	2. Award or Grant Number:	51-10-S18051							
	4. EIN:	54-6002286							
1. Recipient Name	Virginia Department of Eme	6. Report Date (MM/DD/YYYY)	10/19/2018						
3. Street Address	10501 Trade Ct.	7. Reporting Period End Date: (MM/DD/YYYY)	09/30/2018						
5. City, State, Zip Code	Richmond, VA, 23236				8. Final Report Yes □ No ☑	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	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 Quart	er							
1	Governance Meetings	Yes	1	Actual number of governance, subcommittee, or working group meetings related to th	e NPSBN held during t	he quarter			
2	Individuals Sent to Broadband Conferences	No	0	Actual number of individuals who were sent to national or regional third-party conference related to the NPSBN using SLIGP grant funds during the quarter	ences with a focus area	or training track			
3	Convened Stakeholder Events	No	0	Actual number of events coordinated - or held using SLIGP grant funds during the quar	ter, as requested by Fi	stNet.			
4	Staff Hired (Full-Time Equivalent)(FTE)	Yes	0.50	Actual number of state personnel FTEs who began supporting SLIGP activities during the quarter (may be a decimal).					
5	Contracts Executed	No	0	Actual number of contracts executed during the quarter.					
6	Subrecipient Agreements Executed	No	0	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 repor	ting quarter.				
8	Further Identification of Potential Public Safety Users	No		Yes or No if further identification of potential public safety users occurred during this r	eporting quarter.				
9	Plans for Emergency Communications Technology Transitions	No		Yes or No if 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 applications or databases within the State or territory were i this reporting quarter	dentified and transitio	n plans were developed			
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		(Opt-In and Opt-Out Post-SMLA Phase Only) Yes or No if participated in data collection	activities as requeste	d by FirstNet or			
Activities for Opt-Out States only in		the Reporting Quarter							
13	Stakeholders Engaged			Actual number of Individuals reached via stakeholder meetings or events during the qu	iarter.				
18	Education and Outreach Materials Distributed in- Person			Actual number of materials distributed in-person during this quarter.		100 P			
.15.	Education and Outreach Materials distributed Electronically			Actual volume of hits or impressions to any website, e-newsletter, social media post, o quarter.	r other account suppo	ted by SLIGP during the			

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11a. Narrative description for each During this quarter the new Interop									
Current planning efforts with FirstN	let, AT&T include the develo	opment of FirstNet Outrea	ch and Engagment dur	ring the annual Virignia AP	•		_		-
Program Office also worked with A	T&T on planning efforts for	Special Events accross the	Commonwealth of Vi	rginia.					
12. Personnel									
12a. Staffing Table - Please include		ited time to the project wi	th current quarter's ut			yed by the state n	ot contractors. Please do	not remove individuals	
Job Title	FTE%			Proj	ect (s) Assigned			***************************************	Change
Interoperability Program Manager	50%	Project Coordination, dai	ily operations, project	reporting				,	Filled 7/9/18
Grant Manager	50%	Project Coordination, dai	ily operations, grants n	nanagement, project and fir	ancial reporting				Filled
			······································						
12b. Narrative description of any st	<u>l</u> affing challenges, vacancies	s, or changes.							
Virginia designated Assistant Secre			Imadge as the State V	Vide Interoperability Coord	inator on May 1, 2	018.The Interope	rability Program Manage	r will be designated as t	he FirstNet Single Point
of Contact. Formal notification of t	nis change is being drafted.								
		6							
13. Contractual (Contract and/or Su	brecipients)				······································	***************************************			
13a. Contractual Table – Include all	contractors. The totals from	m this table should equal t	the "Contractual" in Q	uestion 14f.					
Name	Subcontra	ict Purpose	Type (Contract/Subrec.)	RFP/RFQ issued (Y/N)	Contract Executed (Y/N)	Start Date	End Date	Total Federal Funds Allocated	Total Matching Funds Allocated
Unknown	Program Outreach Coordin	nator	Contract	N				\$62,400.00	
Unknown	Program Admin Support Te		Contract	N				\$24,960.00	
VA APCO	Virginia Interoperability Co		Subcontract	N N				\$15,000.00	***************************************
Unknown	Program Technical Support		Subcontract	l N			<u> </u>	\$58,125.00	
13b. Narrative description any chal	lenges, updates, or changes	related to contracts and/	or subrecipients.						
L	<u> </u>		·					***************************************	

14. Budget Worksheet									
Columns 2, 3 and 4 must match you	ur current project budget for t	the entire award, which is	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	\$343,490.00	\$0.00	\$343,490.00	\$128,809.00	\$0.00	\$128,809.00	\$35,835.25	\$0.00	\$35,835.25
b. Personnel Fringe Benefits	\$116,787.00	\$0.00	\$116,787.00	\$43,795.00	\$0.00	\$43,795.00	\$12,372.35	\$0.00	\$12,372.35
c. Travel	\$54,560.00	\$0.00	\$54,560.00	\$20,460.00	\$0.00	\$20,460.00	\$447.04	\$0.00	\$447.04
d. Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
e. Materials/Supplies	\$11,400.00	\$0.00	\$11,400.00	\$6,775.00	\$0.00	\$6,775.00	\$28,110.81	\$0.00	\$28,110.81
f. Contractual	\$427,960.00	\$0.00	\$427,960.00	\$160,485.00	\$0.00	\$160,485.00	\$0.00	\$0.00	\$0.00
g. Other	\$0.00	\$238,550.00	\$238,550.00	\$0.00	\$90,081.00	\$90,081.00	\$0.00	\$8,371.99	\$8,371.99
h. Indirect	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
i. Total Costs	\$954,197.00	\$238,550.00	\$1,192,747.00	\$360,324.00	\$90,081.00	\$450,405.00	\$76,765.45	\$8,371.99	\$85,137.44
j. Proportionality Percent	80.00%	20.00%	100.00%	80.00%	20.00%	100.00%	90.17%	9.83%	100.00%
15. Certification: I certify to the be	st of my knowledge and belie	f that this report is correc	t and complete for pe	rformance of activities for	the purpose(s) se	t forth in the awar	d documents.		
16a. Typed or printed name and title of Authorized Certifying Official:									
Cheryl Lee	I Lee						code, number, and extension)	804-897-9760	
6b. Signature of Authorized Certifying Official:					16d. Email Address:	cheryl.lee@vdem.virginia.gov			
					Date:	REVISED 11/27/2018			

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