0.00
j. Proportionality Percent	80.00%	20.00%	100.00%	79.07%	20.93%	100.00%	#DIV/0!	#DIV/0!	#DIV/0!
15. Certification: I certify to the be	st of my knowledge and belie	f that this report is correc	ct and complete for p	erformance of activities fo	r the purpose(s) s	set forth in the aw	ard documents.		
16a. Typed or printed name and ti	tle of Authorized Certifying O	fficial:					16c. Telephone (area		
Diane Stackhouse, Major					code, number, and extension)	717-346-5346			
16b. Signature of Authorized Certifying Official:					16d. Email Address:	distackhou@pa.gov			
							Date:		

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