U.S. Department of Commerce SLIGP 2.0 Performance Progress Report						47-10-518047				
						62-6001445				
1. Recipient Name	Tennessee Department of Safety and Homeland Security					04/27/2018				
3. Street Address 1	150 Foster Ave.	7. Reporting Period End Date: (MM/DD/YYYY)	03/31/2018							
. City, State, Zip Code Nashville, TN 37210-4428					8. Final Report Yes No Ø	9. Report Frequency Quarterly X				
0a. Project/Grant Period										
Start Date: (MM/DD/YYYY) 0.	3/01/2018	10b. End Date: (MM/DD/YYYY)	02/29/2020							
List the individual projects in your	r approved Project Plan	(initi) OD/1111)	1							
A G	Activity Type (Planning,	Was this Activity Performed during the Reporting Quarter? (Yes/No)	Project Deliverable Quantity (Number & Indicator Description)	Description of Milestone Category						
Activities/Metrics for All Recipients du	uring the Reporting Quarte		a con							
1 G	Sovernance Meetings	Yes	1	Actual number of governance, subcommittee, or working group meetings related to th	e NPSBN held during t	the quarter				
2	ndividuals Sent to Broadband Conferences	Yes	9	Actual number of individuals who were sent to national or regional third-party confer related to the NPSBN using SLIGP grant funds during the quarter	ences with a focus area	a or training track				
3 1	Convened Stakeholder Events	No	0	Actual number of events coordinated - or held using SLIGP grant funds during the quar	ter, as requested by Fi	rstNet.				
4	staff Hired (Full-Time Equivalent)(FTE)	Yes	0.60	Actual number of state personnel FTEs who began supporting SLIGP activities during to	he quarter (may be a d	lecimal).				
	Contracts Executed	No	0	Actual number of contracts executed during the quarter.						
6 E	Subrecipient Agreements Executed	No	0	Actual number of agreements executed during the quarter.						
7 P	Data Sharing Policies/Agreements Developed	No		Yes or No if data sharing policies and/or agreements were developed during this reporting quarter.						
8 P	urther Identification of Potential Public Safety Jsers	No	943	Yes or No if further identification of potential public safety users occurred during this reporting quarter.						
9 C	Plans for Emergency Communications Technology Transitions	No		Yes or No if plans for future emergecy communications technology transitions occurred	d during this reporting	quarter.				
10 T	dentified 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	dentify Ongoing Coverage Gaps	No	Fally H.	Yes or No if participated in identifying ongoing coveage gaps using SLIGP funds during	this reporting quarter	r.				
	Data Collection Activities	No		(Opt-In and Opt-Out Post-SMLA Phase Only) Yes or No if participated in data collection following a documented data collection determination by Opt-Out (Post-SMLA) grante		d by FirstNet or				
ctivities for Opt-Out States only in th		the Reporting Quarter				The Control of the				
	takeholders Engaged			Actual number of individuals reached via stakeholder meetings or events during the q	uarser,					
14 N	ducation and Outreach Materials Distributed In- Person			Actual number of materials distributed in-person during this quarter.						

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15	Education and Outreach Materials distributed Electronically		Actual volume of hits or impressions to any website, e-newsletter, social media post, or other account supported by SLIGP during the quarter.
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11a. Narrative description for each									
The team invited key stakeholders									
ecosystem. The ICAM Working Gro	*					discussed was the	e need to develop gover	nancem basic standard	perating procedures
(SOP's), and a generic template for	memorandum of understar	nding's (MOU's) to assist th	e local agencies in cre	ating their data sharing po	licies.				
1									
1									
12. Personnel									
12a. Staffing Table - Please include	all staff that have contribu	uted time to the project wit	th current quarter's ut	ilization. Please only includ	le FTE staff emplo	yed by the state n	ot contractors. Please de	o not remove individual:	from this table.
Job Title	FTE%				ect (s) Assigned				Change
		Single Point of Contact (SPOC) for the State of	TN and provides oversight of		d program in TN. C	Outreach and Education.	External and Internal	T. T
Director, Wireless Communications	20%	Stakeholder Relationship	- Street Control State of the S	a p		- p g , -		and means	
Deputy Director, Wireless	2070	Standing rest Treatments in p							
	200/	Outreach and Education, External and Internal Stakeholder Relationships							
Communications	20%								
Outreach and Education		Outreach and Education, External and Internal Stakeholder Relationships, Program Management, Administrative Functions, Scheduling							
Coordinator	20%								
12b. Narrative description of any st									
13. Contractual (Contract and/or Su	brecipients)								
13a. Contractual Table - Include all		m this table should equal t	he "Contractual" in Q	uestion 14f.					
			Туре		Contract		- 1- 1	Total Federal Funds	Total Matching Funds
Name	Subcontra	act Purpose	(Contract/Subrec.)	RFP/RFQ Issued (Y/N)	Executed (Y/N)	Start Date	End Date	Allocated	Allocated
Buford Goff and Associates	Outreach and Education, G	Sovernance Consultation	Contract	Υ	N			\$596,000.00	
13b. Narrative description any chal	lenges undates or changes	s related to contracts and/o	or subrecipients					•	
Currently in contract negotiations v			or subrecipients.				~		
Currently in contract negotiations v	vitti buturu dott alio Associ	iates, iiit.							

\$104,000.00	\$79,520.00 \$34,100.00			\$29,817.00	\$29,817.00			
\$104,000.00	\$34,100.00	\$34.100.00			323,017.00		\$3,313.33	\$3,313,3
\$104,000.00		401,200100		\$12,787.00	\$12,787.00		\$1,420.83	\$1,420.8
		\$104,000.00	\$38,997.00		\$38,997.00	\$16,500.46		\$16,500.4
		\$0.00			\$0.00			\$0.0
		\$0.00			\$0.00			\$0.0
\$596,000.00		\$596,000.00	\$211,003.00		\$211,003.00			\$0.0
	\$61,380.00	\$61,380.00		\$19,896.00	\$19,896.00		\$5,640.60	\$5,640.6
		\$0.00			\$0.00			\$0.0
\$700,000.00	\$175,000.00	\$875,000.00	\$250,000.00	\$62,500.00	\$312,500.00	\$16,500.46	\$10,374.76	\$26,875.2
80.00%	20.00%	100.00%	80.00%	20.00%	100.00%	61,40%	38.60%	100 00
f my knowledge and belief	that this report is correct	and complete for pe	rformance of activities for	the purpose(s) se	forth in the awar	d documents.		
16a Typed or printed name and title of Authorized Certifying Official: The Singley						code, number, and	615-4	83-0396
of	\$700,000.00 80.00% my knowledge and belief	\$61,380.00 \$700,000.00 \$175,000.00 80.00% 20.00% my knowledge and belief that this report is correct Authorized Certifying Official:	\$596,000.00 \$596,000.00 \$61,380.00 \$61,380.00 \$700,000.00 \$175,000.00 \$875,000.00 80.00% 20.00% 100.00% my knowledge and belief that this report is correct and complete for per Authorized Certifying Official:	\$596,000.00 \$596,000.00 \$211,003.00 \$61,380.00 \$61,380.00 \$60.00 \$50.00 \$700,000.00 \$175,000.00 \$875,000.00 \$250,000.00 \$0.00	\$596,000.00 \$51,380.00 \$51,380.00 \$11,003.00 \$19,896.00 \$0.00 \$175,000.00 \$175,000.00 \$100.00% \$0.00 \$250,000.00 \$62,500.00 \$0.00 \$0.00% \$0.00	\$596,000.00 \$596,000.00 \$211,003.00 \$211,003.00 \$211,003.00 \$211,003.00 \$61,380.00 \$61,380.00 \$19,896.00 \$19,896.00 \$0.0	\$596,000.00 \$596,000.00 \$211,003.00 \$211,003.00 \$211,003.00 \$211,003.00 \$519,896.00 \$519,896.00 \$50.	\$596,000.00 \$596,000.00 \$211,003.00 \$211,003.00 \$211,003.00 \$5,640.60 \$5,640.60 \$5,000

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Date:

04/30/2018