

Revised 08/23/16

U.S. Department of Commerce Performance Progress Report				2. Award or Grant Number:	12-10-513012
1. Recipient Name				4. EIN:	800749868
3. Street Address				6. Report Date (MM/DD/YYYY)	
5. City, State, Zip Code				7. Reporting Period End Date: (MM/DD/YYYY)	6/30/2016
				8. Final Report Yes <input type="checkbox"/> No <input type="checkbox"/>	9. Report Frequency Quarterly <input checked="" type="checkbox"/>
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 Plan					
	Project Type (Capacity Building, SCIP Update,	Project Deliverable Quantity (Number & Indicator Description)	Description of Milestone Category		
1	Stakeholders Engaged	26	Actual number of individuals reached via stakeholder meetings during the quarter		
2	Individuals Sent to Broadband Conferences	33	Actual number of individuals who were sent to third-party broadband conferences using SLIGP grant funds during the quarter		
3	Staff Hired (Full-Time Equivalent)(FTE)	0	Actual number of state personnel FTEs who began supporting SLIGP activities during the quarter (may be a decimal)		
4	Contracts Executed	0	Actual number of contracts executed during the quarter		
5	Governance Meetings	1	Actual number of governance, subcommittee, or working group meetings held during the quarter		
6	Education and Outreach Materials Distributed	442	Actual volume of materials distributed (inclusive of paper and electronic materials) plus hits to any website or social media account supported by SLIGP during the quarter		
7	Subrecipient Agreements Executed	0	Actual number of agreements executed during the quarter		
8	Phase 2 - Coverage	Stage 4			
9	Phase 2 - Users and Their Operational Areas	Stage 4			
10	Phase 2 - Capacity Planning	Stage 4			
11	Phase 2 - Current Providers/Procurement	Stage 1			
12	Phase 2 - State Plan Decision	Stage 1			
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.					
<p>On April 8, a FloridaNet Executive Committee meeting was held via conference call to review events that have transpired since the last Executive and Technical Committee meetings, FirstNet's planned activities for 2016, and FloridaNet's upcoming events. Thirty individuals participated on the call, which included executive committee members, technical committee members, FloridaNet staff, and guests. Two members from the FloridaNet team attended the FirstNet SPOC meeting in Reston VA April 11-14. Three FirstNet/NTIA/FloridaNet conference calls were held during the quarter, April 27, May 25, and June 28, respectively. A total of 26 participated on the three calls. The Statewide Communications Interoperability Plan (SCIP) workshop was held in Orlando June 1-3. The purpose of the workshop was to modify the SCIP by incorporating the FirstNet/FloridaNet initiatives to provide direction and alignment for those responsible for emergency communications. Twenty-three FloridaNet committee members and staff attended the workshop.</p>					
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.					

N/A

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

N/A

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

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.

The Data Processing Administrator/Planning staff member left the project in April; the position will not be filled.

12b. Staffing Table - Please include all staff that have contributed time to the project. Please do not remove individuals from this table. NOTE: job titles with an * indicate the position is staffed through the DHSMV subrecipient agreement.

Job Title	FTE%	Project (s) Assigned	Change
DEM Grant Manager	50	Grant management and oversight	no change
*FloridaNet Data Processing Administrator/Policy	50	Education and outreach, policy, governance	Change from 100% to 50% effective Nov. 2015
*FloridaNet Data Processing Administrator/Design	100	Administer the FloridaNet.gov website and assist with daily grant activities	no change
*FloridaNet Data Processing Administrator/Planning	100	Project planning and scheduling, web content, education and outreach, documentation	Vacant, will not be filled
*Grant Assistant	100	Assists grant manager and the FloridaNet team on day-to-day management of SLIGP activities	no change
*Chief Technology Officer	11.5	Provides expertise in the technology and law enforcement areas	no change
*SLERS Communication Expert	0	Provides expertise in radio communications and law enforcement areas	Retired July 2015
*Utilities Systems/Engineering Specialist	11.5	Assists in SLIGP activities and research	no change

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
DHSMV	Carry out daily grant activities	subrecipient	N	Y	11/13/2013	8/31/2016	\$4,768,658.00	\$1,229,010.00
Televate	Assist with Florida's response to the FirstNet RFI	vendor	Y	Y	10/3/2014	10/17/2014	\$27,500.00	\$0.00
LeGrande Technical, LLC	Assist with Florida's response to the FirstNet RFC	vendor	Y	Y	10/8/2014	10/24/2014	\$34,899.00	\$0.00
MemberClicks	Host FloridaNet website	vendor	Y	Y	7/1/2016	6/30/2017	\$5,795.00	\$0.00

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

N/A

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	\$66,252.00		\$66,252.00	\$40,922.36		\$40,922.36
b. Personnel Fringe Benefits	\$40,873.00		\$40,873.00	\$21,347.54		\$21,347.54
c. Travel	\$10,642.00		\$10,642.00	\$1,790.70		\$1,790.70
d. Equipment	\$0.00		\$0.00	\$0.00		\$0.00
e. Materials/Supplies	\$1,350.00		\$1,350.00	\$117.96		\$117.96
f. Subcontracts Total	\$4,768,676.00	\$1,229,010.00	\$5,997,686.00	\$568,426.17	\$531,658.30	\$1,100,084.47
g. Other	\$4,650.00		\$4,650.00	\$8,889.98		\$8,889.98
h. Indirect	\$23,597.00		\$23,597.00	\$15,541.45		\$15,541.45
i. Total Costs	\$4,916,040.00	\$1,229,010.00	\$6,145,050.00	\$657,036.16	\$531,658.30	\$1,188,694.46
j. % of Total	80%	20%	100%	55%	45%	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)	850-413-9969	
Bryan Koon, Director <i>[Signature]</i> for BK 8/23/16				16d. Email Address:	BryanKoon@em.myflorida.com	
16b. Signature of Authorized Certifying Official:				Date:		
Revised 08/23/16						