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

U.S. Department of Commerce SLIGP 2.0 Performance Progress Report 4.							47-10-S18047 62-6001445		
1. Recipient Name	Tennessee Department of S	Safety and Homeland Secu	rity			6. Report Date (MM/DD/YYYY)	10/22/2018		
3. Street Address	1150 Foster Ave.					7. Reporting Per End Date: (MM/DD/YYYY)	iod 09/30/2018		
5. City, State, Zip Code	Nashville, TN 37210-4428					8. Final Report Yes □ No ☑	9. Report Frequency Quarterly χ		
10a. Project/Grant Period									
	03/01/2018	10b. End Date: (MM/DD/YYYY)	02/29/2020						
11. List the individual projects in yo	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 Recipients	during the Reporting Quart	ter							
1	Governance Meetings	Yes	1	Actual number of governo	ince, subcommittee, or working group meetings	related to the NPSBN held du	ring the quarter		
2	Individuals Sent to Broadband Conferences	Yes	3	_	als who were sent to national or regional third-p g SLIGP grant funds during the quarter	party conferences with a focu	s area or training track		
3	Convened Stakeholder Events	No	0	Actual number of events o	oordinated - or held using SLIGP grant funds dur	ing the quarter, as requested	by FirstNet.		
4	Staff Hired (Full-Time Equivalent)(FTE)	No	0.00	Actual number of state pe	number of state personnel FTEs who began supporting SLIGP activities during the quarter (may be a decimal).				
5	Contracts Executed	Yes	1	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	policies and/or agreements were developed duri	ing this reporting quarter.			
8	Further Identification of Potential Public Safety Users	No		Yes or No if further identi	fication of potential public safety users occurred	during this reporting quarter			
9	Plans for Emergency Communications Technology Transitions	No		Yes or No if plans for futu	re emergecy communications technology transit	ions occurred during this repo	rting 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 term	ritory were identified and tro	nsition plans were		
11	Identify Ongoing Coverage Gaps	No		Yes or No if participated i	n identifying ongoing coveage gaps using SLIGP	funds during this reporting q	ıarter.		
12	Data Collection Activities	No			<mark>SMLA Phase Only)</mark> Yes or No if participated in do lata collection determination by Opt-Out (Post-S		uested by FirstNet or		
Activities for Opt-Out States only in		the Reporting Quarter							
13	Stakeholders Engaged			Actual number of individu	als reached via stakeholder meetings or events o	during the quarter.			
14	Education and Outreach Materials Distributed In- Person			Actual number of materia	ls distributed in-person during this quarter.				
15	Education and Outreach Materials distributed Electronically			Actual volume of hits or in the quarter.	npressions to any website, e-newsletter, social n	nedia post, or other account s	upported by SLIGP during		

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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 We had 1 TACN Advisory Panel Quarterly Meeting. Status of statewide FN contract was discussed including feedback from State of TN Strategic Technical Services (STS). As of close of the quarter, the statewide contract still unsigned. Met with BGA to create a strategic workplan and timeline. Developed questions for the upcoming Innovation Workshops designed to open the conversation regarding data sharing amongst agencies and the obstacles and/or best practices that are being encountered. Director Hooper, Deputy Director Risner, and Dispatch Coordinator Massengale attended APCO to get the most up to date information regarding FirstNet.									
12. Personnel									
12a. Staffing Table - Please include		buted time to the project wi	th current quarter's u			loyed by the state i	not contractors. Please	e do not remove individu	
Job Title	FTE%	Single Doint of Contact /S	SDOC) for the State of	TN and provides oversight	ect (s) Assigned	nd program in TNL C	Nutroach and Education	External and Internal	Change
Director, Wireless Communications	20%	Stakeholder Relationships	•	The and provides oversight	over the broadbar	nu program m m, c	Juli Education	i, external and internal	
Deputy Director, Wireless	2070								
Communications	20%	Outreach and Education,	External and Internal	Stakeholder Relationships					
Outreach and Education		Outropple and Education	Futomos lond intomos	Ctalcabaldou Dalatianabina	Dua ava va Mana aa	and Administration	o Franchisms Calcadulin	_	
Coordinator	20%	Outreach and Education,	External and Internal	Stakeholder Relationships,	Program Managei	ment, Administrativ	re Functions, Schedulin	g	
13. Contractual (Contract and/or So									
13a. Contractual Table – Include al	contractors. The totals f			Question 14f.	Combinant			Total Fadaval Funda	Total Matchine Funda
Name	Subconti	ract Piirnose	Type (Contract/Subrec.)	RFP/RFQ Issued (Y/N)	Contract Executed (Y/N)	Start Date	End Date	Total Federal Funds Allocated	Total Matching Funds Allocated
Buford Goff and Associates	Outreach and Education,	Governance Consultation	Contract	Υ	Υ	07/01/2018	02/29/2020	\$596,000.00	
	1	1 . 1	<u> </u>						
13b. Narrative description any cha		ges related to contracts and/	or subrecipients.						

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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		\$79,520.00	\$79,520.00		\$29,817.00	\$29,817.00		\$23,191.00	\$23,191.00
b. Personnel Fringe Benefits		\$34,100.00	\$34,100.00		\$12,787.00	\$12,787.00		\$9,945.81	\$9,945.81
c. Travel	\$104,000.00		\$104,000.00	\$38,997.00		\$38,997.00	\$24,541.06	5	\$24,541.06
d. Equipment			\$0.00			\$0.00			\$0.00
e. Materials/Supplies			\$0.00			\$0.00			\$0.00
f. Contractual	\$596,000.00		\$596,000.00	\$211,003.00		\$211,003.00	\$11,108.81		\$11,108.83
g. Other		\$61,380.00	\$61,380.00		\$19,896.00	\$19,896.00		\$10,424.18	\$10,424.18
h. Indirect			\$0.00			\$0.00			\$0.00
i. Total Costs	\$700,000.00	\$175,000.00	\$875,000.00	\$250,000.00	\$62,500.00	\$312,500.00	\$35,649.87	\$43,560.99	\$79,210.86
j. Proportionality Percent	80.00%	20.00%	100.00%	80.00%	20.00%	100.00%	45.01%	54.99%	100.00%
15. Certification: I certify to the be	est of my knowledge and belie	f that this report is correc	t and complete for p	erformance of activities fo	r the purpose(s) s	et forth in the aw	ard documents.		
16a. Typed or printed name and ti	itle of Authorized Certifying O	fficial:					16c. Telephone (area		
Amy Singley							code, number, and extension)	615-4	83-0396
16b. Signature of Authorized Certifying Official:					16d. Email Address:	amy.singley@tn.gov			
							Date:	10/22/2018	

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