		U	.S. Department of Commerce	2. Award or Grant Number 11-10-513011 4. EIN				
		P	erformance Progress Report					
						53-6001131		
200 CONT. 100 CONT.	ient Name			6. Report Date (MM/DD/YYYY)				
District of	of Columbia Government			10/31/2013				
3. Street	Address			7. Reporting Period End Date:				
200 Str	eet, SE					09/30/2013		
5. City, S	State, Zip Code					8. Final Report	9. Report Frequency	
Washing	ton, DC 20003					□ Yes ☑ No	☑ Quarterly	
10a. Project/Grant Period 10b. End Date: (MM/DD/YYYY) Start Date: (MM/DD/YYYY)						,		
08-01-20	177	07-31-						
11. List	the individual projects in						T	
	Project Type (Capacit		Project Deliverable Quantity	Total Federal		al Funding Amount expended	Percent of Total Federal Funding	
	Building, SCIP Update Outreach, Training et		(Number & Indicator Description)	Funding Amount	at the end of this reporting period		Amount expended	
1	1 Stakeholder Meetings		0					
2	Broadband Conference		0					
3	Staff Hires		.75					
4	Contract Executions		2					
5	5 Governance Meetings		0					
6			0					
7	Subrecipient Agreeme Executed	ents	0			1-1-		
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.

We are working on setting up the budget accounts to start drawing against SLIGP funds.

Staff hires/contract executions: We have fully staffed the project FTEs and contractors needed to complete the project.

Stakeholder meetings/education and outreach materials: Starting next quarter, we will being planning outreach meetings and workshops hosted by grantee with potential NPBSN users to discuss network needs, present information on the NPBSN and related activities. We will reach out to the ICC and the SIEC to obtain feedback from leadership and begin preparing education and outreach materials.

Governance meetings: Next quarter we expect to start researching organizational and functional governance needs and map areas of responsibilities to requirements.

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.

After re-accessing staffing needs, we will be submitting a revision request to the Baseline Report and the Budget in the beginning of the next quarter.

11c. Provide any other information that would be useful to NTIA as it assesses this project's progress.

Most of our work this quarter focused on transitioning existing staff onto the SLIGP project team and completing administrative activities, including setting up budget accounts, revising the baseline expenditure plan and revising the budget. We were able to plan for several activities, which will be executed in the next quarter.

11d. Describe any success stories or best practices you have identified. Please be as specific as possible.

Because we are in the process of setting up accounts, we will report on success stories and best practices next quarter.

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.

Project Management tasks are being staffed by a FTE working ¼ of the time and are not included in the budget. Project Coordination tasks have been moved to the Contractor/Consultant category and will be reflected in the revised budget to be submitted in the beginning of the next quarter.

12b. Staffing Table

Job Title	FTE %	Project(s) Assigned	Change
SWIC	0.125	Provide coordination support between State and federal entities	Started work on SLIGP
Outreach Manager	0.25	Provide management and coordination of all outreach activities	Started work on SLIGP
Senior Administrative Assistant	0.25	Provide support to the project manager and program manager	Started work on SLIGP
Technical Lead	0.125	Provide technical oversight, support and management of all SLIGP activities	Started work on SLIGP

Add Row Remove Row

13. Subcontracts (Vendors and/or Subrecipients)

13a. Subcontracts Table - Include all subcontractors. The totals from this table must equal the "Subcontracts Total" in Question 14f.

Name	Subcontract Purpose	Type (Vendor/Subrec.)	RFP/RFQ Issued (Y/N)	Contract Executed (Y/N)	Start Date	End Date	Total Federal Funds Allocated	Total Matching Funds Allocated	Project and % Assigned
CTC/Televate	Technical Subject Matter Experts	Vendor	N	Y	8/1/13	7/31/16	\$168,004	\$65,996	N/A

СТС	Policy Governance/Planning/ MOA's	Vendor	N	Y	8/1/13	7/31/16	\$91,101	\$16,499	N/A
CTC/Televate	Development of Educational & Discussion Materials Conference planning Web Development & Web Surveys	Vendor	N	Y	8/1/13	7/31/16	\$973	\$5,927	N/A

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

Existing contracts were leveraged and where necessary were modified to facilitate grant requirements.

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	\$299,760	\$0	\$299,760	\$0	\$0	\$0
b. Personnel Fringe Benefits	\$0	\$65,947	\$65,947	\$0	\$0	\$0
c. Travel	\$23,700	\$3,812	\$27,512	\$0	\$0	\$0
d. Equipment	\$0	\$0	\$0	\$0	\$0	\$0
e. Materials/Supplies	\$0	\$1,000	\$1,000	\$0	\$0	\$0
f. Subcontracts Total	\$260,078	\$88,422	\$348,500	\$0	\$0	\$0
g. Other	\$12,900	\$0	\$12,900	\$0	\$0	\$0
Indirect	\$40,284	\$0	\$40,284	\$0	\$0	\$0
h. Total Costs	\$636,722	\$159,181	\$795,903	\$0	\$0	\$0
i. % of Total	80%	20%	100%	0%	0%	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 a	and title of Authorized Certifying Official
Tegene	Baharu

16c. Telephone (area code, number, and extension)

16d. Email Address

egene, baharwa dc.gov

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5b. Signature of Authorized Certifying Official	16e. Date Report Submitted (month, day, year)
11/1 1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/	10/10/10/0
Marine Indian	12/13/2013

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