U.S. Department of Commerce Performance Progress Report		2. Award or Grant Number:	20-10-S13020
		4. EIN:	48-6029925
1. Recipient Name	KANSAS OFFICE OF INFORMATION AND TECHNOLOGY SERVICES	6. Report Date (MM/DD/YYYY)	1/3/2017
3. Street Address	2800 SW TOPEKA BLVD	7. Reporting Period End Date: (MM/DD/YYYY)	12/31/2017
5. City, State, Zip Code	TOPEKA, KS 66611	8. Final Report Yes ☐ No ☒	9. Report Frequency Quarterly ☒

10a. Project/Grant Period			
Start Date: (MM/DD/YYYY) 8/1/2013	10b. End Date: (MM/DD/YYYY)	2/28/2018	

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	222	*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)	----	*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	7	*Actual number of governance, subcommittee, or working group meetings held during the quarter*
6	Education and Outreach Materials Distributed	13	*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	----	*Actual number of agreements executed during the quarter*
8	Phase 2 - Coverage	Stage 6	*For each Phase 2 milestone category, please provide the status of the activity during the quarter:*
9	Phase 2 – Users and Their Operational Areas	Stage 6	• *Stage 1 - Process Development*
10	Phase 2 – Capacity Planning	Stage 6	• *Stage 2 - Data Collection in Progress* • *Stage 3 - Collection Complete; Analyzing/Aggregating Data*
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	Stage 6	• *Stage 6 - Submitted Iterative Data to FirstNet*

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.

The outreach coordinators made presentations at the (KRITC) Kansas Rural Independent Telecommunications Conference, (KSAFC) Kansas Association of Fire Chiefs, (SE HCC) Southeast Kansas Preparedness Health Care Coalition, (NW HS Meeting) Northwest Homeland Security Regional Meeting and attended the APCO fall conference and Kansas Sheriff Association conference. The SIEC had multiple teleconference meetings and in person meeting with the main discussion concerning the state plan agreement with FirstNet & AT&T. This effort required alot of work to coordinate schedules and keeping all members updated on review / progress of the agreement. A great reminder of the importance of having good governance and the need to improve.

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.

N/A

11c. Provide any other information that would be useful to NTIA as it assesses this project's progress.
Nothing to report this quarter.

11d. Describe any success stories or best practices you have identified. Please be as specific as possible.
Nothing to report this quarter.

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.

N/A

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	Y	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 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	$633,804.00	$190,469.00	$824,273.00	$607,239.57	$190,469.48	$797,709.05
b. Personnel Fringe Benefits	$256,180.00	$70,232.00	$326,412.00	$229,825.08	$70,231.85	$300,056.93
c. Travel	$143,680.00	$18,849.00	$162,529.00	$90,042.72	$18,849.26	$108,891.98
d. Equipment	$0.00	$0.00	$0.00	$0.00		$0.00
e. Materials/Supplies	$16,371.00	$0.00	$16,371.00	$11,972.97		$11,972.97
f. Subcontracts Total	$186,035.00	$0.00	$186,035.00	$57,650.00		$57,650.00
g. Other	$14,720.00	$33,147.00	$47,867.00	$10,411.84	$100,492.60	$110,904.44
h. Indirect	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
i. Total Costs	$1,250,790.00	$312,697.00	$1,563,487.00	$1,007,142.18	$380,043.19	$1,387,185.37
j. % of Total	80%	20%	100%	73%	27%	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)	785 291-3600
Colleen Becker, Director, Office of Financial Management	16d. Email Address:	colleen.becker@da.ks.gov
16b. Signature of Authorized Certifying Official:	Date: 1/5/18	