

U.S. Department of Commerce Performance Progress Report			2. Award or Grant Number:	19-10-S13-019	
			4. EIN:	42-6004563	
1. Recipient Name	IOWA DEPARTMENT OF PUBLIC SAFETY			6. Report Date (MM/DD/YYYY)	January 31st, 2017
3. Street Address	215 EAST 7TH STREET			7. Reporting Period End Date: (MM/DD/YYYY)	December 30th ,2016
5. City, State, Zip Code	DES MOINES IOWA 50319			8. Final Report Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	9. Report Frequency Quarterly <input checked="" type="checkbox"/>
10a. Project/Grant Period					
Start Date: (MM/DD/YYYY)	8/1/2013	1/31/2018			
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	225	<i>Actual number of individuals reached via stakeholder meetings during the quarter</i>		
2	Individuals Sent to Broadband Conferences	0	<i>Actual number of individuals who were sent to third-party broadband conferences using SLIGP grant funds during the quarter</i>		
3	Staff Hired (Full-Time Equivalent)(FTE)	0	<i>Actual number of state personnel FTEs who began supporting SLIGP activities during the quarter (may be a decimal)</i>		
4	Contracts Executed	0	<i>Actual number of contracts executed during the quarter</i>		
5	Governance Meetings	6	<i>Actual number of governance, subcommittee, or working group meetings held during the quarter</i>		
6	Education and Outreach Materials Distributed	150	<i>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</i>		
7	Subrecipient Agreements Executed	0	<i>Actual number of agreements executed during the quarter</i>		
8	Phase 2 - Coverage	STAGE 4	<i>For each Phase 2 milestone category, please provide the status of the activity during the quarter:</i> <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>Outreach continues on the FIRSTNET initiative in Iowa thru Board Meetings, FIRSTNET Broadband Subcommittee meetings and the WISE program. Our outreach specialist has been working on a 1 pager for distribution to the RICS in Iowa for a half day of presentations in Iowa's 6 homeland security regions on FIRSTNET. These presentations will be starting in February 2017. The number of individuals reached (225) includes all committees and subcommittee members of the ISISCSB board public attendance at meetings and the FIRSTNET Broadband subcommittee members. This also includes the information on the website regarding firstnet updates and all updates that the FIRSTNET broadband subcommittee receives from the SPOC. Volume of materials 150 includes information that is pushed out to the RICS and WISE information.</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.					

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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 Sgt lampe position no change title only	50%	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
ICN Employee Deputy SWIC	100%	100% of wages paid by SLIGP funds for SLIGP activities	no
ICN employee	100%	Billed monthly on hours dedicated to SLIGP activities	no
ICN employee	100%	billed monthly on hours dedicated to 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	8/1/2013	3/1/2016	\$71,781.00	\$17,945.00
Connect Iowa	SLIGP ACTIVITIES	VENDOR	Y	Y	8/1/2014	8/1/2017	\$182,651.00	\$45,663.00
Unknown Vendor	Phase 2	VENDOR	N	N			\$678,504.00	\$169,626.00
Federal Engineering	SLIGP ACTIVITIES	VENDOR	N	Y	4/7/2014	4/1/2017	\$162,000.00	\$40,500.00
RICOH	COPIER LEASE	VENDOR	N	Y	11/1/2013	10/31/2016	\$8,640.00	\$2,160.00

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


New copier lease for 3 years signed. Small increase.

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	\$310,797.00	\$77,699.00	\$388,496.00	\$212,479.55	\$53,119.89	\$265,599.44
b. Personnel Fringe Benefits	\$125,907.00	\$31,476.00	\$157,383.00	\$82,406.55	\$20,601.64	\$103,008.19
c. Travel	\$71,048.00	\$17,764.00	\$88,812.00	\$38,802.70	\$9,700.67	\$48,503.37
d. Equipment	\$0.00	\$0.00	\$0.00			\$0.00
e. Materials/Supplies	\$34,332.00	\$8,583.00	\$42,915.00	\$26,937.17	\$6,734.29	\$33,671.46
f. Subcontracts Total	\$1,047,318.00	\$261,829.00	\$1,309,147.00	\$615,832.10	\$153,958.03	\$769,790.13
g. Other	\$66,856.00	\$16,714.00	\$83,570.00	\$40,851.84	\$10,212.96	\$51,064.80
h. Indirect	\$0.00	\$0.00	\$0.00			\$0.00
i. Total Costs	\$1,656,258.00	\$414,065.00	\$2,070,323.00	\$1,017,309.91	\$254,327.48	\$1,271,637.39
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:		16c. Telephone (area code, number, and extension)	515-725-6113
THOMAS T. LAMPE		16d. Email Address:	LAMPE@DPS.STATE.IA.US
16b. Signature of Authorized Certifying Official: 		3-2-17	