U.S. Department of Commerce		2. Award or Grant Number 20-10-S13020	
Performance Progress Report		4. EIN 48-6029925	
1. Recipient Name Kansas Office of Information Technology		6. Report Date (MM/DD/YYYY) 1/30/2014	
3. Street Address Landon State Office Building 900 SW Jackson Street, Suite 751		7. Reporting Period End Date: 12/31/2013	
5. City, State, Zip Code Topeka, KS 66612		8. Final Report ☐ Yes x No	9. Report Frequency x Quarterly

10a. Project/Grant Period Start Date: (MM/DD/YYYY) 08/01/2013	10b. End Date: (MM/DD/YYYY) 07/31/2016		

11. List the individual projects in your approved Project Plan

	Project Type (Capacity Building, SCIP Update, Outreach, Training etc.)	Project Deliverable Quantity (Number & Indicator Description)	Total Federal Funding Amount	Total Federal Funding Amount expended at the end of this reporting period	Percent of Total Federal Funding Amount expended
1	Stakeholder Meetings	0			
2	Broadband Conferences	0			
3	Staff Hires	2.29			
4	Contract Executions	0			
5	Governance Meetings	0			
6	Education and Outreach Materials (flyers/handouts)	600			
7	Education and Outreach Materials (meetings)	0			
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.

Milestone activities: Three state-match employees were brought on to support SLIGP grant activities. Grant Administrator was hired, but then left on 12/21/2013 to accept another position. Interviews were held to select the two grant-funded employees, but neither one had a start date in this quarter.

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.

We do not anticipate any changes at this time.

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 completing the Baseline/Expenditure Plan, reviewing record-keeping requirements with the other state agencies involved, transitioning existing employees onto the SLIGP project team and conducting interviews to hire the two grant-funded employees.

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 project is not fully staffed, but we anticipate hiring all staff by the third quarter as projected in our Baseline/Expenditure Plan. Two of the state-match employees started work part-time during the first quarter of the grant, but performed to the fully identified match percentage in the second quarter. Because of the lag in hiring under the federal grant, the percentages spent are out of balance, but will come into alignment once the two grant-funded Outreach Coordinators and new Grant Administrator start in the third quarter. We do not anticipate any changes in the project's time line.

12b. Staffing Table

Job Title	FTE %	Project(s) Assigned	Change
SWIC	.54	Provide oversight of all SLIGP project activities	Started work on SLIGP
OEC Trainer	.54	Dissemination of SLIGP information to general public	Started work on SLIGP
OEC Trainer	.54	Dissemination of SLIGP information to general public	Started work on SLIGP
Grant Admistrator	1.0	Administer SLIGP grant	Started work on SLIGP

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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
TBD	Program Development Information Gathering Legal Assistance Assistance as Required	Vendor	N	N	TBD	TBD	$863,593	$0	

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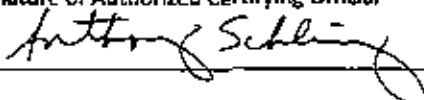**13b. Describe any challenges encountered with vendors and/or subrecipients.**

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	$481,500	$267,300	$748,800	$5,769	$28,352	$34,121
b. Personnel Fringe Benefits	$198,756	$109,353	$308,109	$1,198	$8,452	$9,650
c. Travel	$230,760	$70,956	$301,716	$200	$217	$417
d. Equipment	$0	$0	$0	$0		
e. Materials/Supplies	$9,750	$2,589	12,339	$0		
f. Subcontracts Total	$863,593	$0	$863,593	$0		
g. Other	$16,431	$0	$16,431	$314		$314
h. Total Costs	$1,800,790	$450,198	$2,250,988	$7481	$37,021	$44,502
i. % of Total	80%	20%	100%	17%	83%	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)
Anthony Schlinsog, CITO	(785) 296-4817
	16d. Email Address
	Anthony.Schlinsog@ks.gov
16b. Signature of Authorized Certifying Official	**16e. Date Report Submitted (month, day, year)**
	1/31/2014