

U.S. Department of Commerce Performance Progress Report				2. Award or Grant Number:	19-10-S13-019
1. Recipient Name		IOWA DEPARTMENT OF PUBLIC SAFETY		4. EIN:	42-6004563
3. Street Address		215 EAST 7TH STREET		6. Report Date (MM/DD/YYYY)	04/27/2016
5. City, State, Zip Code		DES MOINES IOWA 50319		7. Reporting Period End Date: (MM/DD/YYYY)	JUNE 30TH,2016
				8. Final Report	9. Report Frequency
				Yes <input type="checkbox"/>	Quarterly <input checked="" type="checkbox"/>
				No <input checked="" type="checkbox"/>	
10a. Project/Grant Period					
Start Date: (MM/DD/YYYY)		08/01/2013	01/31/2018		
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	250	Actual number of individuals reached via stakeholder meetings during the quarter		
2	Individuals Sent to Broadband Conferences	0	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	1	Actual number of contracts executed during the quarter		
5	Governance Meetings	6	Actual number of governance, subcommittee, or working group meetings held during the quarter		
6	Education and Outreach Materials Distributed	720	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	For each Phase 2 milestone category, please provide the status of the activity during the quarter: <ul style="list-style-type: none"> • Stage 1 - Process Development • Stage 2 - Data Collection in Progress • Stage 3 - Collection Complete; Analyzing/Aggregating Data • Stage 4 - Data Submitted to FirstNet • Stage 5 - Continued/Iterative Data Collection • Stage 6 - Submitted Iterative Data to FirstNet 		
9	Phase 2 – Users and Their Operational Areas	STAGE 4			
10	Phase 2 – Capacity Planning	STAGE 4			
11	Phase 2 – Current Providers/Procurement	STAGE 4			
12	Phase 2 – State Plan Decision	STAGE 4			
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>The FIRSTNET Broadband Subcommittee has been active each month with regular meetings. FIRSTNET representatives, Tim Pierce and Andrew Delany attended the meeting and gave a presentation on the QPP and the progress of FIRSTNET. They also informed the committee that they intend to hold a Region 7 QPP meeting and they needed 5 representatives to attend to represent Iowa. Chair Lombard appointed 5 committee members to represent Iowa and offered to host the meeting in Iowa. The meeting will be held at the Southwest Community College in Osceola, Iowa in August 2016. The committee is also active in the consultation process for FIRSTNET and is planning a 4th Public Private Partnership Broadband Summit this fall. Our outreach for FIRSTNET has now taken new shape in the form of "WISE SCHOOLS" This is a pilot project that started in January with the goal of achieving a FIRSTNET simulated public safety only WIFI ring around 3 schools in Iowa. The Iowa Communications Network which is a State owned fiber network that is present in each of our schools. Partnering with ICN, the DPS and the ISICSB. (Iowa Statewide Interoperability Communications Systems Board) are</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.					

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

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.

12b. Staffing Table - Please include all staff that have contributed time to the project. Please do not remove individuals from this table.

Job Title	FTE%	Project (s) Assigned	Change
Bureau Chief DPS Comm. Lampe	100%	50% of wages paid by SLIGP funds for SLIGP activities	no
Administrative Assistant	100%	100% of wages paid by SLIGP funds for SLIGP activities	no

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
Federal Engineering	SLIGP ACTIVITIES	VENDOR	N	Y	08/01/2013	03/01/2016	\$71,781.00	\$17,945.00
Connect Iowa	SLIGP ACTIVITIES	VENDOR	Y	Y	08/01/2014	08/01/2016	\$182,651.00	\$45,663.00
Unknown Vendor	Phase 2	VENDOR	N	N			\$678,504.00	\$169,526.00
Federal Engineering	SLIGP ACTIVITIES	VENDOR	N	Y	04/07/2014	04/01/2017	\$162,000.00	\$40,500.00
RICOH	COPIER LEASE	VENDOR	N	Y	11/01/2013	10/31/2016	\$8,640.00	\$2,160.00

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

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	\$183,805.00	\$45,951.00	\$229,756.00	\$178,677.72	\$44,669.45	\$223,347.17
b. Personnel Fringe Benefits	\$81,480.00	\$20,370.00	\$101,850.00	\$68,999.96	\$17,250.03	\$86,249.99
c. Travel	\$215,652.00	\$53,913.00	\$269,565.00	\$36,412.30	\$9,103.06	\$45,515.36
d. Equipment	\$0.00	\$0.00	\$0.00			\$0.00
e. Materials/Supplies	\$42,833.00	\$10,709.00	\$53,542.00	\$26,030.11	\$6,507.55	\$32,537.66
f. Subcontracts Total	\$1,103,576.00	\$275,894.00	\$1,379,470.00	\$373,126.24	\$93,281.60	\$466,407.84
g. Other	\$28,912.00	\$7,228.00	\$36,140.00	\$41,778.28	\$10,444.46	\$52,222.74
h. Indirect	\$0.00	\$0.00	\$0.00			\$0.00
i. Total Costs	\$1,656,258.00	\$414,065.00	\$2,070,323.00	\$725,024.61	\$181,256.15	\$906,280.76
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:

THOMAS T. LAMPE

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

515-725-6113

16b. Signature of Authorized Certifying Official:



16d. Email Address:

LAMPE@DPS.STATE.IA.US

07/07/2016