OMB Control No. 0660-0038 Expiration Date: 8/31/2016

	U.	S. Department of Commerce		2. Award or Grant Number: 21-10-S13021				
	Р	erformance Progress Report			4. EIN:			
1. Recipier	nt Name: Commonwealth of Ke	ntucky			6. Report Date			
3. Street A	ddress: 702 Capital Avenue Roo	m 195			7. Reporting Period End Date: 12/31/2013			
5. City, Sta Frankfort,	ate, Zip Code KY 40601				8. Final Report ② Yes ✓ ✓	9. Report Frequency ✓		
	ct/Grant Period 10b. E te: (07/01/2013)	nd Date: (06/30/2016)						
11. List th	e individual projects in your app	roved Project Plan						
	Project Type (Capacity Building, SCIP Update, Outreach, Training etc.)	Project Deliverable Quantity (Number & Indicator Description)	Total Federal Funding Amount		Funding Amount expended this reporting period	Percent of Total Federal Funding Amount expended		
1	Stakeholder Meetings	0						
2	Broadband Conferences	1						
3	Staff Hires (FTE)	1						
4	Contract Execution	0						
5	Governance Meetings	1						
6	Education and Outreach Materials	0						
strategies Milestone work 100%	you have employed; planned ma activities: This quarter we have 6 on the project. Negotiated cont	ract with consultant group for SLIC	; and any additional p vernance), and we do GP broadband plannin;	project mileston anticipate stake g services to pro	tes or information. Pholder meetings to begin in Jovide the outreach and planni	lanuary. Hired one new employee to ing part of the project.		
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 don't a	anticipate any changes at this tim	e						
11c. Provid	le any other information that w	ould be useful to NTIA as it assess	es this project's prog	ress.				
In this qua	rter a majority of our time has be	een spent coordinating with specifi	ic administrative and f	inancial person	nel to get forms reviewed, sig	ned and submitted.		

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.

There are several additional part time staff members that may be added when outreach begins.

12b. Staffing Table

Job Title	FTE %	Project(s) Assigned	Change
SWIC	50%	Provide oversight of the SLIGP project	Started work on SLIGP
Staff Member	50%	Provide administrstive support	Started work on SLIGP
Stafff Member	100%	Provide Project Support	Support of SLIGP

Add Row Remove Row

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
Website Development		Vendor	N	N			\$225,000		
Data Collection		Vendor	N	N			\$500,000	y	
Contractor/ Consultant		Vendor	N	N			\$543,750		

Add Row Remove Row

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

We hired a consultant group to provide outreach services and other planning or project related duties that may be required.

Page 2 of 3

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	Approved Matching	Total Budget	Federal Funds	Approved Matching Funds	Total Funds Expended (7)	
	Awarded (2)	Funds (3)	(4)	Expended (5)	Expended (6)		
a. Personnel Salaries	\$112,500.00	\$318,840.00	\$431,340.00	\$16,214.00	\$24,240.00	\$40,454.00	
b. Personnel Fringe Benefits	\$54,000.00	\$144,000.00	\$198,000.00	\$5,789.00	\$5,268.00	\$11,057.00	
c. Travel	\$165,000.00	\$0.00	\$165,000.00	\$9,014.00	\$0.00	\$9,014.00	
d. Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
e. Materials/Supplies	\$7,048.00	\$297.00	\$7,345.00	\$0.00	\$0.00	\$0.00	
f. Subcontracts Total	\$1,268,750.00	\$0.00	\$1,268,750.00	\$0.00	\$0.00	\$0.00	
g. Other	\$245,250.00	\$0.00	\$245,250.00	\$0.00	\$0.00	\$0.00	
h. Total Costs	\$1,852,548.00	\$463,137.00	\$2,315,685.00	\$31,017.00	\$29,508.00	\$60,525.00	
i. % of Total	80%	20%	100%	51%	49%	100%	
documents. 16a. Typed or printed name and title of Authorized Certifying Official:				16c. Telephone (area code, number, and extension)			
Derek Nesselrode				(502) 782-2064			
				16d. Email Address derek.nesselrode@ky.gov			
16b. Signature of Authorized Certifying Official				16e. Date Report Submitted (month, day, year)			

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.