

<b>U.S. Department of Commerce</b>		<b>2. Award or Grant Number</b> 13-10-S13013			
<b>Performance Progress Report</b>		<b>4. EIN</b> 580973190			
<b>1. Recipient Name</b> Georgia Emergency Management Agency		<b>6. Report Date (MM/DD/YYYY)</b> 07/22/2015 (rev 08-13-15)			
<b>3. Street Address</b> 935 East Confederate Avenue, SE		<b>7. Reporting Period End Date:</b> 06/30/2015 (8 <sup>th</sup> qtr)			
<b>5. City, State, Zip Code</b> Atlanta, GA, 30316		<b>8. Final Report</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>9. Report Frequency</b> <input checked="" type="checkbox"/> Quarterly (Q8)		
<b>10a. Project/Grant Period</b> Start Date: 08/01/2013	<b>10b. End Date: 01/31/18</b>				
<b>11. List the individual projects in your approved Project Plan</b>					
	<b>Project Type (Capacity Building, SCIP Update, Outreach, Training etc.)</b>	<b>Project Deliverable Quantity (Number &amp; Indicator Description)</b>	<b>Total Federal Funding Amount</b>	<b>Total Federal Funding Amount expended at the end of this reporting period</b>	<b>Percent of Total Federal Funding Amount expended</b>
1	Stakeholder Meetings	231			
2	Broadband Conferences	2			
3	Staff Hires	0			
4	Contract Executions	0			
5	Governance Meetings	0			
6	Outreach Materials/Website	5056			
7					
8	Phase 2 - Coverage	N/A			
9	Phase 2 – Users and Their Operational Areas	N/A			
10	Phase 2 – Capacity Planning	N/A			
11	Phase 2 – Current Providers/Procurement	N/A			
12	Phase 2 – State Plan Decision	N/A			
<b>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.</b>					
Four stakeholder presentations were given on the overview of FirstNet. Flyers distributed. Website updated and monitored. Preliminary plans for Firstnet State Consultation continued. Website counts were obtained for the quarter as well and reflected in outreach materials figure.					
<b>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.</b>					
Phase 2 budget request prepared and submitted.					

**11c. Provide any other information that would be useful to NTIA as it assesses this project's progress.**  
 Pace of outreach remains measured based on information garnered from FirstNet. Pace is conservative until more definitive Federal project information is forthcoming from FirstNet.

**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.**  
 The project is fully staffed internally. Other Non- Gema state employees may be enlisted to provide ad-hoc assistance on the project as needed going forward.

**12b. Staffing Table**

Job Title	FTE %	Project(s) Assigned	Change
Project Coordinator	1.0	position is existing	Continued work on effort
SWIC	.15	position is existing	Continued work on effort
Chief of Special Projects	.40	position is existing	Continued work on effort
Asst Director of Homeland Security	.10	position is existing	Continued work on effort
Compliance Officer	.15	position is existing	Continued work on effort
Grants Specialist	.05	position is existing	Continued work on effort
Financial Ops Specialist	.05	position is existing	Continued work on effort
Dir of Operations	.01	position is existing	Continued work on effort
SOC Director	.01	position is existing	Continued work on effort

**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
GTRI	Outreach, education meetings, facilitation	Vendor	N/A	N/A	TBD	TBD	\$1,038,285	0	
WhitePost	website development	Vendor	y	y	07/01/14	11/30/14	\$6,075	0	

Add Row

Remove Row

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

None expected.

**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	\$413,866	\$126,720	\$540,586	\$134,855	\$17,645	\$152,500
b. Personnel Fringe Benefits	\$197,998		\$197,998	\$80,055		\$80,055
c. Travel	\$84,460		\$84,460	\$13,049		\$13,049
d. Equipment						
e. Materials/Supplies	\$13,600		\$13,600	\$8,669		\$8,669
f. Subcontracts Total	\$1,044,360		\$1,044,360	\$6,087		\$6,087
g. Construction						
h. Other	\$1,552,373	\$699,944	\$2,252,317	-0-	\$44,433	\$44,433
i. Total Costs	\$3,306,657	\$826,664	\$4,133,321	\$242,715	\$62,078	\$304,793
j. % of Total	80%	20%	100%	80%	20%	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**

Jonna West  
 Director-Homeland Security Division

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

404-635-7080

**16d. Email Address**

Jonna.west@gema.ga.gov

**16b. Signature of Authorized Certifying Official**



**16e. Date Report Submitted (month, day, year)**

07/22/2015

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.