		U.S. I	Department of Commerce	2. Award or Grant	20-10-S13020					
	Number: 4. EIN:	48-6029925								
	6. Report Date									
1. Recipient Name KANSAS OFFICE OF INFORMATION AND TECHNOLOGY SERVICES					7/14/2016					
3. Street Address	2800 SW TOPEKA BLVD	7. Reporting Period End Date: (MM/DD/YYYY)	6/30/2016							
5. City, State, Zip Code	TOPEKA, KS 66611	8. Final Report Yes NoX	9. Report Frequency Quarterly x							
10a. Project/Grant Period										
	8/1/2013	10b. End Date: (MM/DD/YYYY)	1/31/2018							
11. List the individual projects	in your approved Project Pla	n								
	Project Type (Capacity Building, SCIP Update,	Project Deliverable Quantity (Number & Indicator Description)	Description of Milestone Category							
1	Stakeholders Engaged	100	Actual number of individuals reached via stakeholder meetings during the quarter							
2	Individuals Sent to Broadband Conferences	2	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)	****	Actual number of state personnel FTEs who began supporting SLIGP activities during the quarter (may be a decimal)							
4	Contracts Executed		Actual number of contracts executed during the quarter							
5	Governance Meetings	3	Actual number of governance, subcommittee, or working group meetings held during the quarter							
6	Education and Outreach Materials Distributed	151	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	200	Actual number of agreements executed during the quarter							
8	Phase 2 - Coverage	Stage 6								
9	Phase 2 – Users and Their Operational Areas	Stage 6	For each Phase 2 milestone category, please provide the status of the activity during the quarter:  Stage 1 - Process Development  Stage 2 - Data Collection in Progress  Stage 3 - Collection Complete; Analyzing/Aggregating Data							
10	Phase 2 – Capacity Planning	Stage 6								
11	Phase 2 – Current Providers/Procurement	Stage 6	Stage 4 - Data Submitted to FirstNet     Stage 5 - Continued/Iterative Data Collection							
12	Phase 2 – State Plan Decision	se 2 – State Plan  Stage 5  • Stage 6 - Submitted Iterative Data to FirstNet								
11a. Describe your progress m the next quarter; and any addit			Baseline Report for this project; any challenges or obstacles encountered and mitigation strategies you be	ave employed; planne	ed major activities for					
The second secon		all and the second of the seco	The updated SCIP was then approved at a later meeting. There were two meetings involving the Indian tribe w of FirstNet and updates. Additionally, a meeting was also held with the Kicapoo tribe. Planning is underw	and the second s	A COMPONENCE TO THE PARTIES AND A COMPONENCE POR					
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.										
None										

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

No comments this quarter.

11d. Describe any success stories or best practices you have identified. Please be as specific as possible.

Continuing outreach by providing Phase 2 information back to the counties that participated in the data gathering process and keeping the SIEC engaged, involving them in ongoing activities including the upcoming CTT and QPP meetings.

## 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	
SWIC	0.54	Provide oversight of all SLIGP activities	No Change	
OEC Trainer	0.00	Dissemination of SLIGP information to general public	No Change	
OEC Trainer	0.00	Dissemination of SLIGP information to general public	No Change	
Outreach Coordinator	1.00	Education and outreach of PSBN to general public	No Change	
Outreach Coordinator	1.00	Education and outreach of PSBN to general public	No Change	
Grant Administrator	1.00	Administer SLIGP grant	No Change	

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
KUCR	GIS, data processing, mapping	Vendor	N	Υ	7/21/2015	8/31/2015	\$32,155.00	\$0.00
KUCR	GIS, data processing, mapping	Vendor	N	Y	10/26/2015	12/31/2015	\$25,495.00	\$0.00
							\$57,650.00	

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

14. Budget Worksheet						
Columns 2, 3 and 4 must match your current project budg	and the control of th	file.				
Only list matching funds that the Department of Commerc	e 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)	
a. Personnel Salaries	\$713,030.00	\$253,483.00	\$966,513.00	\$385,458.70	\$178,284.64	\$563,743.34
b. Personnel Fringe Benefits	\$288,203.00	\$100,667.00	\$388,870.00	\$147,620.88	\$65,387.11	\$213,007.99
c. Travel	\$189,624.00	\$25,204.00	\$214,828.00	\$63,128.41	\$18,122.10	\$81,250.51
d. Equipment	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00
e. Materials/Supplies	\$16,371.00	\$0.00	\$16,371.00	\$11,952.98		\$11,952.98
f. Subcontracts Total	\$578,842.00	\$0.00	\$578,842.00	\$57,650.00		\$57,650.00
g. Other	\$14,720.00	\$70,844.00	\$85,564.00	\$8,795.71	\$92,919.37	\$101,715.08
h. Indirect	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
i. Total Costs	\$1,800,790.00	\$450,198.00	\$2,250,988.00	\$674,606.68	\$354,713.22	\$1,029,319.90
j. % of Total	80%	20%	100%	66%	34%	100%
15. Certification: I certify to the best of my knowledge an	d belief that this report is correct and complet	e for performance of activities f	or the purpose(s) set forth	in the award documents.		
16a. Typed or printed name and title of Authorized Certif	fying Official:			16c. Telephone (area		
Colleen Becker, Director, Office of Financial Man	code, number, and extension)	785 291-3600				
16b. Signature of Authorized Certifying Official:	16d. Email Address:	colleen.becker@da.ks.gov				
Collen Becker	Date: 07/19/2016					