

<b>U.S. Department of Commerce Performance Progress Report</b>		<b>2. Award or Grant Number:</b> 47-0491233	31-10-S13031
<b>1. Recipient Name</b>	Nebraska Department of Administrative Services	<b>6. Report Date (10/29/2015)</b>	
<b>3. Street Address</b>	501 South 14 th Street, PO Box 95045	<b>7. Reporting Period End Date:</b> 09/30/2015	
<b>5. City, State, Zip Code</b>	Lincoln, NE 68509-5045	<b>8. Final Report</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<b>9. Report Frequency</b> Quarterly <input checked="" type="checkbox"/>

<b>10a. Project/Grant Period</b>			
8/1/2013		2/28/2018	

<b>11. List the individual projects in your approved Project Plan</b>			
	<b>Project Type (Capacity Building, SCIP Update,</b>	<b>Project Deliverable Quantity (Number &amp; Indicator Description)</b>	
			Total Federal Funding Amount
			Total Federal Funding Amount expended at the end of this reporting period
			Percent of Total Federal Amount expended
1	Stakeholder Meetings	302	
2	Broadband Conferences	0	
3	Staff Hires	5%	
4	Contract Executions	1	
5	Governance Meetings	3	
6	Education and Outreach	3,608	
7	Subrecipient Agreement Executed	N/A	
8	Phase 2 - Coverage	Stage 1 thru 5	
9	Phase 2 – Users and Their Operational Areas	Stage 1 thru 5	
10	Phase 2 – Capacity Planning	N/A	
11	Phase 2 – Current Providers/Procurement	N/A	
12	Phase 2 – State Plan Decision	N/A	

**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.**

**Stakeholder Meetings:** Through various meetings we engaged 302 stakeholders. This included 3 governance meetings, 8 regional FirstNet data collection workshops, 5 Nebraska Association of County Officials Fall Regional meetings and a Winnabago Tribal Council presentation.

**Broadband Conferences:** 0

**Staff Hires:** 5% Began using OCIO Applications developer McMasters on the project.

**Contact Executions:** Began using GIS Analyst Watermeler.

**Governance Meetings:** Three governance meetings were held this quarter: Working Group meetings on August 20th and September 29th and the Nebraska Public Safety Communications Council on September 29th.

**Education and Outreach:** Nebraska provided handout materials at governance meetings, regional NACO meetings, Regional stakeholder FirstNet data collection meetings, tribal meetings, and through emails to stakeholders. Also through the List serve account with 231 subscribers. We also provided education and outreach through our webpage.

**Phase 2 - Coverage:** Nebraska created an on-line survey to capture the surveyable data FirstNet wanted and held stakeholder meetings to obtain input on Coverage Objective Maps and phases of deployment. Nebraska expects to try to get continued input on the survey process and update FirstNet with that data up until December 2015 to allow for usage as FirstNet builds a coverage and business plan for Nebraska.

**Phase 2 - Users and their Operational areas:** Nebraska created an on-line survey to capture the surveyable data first net wanted and held stakeholder meetings to obtain input on Coverage Objective Maps and phases of deployment. Nebraska expects to try to get continued input on the survey process and update FirstNet with that data up until December 2015 to allow for usage as FirstNet builds a coverage and business plan for Nebraska.

**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.**

The project is not fully staffed at this time as it isn't necessary based on the activities to be completed. As we move forward and needs arise more staff will be hired/utilized for grant related activities.

**12b. Staffing 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 SLIGP program manager.	No Change
OCIO IT Administrator	5%	Administrative Point of Contact for the SLIGP in Nebraska and planning activities with SLIGP program manager.	No Change
State Patrol Major	4%	Represents state law enforcement agencies on the Governance Group and attends governance meetings and engages in FirstNet activities as needed.	No Change
Assistant Fire Marshal			Did not participate in SLIGP activities this quarter.
State Patrol Communications Director			Did not participate in SLIGP activities this quarter.
State Patrol Infrastructure Analyst			Did not participate in SLIGP activities this quarter.
OCIO Public Safety System Manager			Did not participate in SLIGP activities this quarter.
OCIO Public Safety Admin. Assistant	5%	Worked on taking and transcribing Governance meeting minutes. Assisted with meeting preparations and engaged in other planning activities.	No Change
OCIO Senior Applications Developer	5%	Developed and monitored on-line survey for stakeholders to complete for the data collections process FirstNet was requesting.	No Change
OCIO Application Developer	5%	Monitored on-line survey results and created the format that the results will be maintained in.	New Position

**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
Bob Wilhelm	SLIGP Program Manager	Contractor	Y	Y	10/1/2013	2/1/2018	\$445,000.00	
Nathan Watermeier	State GIS Coordinator/Applications Developer/Lead	Contractor	Y	Y	8/1/2015	2/1/2018	\$53,608.00	
TBD	Three Tribal Outreach Coordinators	Contractor	N	N	2/1/2016	2/1/2018	\$128,000.00	
TBD	Two people to for final review of data collection information.	Contractor	N	N	1/1/2016	10/1/2016	\$56,100.00	
TBD	Conduct field verification and identification of data collection information as needed.	Contractor	N	N	1/1/2016	10/1/2016	\$39,000.00	
TBD	Legal assistance for MOU Development for state and local entities as needed.	Contractor	N	N	11/1/2016	2/1/2018	\$183,600.00	
TBD	Evaluation of current emergency response plans and the incorporation of broadband needs into same.	Contractor	N	N	1/1/2017	2/1/2018	\$91,700.00	

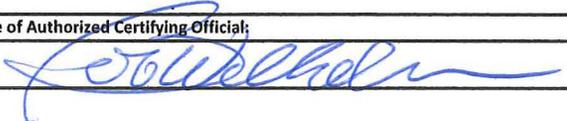
**14. Budget Worksheet**

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		\$253,182.00	\$253,182.00		\$66,639.00	\$66,639.00
b. Personnel Fringe Benefits		\$53,450.00	\$53,450.00		\$12,635.00	\$12,635.00
c. Travel	\$485,183.00	\$7,200.00	\$492,383.00	\$48,283.00	\$1,228.00	\$49,511.00
d. Equipment			\$0.00			\$0.00
e. Materials/Supplies	\$2,900.00	\$5,161.00	\$8,061.00	\$666.00	\$443.00	\$1,109.00
f. Subcontracts Total	\$997,508.00		\$997,508.00	\$170,882.00		\$170,882.00
g. Other	\$25,159.00	\$58,695.00	\$83,854.00	\$2,811.00	\$7,447.00	\$10,258.00
h. Indirect			\$0.00			\$0.00
i. Total Costs	\$1,510,750.00	\$377,688.00	\$1,888,438.00	\$222,642.00	\$88,392.00	\$311,034.00
j. % of Total	80%	20%	100%	72%	28%	100%

<b>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.</b>	
<b>16a. Typed or printed name and title of Authorized Certifying Official:</b>	<b>16c. Telephone (area code, number, and extension)</b>
Bob Wilhelm Program Manager for SLIGP Grant	402.471.7973
<b>16b. Signature of Authorized Certifying Official:</b>	<b>16d. Email Address:</b>
	Bob.Wilhelm@nebraska.gov
	<b>Date:</b> 10/29/2015