

U.S. Department of Commerce				SLIGP 2.0 Performance Progress 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						8. Final Report Yes <input type="checkbox"/> No <input type="checkbox"/>	9. Report Frequency Quarterly <input checked="" type="checkbox"/>
10a. Project/Grant Period							
Start Date: (MM/DD/YYYY)		10b. End Date: (MM/DD/YYYY)					
11. List the individual projects in your 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 Quarter							
1	Governance Meetings			Actual number of governance, subcommittee, or working group meetings related to the NPSBN held during the quarter			
2	Individuals Sent to Broadband Conferences			Actual number of individuals who were sent to national or regional third-party conferences with a focus area or training track related to the NPSBN using SLIGP grant funds during the quarter			
3	Convened Stakeholder Events			Actual number of events coordinated or held using SLIGP grant funds during the quarter, as requested by FirstNet.			
4	Staff Hired (Full-Time Equivalent)(FTE)			Actual number of state personnel FTEs who began supporting SLIGP activities during the quarter (may be a decimal).			
5	Contracts Executed			Actual number of contracts executed during the quarter.			
6	Subrecipient Agreements Executed			Actual number of agreements executed during the quarter.			
7	Data Sharing Policies/Agreements Developed			Yes or No if data sharing policies and/or agreements were developed during this reporting quarter.			
8	Further Identification of Potential Public Safety Users			Yes or No if further identification of potential public safety users occurred during this reporting quarter.			
9	Plans for Emergency Communications Technology Transitions			Yes or No if plans for future emergency communications technology transitions occurred during this reporting quarter.			
10	Identified and Planned to Transition PS Apps & Databases			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	Identify Ongoing Coverage Gaps			Yes or No if participated in identifying ongoing coverage gaps using SLIGP funds during this reporting quarter.			
12	Data Collection Activities			<b>(Opt-In and Opt-Out Post-SMLA Phase Only)</b> 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			Actual number of individuals reached via stakeholder meetings or events during the quarter.			

	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
14	Education and Outreach Materials Distributed In-Person			<i>Actual number of materials distributed in-person during this quarter.</i>
15	Education and Outreach Materials distributed Electronically			<i>Actual volume of hits or impressions to any website, e-newsletter, social media post, or other account supported by SLIGP during the quarter.</i>

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 milestones or information.

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

12b. Narrative description of any staffing challenges, vacancies, or changes

13. Contractual (Contract and/or Subrecipients)

13a. Contractual Table - Include all contractors. The totals from this table should equal the "Contractual" in Question 14f.

Name	Subcontract 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

13b. Narrative description any challenges, updates, or changes related to contracts and/or subrecipients.

**14. Budget Worksheet**

Columns 2, 3 and 4 must match your current project budget for the entire award, which is the SF-424A on file.

Only list matching funds that the Department 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			\$0.00			\$0.00			\$0.00
b. Personnel Fringe Benefits			\$0.00			\$0.00			\$0.00
c. Travel			\$0.00			\$0.00			\$0.00
d. Equipment			\$0.00			\$0.00			\$0.00
e. Materials/Supplies			\$0.00			\$0.00			\$0.00
f. Contractual			\$0.00			\$0.00			\$0.00
g. Other			\$0.00			\$0.00			\$0.00
h. Indirect			\$0.00			\$0.00			\$0.00
i. Total Costs	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
j. Proportionality Percent	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

15. 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.

16a. Typed or printed name and title of Authorized Certifying Official:	16c. Telephone (area code, number, and extension)	
	16d. Email Address:	
	Date:	
16b. Signature of Authorized Certifying Official:		