

U.S. Department of Commerce		State and Local Implementation Grant Program Close Out Report		2. Award or Grant Number:
				4. EIN:
1. Recipient Name				6. Report Date (MM/DD/YYYY)
3. Street Address				7. Reporting Period End Date: (MM/DD/YYYY)
5. City, State, Zip Code				
10a. Project/Grant Period				
Start Date: (MM/DD/YYYY)		10b. End Date: (MM/DD/YYYY)		
Part A: Metrics - Final PPR Milestone Data (cumulative through the last quarter)				
	Project Type (Capacity Building, SCIP Update,	Project Deliverable Quantity (Number & Indicator Description)	Description of Milestone Category	
1	Stakeholders Engaged		Actual number of individuals reached via stakeholder meetings during the period of performance	
2	Individuals Sent to Broadband Conferences		Actual number of individuals who were sent to third-party broadband conferences using SLIGP grant funds during the period of performance	
3	Staff Hired (Full-Time Equivalent)(FTE)		Actual number of state personnel FTEs who began supporting SLIGP activities during the period of performance (may be a decimal)	
4	Contracts Executed		Actual number of contracts executed during the period of performance	
5	Governance Meetings		Actual number of governance, subcommittee, or working group meetings held during the period of performance	
6	Education and Outreach Materials Distributed		Actual volume of materials distributed (inclusive of paper and electronic materials) plus hits to any website or social media account during the period of performance	
7	Subrecipient Agreements Executed		Actual number of agreements executed during the period of performance	
8	Phase 2 - Coverage		<p style="color: red; margin: 0;">Note (not for official form): These options will be in a drop-down list</p> <p style="margin: 0;">Please choose the option that best describes the data you provided to FirstNet in each category during the period of performance:</p> <ul style="list-style-type: none"> • Not Complete • Partial Dataset Submitted to FirstNet • Complete Dataset Submitted to FirstNet 	
9	Phase 2 - Users and Their Operational Areas			
10	Phase 2 - Capacity Planning			
11	Phase 2 - Current Providers/Procurement			
12	Phase 2 - State Plan Decision			
Part B: Narrative				
1. Milestone Data Narrative: Please Describe in detail the types of milestone activities your SLIGP grant funded (Please reference each project type you engaged in. Example: Governance Meetings, Stakeholders Engaged)				
2. Please describe in detail any SLIGP program priority areas (education and outreach, governance, etc.) that you plan to continue beyond the SLIGP period of performance.				

3. Data collection narrative: Please describe in detail the status of your SLIGP funded data collection activities. (As described above in Part A)

4. Please describe in detail any data collection activities you plan to continue beyond the SLIGP period of performance.

Lessons Learned: Please share any lessons learned or best practices that your organization implemented during your SLIGP project.

Part C: Staffing

Staffing Table - Please provide a summary of all positions funded by SLIGP.

Name	FTE%	Project(s) Assigned

Part D: Contracts and Funding

Subcontracts Table - Include all subcontractors engaged during the period of performance. The totals from this table must equal the "Subcontracts Total" in your Budget Worksheet

Name	Subcontract Purpose	Type (Vendor/Subrec.)	RFP/RFQ Issued (Y/N)	Total Federal Funds Allocated

Budget Worksheet

Columns 2, 3 and 4 must match your project budget for the entire award and your final SF 424A. Columns 5, 6, and 7 should list your final budget figures, cumulative through the last quarter

Project Budget Element (1)	Federal Funds Awarded (2)	Approved Matching Funds (3)	Total Budget (4)	Final Federal Funds Expended (5)	Final Approved Matching Funds Expended (6)
a. Personnel Salaries			\$0.00		
b. Personnel Fringe Benefits			\$0.00		
c. Travel			\$0.00		
d. Equipment			\$0.00		
e. Materials/Supplies			\$0.00		
f. Subcontracts Total			\$0.00		
g. Other			\$0.00		
Indirect			\$0.00		
h. Total Costs	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
i. % of Total	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

Part E: Additional Questions: (Note: The Response Options will be in dropdown form) Please select the option (Strongly Disagree, Disagree, Neutral, Agree, Somewhat Agree, Strongly Agree) that best suits your ans			
1. Overall, were SLIGP funds helpful in preparing for FirstNet?	Response options: Strongly Disagree, Disagree, Neutral, Somewhat Agree, Agree, Strongly Agree	What was most helpful? What challenges did you encounter?	
2. Were SLIGP funds helpful in planning for your FirstNet consultation?	Response options: Strongly Disagree, Disagree, Neutral, Somewhat Agree, Agree, Strongly Agree	What was most helpful? What challenges did you encounter?	
3. Were SLIGP funds helpful in informing your stakeholders about FirstNet?	Response options: Strongly Disagree, Disagree, Neutral, Somewhat Agree, Agree, Strongly Agree	What was most helpful? What challenges did you encounter?	
4. Were SLIGP funds helpful in developing a governance structure for broadband in your state?	Response options: Strongly Disagree, Disagree, Neutral, Somewhat Agree, Agree, Strongly Agree	What was most helpful? What challenges did you encounter?	
5. Were SLIGP funds helpful in preparing your staff for FirstNet activities in your state (e.g. attending broadband conferences, participating in training, purchasing software, procuring contract support etc.)?	Response options: Strongly Disagree, Disagree, Neutral, Somewhat Agree, Agree, Strongly Agree	What was most helpful? What challenges did you encounter?	
6. Were SLIGP funds helpful in updating your Statewide Communications Interoperability Plan?	Response options: Strongly Disagree, Disagree, Neutral, Somewhat Agree, Agree, Strongly Agree	What was most helpful? What challenges did you encounter?	
7. Were SLIGP funds helpful in conducting FirstNet determined data collection?	Response options: Strongly Disagree, Disagree, Neutral, Somewhat Agree, Agree, Strongly Agree	What was most helpful? What challenges did you encounter?	
8. Were SLIGP funds helpful in preparing for your review of the FirstNet developed State Plan?	Response options: Strongly Disagree, Disagree, Neutral, Somewhat Agree, Agree, Strongly Agree	What was most helpful? What challenges did you encounter?	

Part F: Certification: I certify to the best of my knowledge and belief that this report is correct and complete for performance of activities for the purpose(s) set forth in the award documents.

Typed or printed name and title of Authorized Certifying Official:		Telephone (area code, number, and extension)	
Signature of Authorized Certifying Official:		Email Address:	
		Date:	

