SLIGP: PPR

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

						Expiration Date. 0/31/2010	
		U.S. Department of Commerce	2. Award or Grant Number:				
			01-10-\$13001				
		Performance Progress Report	4. EIN: 63-6000619				
<ol> <li>Recipien</li> </ol>	<b>t Name:</b> Alabama Law En	forcement Agency	6. Report Date (MM/DD/YYYY): 05/08/2014				
3. Street A	ddress		7. Reporting Period End Date:				
P.O. Box 36	04115			06/30/2014			
5. City, Sta	te, Zip Code			8. Final Report	9. Report Frequency		
Montgome	ery, AL 36460				□ Yes	X□ Quarterly	
					X□ No		
10a. Projec	t/Grant Period	10b. End Date: 08/31/2016					
	te: 09/1/2013						
11. List the	e individual projects in yo	our approved Project Plan			-		
	Project Type (Capacity	Project Deliverable Quantity	Total Federal	Total Federal	Funding Amount expended	Percent of Total Federal Funding	
	Building, SCIP Update,	(Number & Indicator	Funding Amount	at the end of	this reporting period	Amount expended	
	Outreach, Training etc.)	) Description)					
1	Stakeholder Meetings	50 (AL Wireless Comm.)					
2	Broadband Conference	s 1 (PSCR-Denver)					
3	Staff Hires	0					
4	Contract Executions	1					
5	Governance Meetings	1					
6	Education and Outreacl	h 50					
	Materials						
7	Subrecipient Agreemen	nts 0					
	Executed						
8	Phase II Activities	N/A	_				

11a. Describe your progress meeting each major activity/milestone approved in the Baseline Report for this project; 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.

The state hired a contractor to be the Governance and Planning Project Manager in this quarter. He is working with the Alabama First Responder Wireless Commission and two of the workgroups of the commission. He is also developing a third workgroup which will be referred to as the Broadband Users Workgroup. This group will be comprised of the Divisional Advisory Committee Chairpersons. The state is divided into 7 geographical divisions, each having advisory committee comprised of local first responders.

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 does not anticipate any change requests through the next quarter; subject to change.

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11c. Provide any other information that would be useful to NTIA as it assesses this project's progress.										
Alabama anticipates gaining momentum in the execution of the project's plan next quarter following the hiring of staff.										
11d. Describe a	ny success stories or best	practices you h	ave iden	tified. Pl	ease be as spe	cific as poss	ible.			
N/A										
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.										
Alabama is conf	ident that all timeline and	d milestones ou	utlined in	our app	lication will be	e met. We d	o not anticip	ate any problems at	this time.	
12b. Staffing Table										
	Job Title		FTE %				Project(s) A	<del> </del>		Change
SWIC			90	Provide oversight of all SLIGP project activities					No Change	
Attorney			40	Provide	e legal support	t for grant pr	ogram.			No Change
Add Row Remove Row										
13. Subcontracts (Vendors and/or Subrecipients)										
13a. Subcontrac	ts Table – Include all sub	contractors. Th	ne totals	from this	table must e	qual the "Su	bcontracts T	otal" in Question 14	f.	
Name	Subcontract Purpose	Type (Vendor/Subr		FP/RFQ Issued (Y/N)	Contract Executed (Y/N)	Start Date	End Date	Total Federal Funds Allocated	Total Matching Funds Allocated	Project and % Assigned
Curtis Nail	Gov/Plan Project Mgr.	Contractor		Y	Y	4/16/14	2/28/16	\$8,076.	\$0.	Gov/Plan Proj Mgr 100%
Add Row Remove Row  13b. Describe any challenges encountered with vendors and/or subrecipients.  No challenges have been encountered with any vendors at this time.										
14. Budget Worksheet										

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## 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	Approved Matching	Total Budget	Federal Funds	Approved Matching Funds	Total Funds Expended (7)
	Awarded (2)	Funds (3)	(4)	Expended (5)	Expended (6)	2 200
a. Personnel Salaries	\$450,000	\$208,800	\$658,800	0	\$94,436.	\$94,436.
b. Personnel Fringe Benefits	\$34,425	\$37,584	\$72,009	0	\$16,999.	\$16,999.
c. Travel	\$428,400	\$0	\$428,400	\$5,412.	0	\$5,412.
d. Equipment	\$0	\$0	0	0	0	0
e. Materials/Supplies	\$40,350	\$2,880	\$43,230	\$5,505.	0	\$5,505.
f. Subcontracts Total	\$837,500	\$0	\$837,500	\$8,076.	0	\$8,076.
g. Other	\$254,257	\$261,969	\$516,226	0	0	0
Indirect			0	0	0	0
h. Total Costs	\$2,044,932	\$511,233	\$2,556,165	\$18,992.	\$111,435.	\$130,427.
i. % of Total	80	20	100	14.56%	85.44%	100%

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):
Charles R. Murph, Assistant Director	334-517-2815
	16d. Email Address
	Chuck.murph@le.alacop.gov
16b. Signature of Authorized Certifying Official	16e. Date Report Submitted (month, day, year)
Fronte K.M.	June 30, 2014

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