			Department of Commerce		2. Award or Grant Number:	20-10-\$13020
		5.72%			4. EIN:	48-6029925
1. Recipient Name	KANSAS OFFICE OF INFO	6. Report Date (MM/DD/YYYY)	07/22/2015			
3. Street Address	LANDON STATE OFFICE I	BUILDING, 900 SW JA	CKSON STREET, SUITE 751 SOUTH		7. Reporting Period End Date: (MM/DD/YYYY)	06/30/2015
5. City, State, Zip Code	TOPEKA, KS 66612				8. Final Report Yes No	9. Report Frequency Quarterly X
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					AND THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO I	THE RESERVE OF THE PARTY OF THE
	Project Type II apacity	Project Deliverable Quantity (Number & Indicator Description)	Total Federal Funding  Total Federal Amount expended at the Funding Amount end of this reporting period	Percent of Total Federal Amount expended		
1	Stakeholder Meetings	240				
2	Broadband Conferences	2				
3	Staff Hires	0				
4	Contract Executions	0				
5	Governance Meetings	1				
6	Education and Outreach	278				
7	Subrecipient Agreement Executed					
8	Phase 2 - Coverage	Stage 1				
9	Phase 2 – Users and Their Operational Areas	Stage 2				
10	Phase 2 – Capacity Planning	Stage 2				
11	Phase 2 – Current Providers/Procurement	Stage 2				
12.	Phase 2 – State Plan Decision	Stage 1				
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 h	ave employed; plann	ed major activities for
			. There were a total of 67 people in attendance. T Kansas, Kansas Geological Survey to perform the G	he SIEC now knows more effort is required for the PSBN to IS data processing, aggregation, and mapping.	be successful. Three	electronic surveys have
11b. If the project team anticipe Commerce before implementat		to the approved Baseline	Report in the next quarter, describe those below	v. Note that any substantive changes to the Baseline Rep	ort must be approved	by the Department of
Revised budget has been submit	ted using Phase 2 funds.					

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

Time has been spent collecting data for volunteer time to be used as match which is being reported this quarter. This includes 8 SIEC meetings, 2 PSBN conferences sponsored by our team, and the initial consultation. The amount reported includes meeting and driving time for those attendees who are not paid with federal funds or whose time is not used as match. This amount, \$47,283.57, is reported as "other" match.

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

We found it necessary to contact several of the Computer Aid Dispatch providers that are in use by agencies in the State of Kansas. Some agencies did not know how to query their systems and provide us the points of service. In some cases, the CAD companies provided us the instructions and we have passed them to the agencies who were struggling to provide the information. In other instances, the agencies have allowed the CAD company to provide us the information we had requested. The time and effort it has taken to build the relationship with the CAD providers and the agencies should provide us more data than we otherwise would have obtained.

## 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.

2b. Staffing Table	2b.	Sta	ffing	Tal	ы	E
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Job Title	FTE%	Project (s) Assigned	Change	
SWIC	0.54	Provide oversight of all SLIGP project activities	No Change	
OEC Trainer	0.00	Dissemination of SLIGP information to general public	Left project	
DEC Trainer	0.00	Dissemination of SLIGP information to general public	Left project	
Outreach Coordinator	1.0	Education and outreach of PSBN to general public	No Change	
Outreach Coordinator	1.0	Education and outreach of PSBN to general public	No Change	
Grant Administrator	1.0	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
TBD	Program Development, Information Gathering	Vendor	N	N	TBD	TBD	\$863,593.00	\$0.00

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

oject 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)
Personnel Salaries	\$481,500.00	\$267,300.00	\$748,800.00	\$227,007.41	\$133,837.94	\$360,845.35
Personnel Fringe Benefits	\$198,756.00	\$109,353.00	\$308,109.00	\$86,974.45	\$49,333.54	\$136,307.99
Travel	\$230,760.00	\$70,956.00	\$301,716.00	\$46,906.82	\$14,380.46	\$61,287.28
Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Materials/Supplies	\$9,750.00	\$2,589.00	\$12,339.00	\$11,552.61	\$0.00	\$11,552.61
ubcontracts Total	\$863,593.00	\$0.00	\$863,593.00	\$0.00	\$0.00	\$0.00
Other	\$16,431.00	\$0.00	\$16,431.00	\$8,559.53	\$47,283.57	\$55,843.10
ndirect	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
otal Costs	\$1,800,790.00	\$450,198.00	\$2,250,988.00	\$381,000.82	\$244,835.51	\$625,836.33
6 of Total	80%	20%	100%	61%	39%	100%
Certification: I certify to the best of my knowledge and be	lief that this report is correct and complete i	or performance of activities for t	the purpose(s) set forth in	the award documents.		
16a. Typed or printed name and title of Authorized Certifying Official: STEVEN GREEN, FINANCE DIRECTOR					785 296-6079	
16b. Signature of Authorized Certifying Official:				16d. Email Address:	steven.green@ks.gov	