						expiration pater of 51/2010		
		U.S. Department of Commerce	2. Award or Grant Number					
			02-10-S13002					
		Performance Progress Report	4. EIN 926001185					
1. Recipie	ent Name		6. Report Date (7/30/2014)					
Alaska De	epartment of Public Safet	ty						
3. Street	Address				7. Reporting Period End Date:			
5700 East	Tudor Road				06/30/2014			
5. City, St	ate, Zip Code				8. Final Report	9. Report Frequency		
Anchorag	e, Alaska 99507				□ Yes	X Quarterly		
					X No			
10a. Proje	ect/Grant Period	10b. End Date: (07/31/2016)						
	ate: (08/01/2013)							
11. List th	he individual projects in y	your approved Project Plan				TWO		
	Project Type (Capacity	5			Funding Amount expended	Percent of Total Federal Funding		
	Building, SCIP Update,	1 1	Funding Amount	at the end of	this reporting period	Amount expended		
	Outreach, Training etc							
1	Stakeholder Meetings					And the same of th		
2	Broadband Conference	27.70	20 1 State			195 THE STREET STATE		
3	Staff Hires	0	DE LE CLUS			4 2 4 2 4 2 4 2 4 2 4 2 4 2 4 2 4 2 4 2		
4	Contract Executions	0	THE RESERVE					
5	Governance Meetings		A STATE STATE					
6	Education and Outrea	ich 0	TOTAL PROPERTY.					
	Materials							
7	Subrecipient Agreeme Executed	ents N/A						
8	Phase II Activities	N/A	The state of the s	P. C. C.				
11a. Duri	ing this reporting period.	the State of Alaska has continues to w	ork to create a statewid	e interoperabili	ty governance board (SIGB) v	which would incorporate		
		vith an interest in the FirstNet network		1.6)				
11.0000.000.0000.0000.0000		ng a Public Safety Broadband Network.						
institeta	ina the concept of bulluli	ing a rabile salety broadband Network.	We have a stror site vis	ar selleddied 10	nagast 10, 2014 in Allthora	ge niaska.		

11b. If the project team anticipates requesting any changes to the approved Baseline Report in the next quarter, describe those below. Note that any substantive changes to the Baseline Report must be approved by the Department of Commerce before implementation.

11c. Provide any other information that would be useful to NTIA as it assesses this project's progress.										
11d. Describe any success stories or best practices you have identified. Please be as specific as possible.										
12. Personnel										
12a. If the project is not fully staffed, describe how any lack of staffing may impact the project's time line and when the project will be fully staffed.  No impact to the project timeline is anticipated at this time due to the absence. We anticipate a replacement in the near future.										
12b. Staffing Table										
	Job Title		FTE %					Assigned		Change
Deputy Director, Department of Public Safety, Alaska State Troopers – State Designated Point of Contact				Alaska State Point of Contact / Grant Program Manager (Non-Federal in-kind match): The Grant Program Manager will provide oversight for the SLIGP grant, ensuring that all activities are completed on time and within budget. The Grant Program Manager will be the primary point of contact for consultation with FirstNet, and will work to create the State's governance structure through a series of meetings, conferences and facilitation by professional consultants to establish governance structure for the Statewide Interoperable Governing Body (SIGB), and assist in Project Management activities						No Change
Telecommunications Special Projects Administrator, Department of Administration, Division of Enterprise			20	Telecom Special Projects Administrator (TSPA), Department of Administration, Enterprise Technology Services (Non-Federal in-kind match): The TSPA will be the technical lead for all aspects of SLIGP grant activities  Individual left position - no replacement as of this time						
Technology Statewide 9-1-1 Coordinator			25	The Statewide 911 Coordinator will work with the Program Manager and to execute the project plan, assist in outreach and training, and assist with the creation of the Governance Structure.						
Add Row Remove Row										
13. Subcontracts (Vendors and/or Subrecipients)										
13a. Subcontrac	cts Table – Include all sub	contractors. Th	e totals f	rom this	table must ed	ual the "Su	bcontracts	Total" in Question 14	lf.	
Name	Subcontract Purpose	Type (Vendor/Subre	ec.) I	FP/RFQ ssued (Y/N)	Contract Executed (Y/N)	Start Date	End Date	Total Federal Funds Allocated	Total Matching Funds Allocated	Project and % Assigned
TBD	Project Management: Track and manage all	Vendor		N	N	N/A	07/31/ 2016	\$459,000	\$0	

	aspects of the project								
TBD	Website Development & Maintenance: Create and maintain a website for the purpose of public awareness and education on the PSBN	Vendor	N	N	N/A	07/31/ 2016	\$402,300	\$0	
TBD	(Phase II) Data Collection: Gather information about existing infrastructure, potential users, and other information as requested by FirstNet.	Vendor	N	N	N/A	07/31/ 2016	1,002,935	\$0	

Add Row Remove Row

13b. Describe any challenges encountered with vendors and/or subrecipients.

NONE

## 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)	Federal Funds Awarded (2)	Approved Matching Funds (3)	Total Budget (4)	Federal Funds Expended (5)	Approved Matching Funds Expended (6)	Total Funds Expended (7)
a. Personnel Salaries	\$0	\$152,404	\$152,404	\$0	\$35,967	\$35,967
b. Personnel Fringe Benefits	\$0	\$86,375	\$86,375	\$0	\$18,144	\$18,144
c. Travel	\$122,859	\$44,111	\$166,970	\$5,916	\$6,001	\$11,918
d. Equipment	\$0	\$0	\$0	\$0	\$0	\$0
e. Materials/Supplies	\$13,441	\$0	\$13,441	\$0	\$0	\$0
f. Subcontracts Total	\$1,864,235	\$0	\$1,864,235	\$0	\$0	\$0
g. Other	\$5,334	\$0	\$5,334	\$0	\$0	\$0
Indirect Costs	\$0	\$218,577	\$218,577	\$0	\$0	\$0
h. Total Costs	\$2,005,869	\$501,467	\$2,507,336	\$5,916	\$60,113	\$66,029
i. % of Total	80%	20%	100%	9%	91%	100%

OMB Control No. 0660-0038 Expiration Date: 8/31/2016

15. Certification: I certify to the best of my knowledge and belief that this report documents.	rt is correct and complete for performance of activities for the purpose(s) set forth in the award
16a. Typed or printed name and title of Authorized Certifying Official	16c. Telephone:
	(907) 269-5511
Major Matthew C. Leveque, Deputy Director, Alaska State Troopers	16d. Email Address:
	Matt.Leveque@alaska.gov
16b. Signature of Authorized Certifying Official	16e. Date Report Submitted:
Mothers C &	July 31, 2014

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a currently valid OMB control number. Public reporting burden for this collection of information is estimated to average 10 hours per response for the application process, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Michael Dame, Director, State and Local Implementation Grant Program, Office of Public Safety Communications, National Telecommunications and Information Administration, U.S. Department of Commerce (DOC), 1401 Constitution Avenue, N.W., HCHB, Room 7324, Washington, D.C. 20230.