	SLIGP 2.0 Grant Closeout 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 ☐ No ☐	

9. Project/Grant Period			**10. Reserved for Reviewer**	
9a. Start Date: (MM/DD/YYYY)	**9b. End Date: (MM/DD/YYYY)**			

11. Program Activities

11a. Identify the activities you performed during SLIGP2.0 grant period of performance

	Activity Type (Planning, Governance Meetings, etc.)	Was this Activity Performed during the grant period? (Yes/No)	Total Project Deliverable Quantity (Number)	Description of Activity Deliverable Quantity
1	Governance Meetings			*Cumulative number of governance, subcommittee, or working group meetings related to the NPSBN held during the grant period*
2	Individuals Sent to Broadband Conferences			*Cumulative number of individuals sent to national or regional third-party conferences with a focus or training track related to the NPSBN using SLIGP 2.0 grant funds during the grant period*
3	Convened Stakeholder Events			*Cumulative number of events coordinated or held using SLIGP 2.0 grant funds during the grant period, as requested by*
4	Staff Hired (Full-Time Equivalent)(FTE)			*Cumulative number of state/territory personnel FTEs who began supporting SLIGP 2.0 activities during the grant period (may be a decimal).*
5	Contracts Executed			*Cumulative number of contracts executed during the grant period.*
6	Subrecipient Agreements Executed			*Cumulative number of agreements executed during the grant period.*
7	Data Sharing Policies/Agreements Developed			*Yes or No if data sharing policies and/or agreements were developed during the grant period.*
8	Further Identification of Potential Public Safety Users			*Yes or No if further identification of potential public safety users occurred during the grant period.*
9	Plans for Emergency Communications Technology Transitions			*Yes or No if plans for future emergency communications technology transitions occurred during the grant period.*
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 during the grant period*
11	Identify Ongoing Coverage Gaps			*Yes or No if participated in identifying ongoing coverage gaps using SLIGP 2.0 funds during the grant period.*
12	Data Collection Activities			*Yes or No if participated in data collection activities as requested by FirstNet*

11b. Please provide a description of each activity reported in response to Question 11; any challenges or obstacles encountered and mitigation strategies you employed; and any additional project milestones or information.

11c. Did you perform activities during the last quarter of the grant that haven't been reported previously (i.e., new programmatic activities, staffing changes)? If so, please describe.

11d. Please share any lessons learned or best practices that your organization implemented during your SLIGP 2.0 project.

12. Personnel

12a. Staffing Table - Please include all staff that contributed time to the project with utilization. Please only include government staff employed by the state/territory NOT contractors.

Job Title	FTE%	Project (s) Assigned

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
Total Funds Allocated to Contracts							$0.00	$0.00

14. 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)	Final Total funds Expended (7)
a. Personnel Salaries			$0.00			$0.00
b. Personnel Fringe Benefits			$0.00			$0.00
c. Travel			$0.00			$0.00
d. Equipment			$0.00			$0.00
e. Materials/Supplies			$0.00			$0.00
f. Contractual			$0.00			$0.00
g. Other			$0.00			$0.00
h. Indirect			$0.00			$0.00
i. Total Costs	$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!

15. Additional Questions: Read each statement below. Rate your level of agreement or disagreement with each statement and answer follow-up questions to provide additional information.

Statement	Agree/Disagree	Additional Questions	Response
15a. SLIGP 2.0 funds were helpful in planning for the integration with the NPSBN.		What was most helpful? What challenges did you encounter?	
15b. I plan to continue any SLIGP 2.0 program activities beyond the SLIGP 2.0 period of performance.		What do you plan to accomplish after the period of performance?	
15c. SLIGP 2.0 funds were helpful in informing my stakeholders about FirstNet.		What was most helpful? What challenges did you encounter?	

Statement	Agree/Disagree	Additional Questions	Response
15d. SLIGP 2.0 funds were helpful in maintaining a governance structure for broadband in my state/territory.		What was most helpful? What challenges did you encounter?	
15e. SLIGP 2.0 funds provided resources that were helpful in preparing for FirstNet planning activities in my state/territory (e.g. staffing, attending broadband conferences, participating in training, procuring contract support etc.).		What was most helpful? What challenges did you encounter?	
15f. Overall, SLIGP 2.0 funds were helpful in preparing for FirstNet.		What was most helpful? What challenges did you encounter?	

16. 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:	
	16d. Email Address:	
16b. Signature of Authorized Certifying Official:		
	16e. Date:	

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