U.S. Department of Commerce Performance Progress Report							01-10-513001
	4. EIN:	63-6000619					
1. Recipient Name	Alabama Law Enforcement A	6. Report Date (MM/DD/YYYY)	4/7/2016				
3. Street Address	201 S. Union Street - Suite 30	7. Reporting Period End Date: (MM/DD/YYYY)	3/31/2016				
5. City, State, Zip Code	Montgomery, AL 36130					8. Final Report Yes No	9. Report Frequency Quarterly X
10a. Project/Grant Period							
Start Date: (MM/DD/YYYY)	9/1/2013	10b. End Date: (MM/DD/YYYY)	2/28/2018				
11. List the individual projects	in your approved Project Pla						
	Project Type (Capacity Building, SCIP Update,	Project Deliverable Quantity (Number & Indicator Description)	Total Federal / Funding Amount	Total Federal Funding Amount expended at the end of this reporting period	Percent of Total Federal Amount expended		
	Stakeholder Meetings	460					
2	Broadband Conferences	3	S. Part & Barris				
No. of Concession, which we are not the owner of the local data and the second data and the second data and the	Staff Hires	0	National States				
The set of	Contract Executions	0					ALL BALLY
	Governance Meetings	6					He Ball And
the second se	Education and Outreach	750					
	Subrecipient Agreement Executed	0					
	Phase 2 - Coverage	5					Section Section
9	Phase 2 – Users and Their Operational Areas	5					
10	Phase 2 – Capacity Planning	3					
	Phase 2 – Current Providers/Procurement	5					
12	Phase 2 – State Plan Decision	4					
			Baseline Report for this	s project; any challenges of	or obstacles encountered and mitigation strategies you l	nave employed; plann	ed major activities for
the next quarter; and any addit	ional project milestones or in	nformation.					
					nts from the Southeastern SPOCs, SLIGP staff and DOC/NT ed commissioners from multiple professional associations		

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.

Alabama will anticipate budget revisions due to personnel changes.

11. Drouide any other inform	ation that would be weekd to	NITIA as is accessed this as	-leadle management									
11c. Provide any other information												
Alabama continues presentatio	ons at all Alabama Association r	meetings, and smaller func	tions attended by First	t Responders for Education	and Outreach	1.						
11d. Describe any success stor	les or best practices you have	identified. Please be as s	pecific as possible.									
ALEA held Homeland Security P	oints of Contact meetings with	nin the state divisions whe	re SLIGP staff was able	to update attendees on Fir	stNet.							
12. Personnel				and the second		all sector particular and sector						
12a. If the project is not fully s	taffed, describe how any lack	of staffing may impact th	e project's time line a	nd when the project will b	e fully staffed	i.						
Alabama is confident that all tir	meline and milestones outlined	I in our application will be	met. We do not antici	pate any problems at this ti	me.							
12b. Staffing Table									Change			
Job Title	FTE%	Project (s) Assigned										
SWIC	75	Provide oversight of all SLIGP project activities C										
Attorney	0	Provide legal support for grant program							Removed from budget			
Education and Outreach		rovide Project Management for Education and Outreach							No change			
Project Manager	100											
3. Subcontracts (Vendors and/or Subrecipients)												
13a. Subcontracts (Vendors and		tals from this table must	equal the "Subcontra	cts Total" in Question 14f								
Name	Subcontract		Type (Vendor/Subrec.)	RFP/RFQ Issued (Y/N)	Contract Executed (Y/N)	Start Date	End Date	Total Federal Funds Allocated	Total Matching Funds Allocated			
Curtis Nall	Governance/Planning Project	Manager	Contractor	Y	Y	4/16/2014	2/28/2016	\$289,549.00	\$0.00			
Televate			Contractor	Y	Y	10/1/2015	2/1/2018	\$552,461.00	\$0.00			
13b. Describe any challenges e	ncountered with vendors and	l/or subrecipients.					And the second					
No challenges have been encou	intered with vendors and/or su	ubrecipients.										
14. Budget Worksheet												
Columns 2, 3 and 4 must match	your current project budget for	or the entire award, which	is the SF-424A on file.									
Only list matching funds that th												
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		\$0.00		\$431,014.00	\$431,014.00		\$0.00	\$338,251.68	\$338,251.68			
b. Personnel Fringe Benefits		\$0.00		\$80,219.00	\$80,219.00		\$0.00	\$60,885.54	\$60,885.54			
c. Travel		\$493,000.00		\$0.00	\$493,000.00		\$41,431.35	\$0.00	\$41,431.35			
d. Equipment		\$0.00		\$0.00	\$0.00		\$0.00	\$0.00	\$0.00			
e. Materials/Supplies		\$136,574.00		\$0.00	\$136,574.00		\$35,102.95	\$0.00	\$35,102.95			
f. Subcontracts Total g. Other		\$1,383,510.00 \$31,848.00		\$0.00 \$0.00	\$1,383,510.00 \$31,848.00		\$121,119.67	\$0.00 \$0.00	\$121,119.67 \$980.70			
h. Indirect			\$31,848.00		\$31,848.00		\$980.70 \$0.00	\$0.00	\$980.70			
i. Total Costs		and the second se	\$2,044,932.00		\$2,556,165.00		\$198,634.67	\$399,137.22	\$597,771.89			
j. % of Total 80%		And and an owner of the owner owner owner owner	\$511,233.00 20%	100%		33%	67%	100%				
and the second state of th	e best of my knowledge and b											
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 16a. Typed or printed name and title of Authorized Certifying Official: Charles R. Murph, Assistant Director - Interoperable Communications								334-517-2815				
16d. Email Address: charles.									arles.murph@alea.gov			
Costy Dawson							Date:	5/10/2016				