U.S. Department of Commerce SLIGP 2.0 Performance Progress Report								49-10-S18049 87-0587139			
1. Recipient Name	Utah Communications Authority							04/29/2019			
3. Street Address	5215 Wiley Post Way Suite	(MM/DD/YYYY) 7. Reporting Period End Date: (MM/DD/YYYY)	03/31/2019								
City, State, Zip Code Salt Lake City, Utah 84116								8. Final Report 9. Report Frequency Yes Quarterly X No Output Description:			
10a. Project/Grant Period						基本企业的		SALES EN STATE			
Start Date: (MM/DD/YYYY)	03/01/2018	10b. End Date: (MM/DD/YYYY)	02/29/2020								
11. List the individual projects in yo	ur 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 Quarte	er de la companya de			AREATON (14) 12 (12) 12			ATTEL MELTIC			
1	Governance Meetings	No				ng group meetings related to t					
2	Individuals Sent to Broadband Conferences	No			al number of individuals who were sent to national or regional third-party conferences with a focus area or training track and to the NPSBN using SLIGP grant funds during the quarter						
3	Convened Stakeholder Events	No		Actual number of events o	al number of events coordinated - or held using SLIGP grant funds during the quarter, as requested by FirstNet.						
4	Staff Hired (Full-Time Equivalent)(FTE)	No		Actual number of state personnel FTEs who began supporting SLIGP activities during the quarter (may be a decimal).							
5	Contracts Executed	No		Actual number of contracts executed during the quarter.							
6	Subrecipient Agreements Executed	No		Actual number of agreements executed during the quarter.							
7	Data Sharing Policies/Agreements Developed	No		Yes or No if data sharing policies and/or agreements were developed during this reporting quarter.							
8	Further Identification of Potential Public Safety Users	No		Yes or No if further identif	No if further identification 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	plans for future emergecy communications technology transitions occurred during this reporting quarter.						
10	Identified and Planned to Transition PS Apps & Databases	No		Yes or No if public safety of this reporting quarter	o if public safety applications or databases within the State or territory were identified and transition plans were developed rting quarter						
11	Identify Ongoing Coverage Gaps	Yes		Yes or No if participated in identifying ongoing coveage gaps using SLIGP funds during this reporting quarter.							
12	Data Collection Activities	No		(Opt-In and Opt-Out Post-SMLA Phase Only) Yes or No if participated in data collection activities as requested by FirstNet or following a documented data collection determination by Opt-Out (Post-SMLA) grantees.							
Activities for Opt-Out States only in	the Pre-SMLA Phase during	the Reporting Quarter									
13	Stakeholders Engaged	BOAT AS A SECOND		Actual number of individu	als reached via stakeholder i	neetings or events during the q	uarter.	FLERE DATA CONTRACTOR			
14	Education and Outreach Materials Distributed In- Person			Actual number of materia	aterials distributed in-person during this quarter.						
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 tl quarter.							

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

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 During this quarter SPOC participated in biweekly phone conferences with FirstNet Region 8 Senior Advisor, Tracey Murdock, AT&T Solution Consultatnt Shae Cook and SAIC to plan and schedule an Agency Panel workshop and an Apps Focus Group Workshop. Met with Bill Shrier to discuss apps focus group meeting details and asked Bill to participate as SME. Drafted and sent request letter to Dave Buchannan for the Agency Panel Workshop, approval received. These two events are scheduled for Q6. Participated in the SLIGP2 Allowable activities webinar. Worked with SAIC to maintain and update the FirstNet in Utah website with current content. Met with AT&T deployment team, the information gathered from this meeting will be used to help us with coverage validation efforts. Developed a draft coverage validation survey. Held a day long planning workshop with SAIC to plan out SLIGP2 efforts for this year. Shae cook with AT&T also attended. Began drafting an update to the states emergency operations plan to include procedures for how Utah emergency management will engage with FirstNet's emergency response operations team during an incident. This will also result in updating the ESF2 communications annex plan with SOP's. A meeting with FN emergency response operations team, Utah DEM, SPOC, FirstNet and AT&T scheduled for Q6. Drafted grant proportionality waiver and submitted to NTIA for approval. Waiver approved. Prepared Q4 grant report, participated in Q4 SLIGP quarterly call with Mike Dame. Recalculated Indirect costs for Q1-Q5, new total reflected in this report. Can discuss method for calculation during next quarterly call. 12. Personnel 12a. Staffing Table - Please include all staff that have contributed time to the project with current quarter's utilization. Please only include FTE staff employed by the state not contractors. Please do not remove individuals from this table. Job Title FTE% Project (s) Assigned Change Staetwide Interoperability Oversee SLIGP 2 Activities Filled Coordinator (SWIC) 20% **UCA Director** 0% Oversight (AOR) No longer utilized 12b. Narrative description of any staffing challenges, vacancies, or changes. We will no longer be charging any of the UCA director's time towards the grant. 13. Contractual (Contract and/or Subrecipients) 13a. Contractual Table - Include all contractors. The totals from this table should equal the "Contractual" in Question 14f. Total Federal Funds Total Matching Funds Contract RFP/RFQ Issued (Y/N) Name **Subcontract Purpose** Start Date **End Date** Contract/Subrec.) Executed (Y/N) Allocated Allocated SLIGP2 support, assist with FirstNet/AT&T requested Scietific Applications International Corp thru Knowledge Services outreach and education, website support, assist with Vendor Υ 03/01/2018 02/28/2020 \$377,000.00 Contract drive testing and coverage gap analysis 13b. Narrative description any challenges, updates, or changes related to contracts and/or subrecipients.

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	\$196,345.00	\$59,162.00	\$255,507.00	\$196,345.00	\$59,162.00	\$255,507.00	\$2,197.12	\$15,938.32	\$18,135.4
b. Personnel Fringe Benefits	\$94,050.00	\$28,338.00	\$122,388.00	\$94,050.00	\$28,338.00	\$122,388.00	\$836.64	\$7,061.48	\$7,898.1
c. Travel	\$29,200.00		\$29,200.00	\$29,200.00		\$29,200.00			\$0.0
d. Equipment	\$0.00		\$0.00			\$0.00	\$0.00		\$0.0
e. Materials/Supplies	\$3,405.00		\$3,405.00	\$3,405.00		\$3,405.00	\$0.00		\$0.0
f. Contractual	\$377,000.00		\$377,000.00	\$377,000.00		\$377,000.00	\$160,452.11		\$160,452.1
g. Other		\$7,955.00	\$7,955.00		\$7,995.00	\$7,995.00	\$0.00	\$5,306.11	\$5,306.1
h. Indirect		\$79,545.00	\$79,545.00		\$79,545.00	\$79,545.00		\$825.44	\$825.4
i. Total Costs	\$700,000.00	\$175,000.00	\$875,000.00	\$700,000.00	\$175,040.00	\$875,040.00	\$163,485.87	\$29,131.35	\$192,617.2
j. Proportionality Percent	80.00%	20.00%	100.00%	80.00%	20.00%	100.00%	84.88%	15.12%	100.009
15. Certification: I certify to the be	st of my knowledge and belief	that this report is correct	and complete for pe	rformance of activities for	the purpose(s) set	forth in the awar	d documents.		
16a. Typed or printed name and title of Authorized Certifying Official: David A. Edmunds Executive Director, UCA							16c. Telephone (area code, number, and extension)	801-840-4201	
16b. Signature of Authorized Certif	ying Official:	Men						dedmunds@uca911.org	

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