

| U.S. Department of Commerce Performance Progress Report | | | | 2. Award or Grant Number: | 31-10-S13031 |
|--|--|---|---|---|---|
| | | | | 4. EIN: | 47-0491233 |
| 1. Recipient Name | Nebraska Department of Administrative Services/Office of the Chief Information Officer | | | 6. Report Date (MM/DD/YYYY) | 1/24/2018 REVISION SUBMITTED 2/12/2018 |
| 3. Street Address | 501 South 14th Street, PO Box 95045 | | | 7. Reporting Period End Date: (MM/DD/YYYY) | 12/31/2017 |
| 5. City, State, Zip Code | Lincoln, NE 68509-5045 | | | 8. Final Report Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | 9. Report Frequency Quarterly <input checked="" type="checkbox"/> |
| 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 | 23 | 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) | 0.05 | Actual number of state personnel FTEs who began supporting SLIGP activities during the quarter (may be a decimal) | | |
| 4 | Contracts Executed | 0 | Actual number of contracts executed during the quarter | | |
| 5 | Governance Meetings | 0 | Actual number of governance, subcommittee, or working group meetings held during the quarter | | |
| 6 | Education and Outreach Materials Distributed | 446 | 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 | 0 | Actual number of agreements executed during the quarter | | |
| 8 | Phase 2 - Coverage | 5 | For each Phase 2 milestone category, please provide the status of the activity during the quarter: <ul style="list-style-type: none"> • Stage 1 - Process Development • Stage 2 - Data Collection in Progress • Stage 3 - Collection Complete; Analyzing/Aggregating Data • Stage 4 - Data Submitted to FirstNet • Stage 5 - Continued/Iterative Data Collection • Stage 6 - Submitted Iterative Data to FirstNet | | |
| 9 | Phase 2 – Users and Their Operational Areas | 5 | | | |
| 10 | Phase 2 – Capacity Planning | 5 | | | |
| 11 | Phase 2 – Current Providers/Procurement | 5 | | | |
| 12 | Phase 2 – State Plan Decision | 6 | | | |
| 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. | | | | | |
| Addressed 20 people with information about FirstNet at the Nebraska Public Safety Communications Council. AT&T representatives met with Otoe County Sheriff's office personnel. Sent out two listsrv emails to subscribers with information related to 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. | | | | | |
| N/A | | | | | |

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

N/A

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.

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 |
|---|------|--|---|
| Chief Information Officer | 6% | Point of contact for the FirstNet and SLIGP in Nebraska and engaged in planning activities with the SLIGP Program Manager. | No Change |
| OCIO IT Administrator | 5% | Involved in planning activities with the SPOC and the SLIGP Program Manager and supervises Program Manager. | No Change |
| OCIO CONTROLLER/FINANCE | 5% | Involved in planning activities with SPOC/SLIGP Prog Mngr and other OCIO staff to help manage grant and activities. | Began involvement with grant activities this quarter. |
| State Patrol Major | | | Did not participate in SLIGP activities this quarter. |
| Assistant Fire Marshal | | | Did not participate in SLIGP activities this quarter. |
| OCIO Public Safety Administrative Assistant | | | Did not participate in SLIGP activities this quarter. |
| OCIO Public Safety System Manager | | | Did not participate in SLIGP activities this quarter. |
| OCIO Applications Developer | | | Did not participate in SLIGP activities this quarter. |
| OCIO Senior Applications Developer | | | Did not participate in SLIGP activities this quarter. |
| OCIO Telecom Manager | | | Did not participate in SLIGP activities this quarter. |
| State Patrol Comms Manager | | | Did not participate in SLIGP activities this quarter. |
| State Patrol Infrastructure analyst | | | Did not participate in SLIGP activities this quarter. |
| | | | |
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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 |
|-------------|-----------------------|--------------------------|----------------------|-------------------------|------------|----------|-------------------------------|--------------------------------|
| Bob Wilhelm | SLIGP PROGRAM MANAGER | CONTRACTOR | Y | Y | 10/1/2013 | 2/1/2018 | \$475,200.00 | N/A |

| | | | | | | | | |
|-------------------|---|------------|---|---|-----------|------------|--------------|-----|
| NATHAN WATERMEIER | STATE GIS COORDINATOR/APPLICATIONS DEVELOPER LEAD | CONTRACTOR | Y | Y | 5/1/2015 | 4/1/2017 | \$13,394.00 | N/A |
| Munira Jaffar | Become familiar with Nebraska & data collection process, priorities coverage objectives stated during data collection and prepare to review, evaluate and | CONTRACTOR | Y | Y | 11/7/2016 | 10/31/2017 | \$180,000.00 | N/A |
| TBD | Final review of Data Collection entities that provide services (public and Private) in State. Review data from entities that provide services in state. | CONTRACTOR | N | N | 2/1/2016 | 2/1/2018 | \$30,000.00 | N/A |
| TBD | CONTRACTUAL EVAL OF CURRENT EMERGENCY RESPONSE PLANS TO INCORPORATE BROADBAND NEEDS INTO THE PLANS | CONTRACTOR | N | N | 8/1/2017 | 12/30/2017 | \$28,110.00 | N/A |

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 | | \$118,923.00 | \$118,923.00 | | \$116,786.00 | \$116,786.00 |
| b. Personnel Fringe Benefits | | \$24,099.00 | \$24,099.00 | | \$26,512.00 | \$26,512.00 |
| c. Travel | \$190,712.00 | \$16,720.00 | \$207,432.00 | \$78,146.00 | \$5,910.00 | \$84,056.00 |
| d. Equipment | | | \$0.00 | | | \$0.00 |
| e. Materials/Supplies | \$2,900.00 | \$5,161.00 | \$8,061.00 | \$790.00 | \$661.00 | \$1,451.00 |
| f. Subcontracts Total | \$716,020.00 | \$10,684.00 | \$726,704.00 | \$471,973.00 | \$0.00 | \$471,973.00 |
| g. Other | \$27,588.00 | \$58,718.00 | \$86,306.00 | \$7,731.00 | \$16,349.00 | \$24,080.00 |
| h. Indirect | | | \$0.00 | | | \$0.00 |
| i. Total Costs | \$937,220.00 | \$234,305.00 | \$1,171,525.00 | \$558,640.00 | \$166,218.00 | \$724,858.00 |
| j. % of Total | 80% | 20% | 100% | 77% | 23% | 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:

Bob Wilhelm State and Local Implementation Grant Program Manager

16c. Telephone (area code, number, and extension)

402-471-7973

16b. Signature of Authorized Certifying Official:

16d. Email Address:

Bob.Wilhelm@nebraska.gov

Date:

2/12/2018 REVISED PPR SUBMITTED