

<b>U.S. Department of Commerce</b>  <b>Performance Progress Report</b>		<b>2. Award or Grant Number</b> <b>31-10-S13031</b>			
		<b>4. EIN</b> <b>47-0491233</b>			
<b>1. Recipient Name</b> Nebraska Department of Administrative Services		<b>6. Report Date (MM/DD/YYYY)</b> <b>10/25/2013 Resubmitted: 11/20/2013</b>			
<b>3. Street Address</b> 501 South 14 <sup>th</sup> Street		<b>7. Reporting Period End Date:</b> <b>09/30/2013</b>			
<b>5. City, State, Zip Code</b>  Lincoln, NE 68508		<b>8. Final Report</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>9. Report Frequency</b> <input checked="" type="checkbox"/> Quarterly	
<b>10a. Project/Grant Period</b> Start Date: (08/01/2013)	<b>10b. End Date:</b> (07/31/2016)				
<b>11. List the individual projects in your approved Project Plan</b>					
	Project Type (Capacity Building, SCIP Update, Outreach, Training etc.)	Project Deliverable Quantity (Number & Indicator Description)	Total Federal Funding Amount	Total Federal Funding Amount expended at the end of this reporting period	Percent of Total Federal Funding Amount expended
1	Stakeholder meetings	0			
2	Training Sessions	0			
3	Broadband Conferences	8 Attendees			
4	Staff hires (FTE)	.25% FTE			
5	Contract Execution	0			
6	Program manager Regional outreach	0			
7	Meeting, outreach and educational materials	0			
<b>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.</b> Milestone Activities: Although we did not anticipate holding any stakeholder meetings this quarter, a regional NGA meeting was attended in Denver, CO. Several existing state employees were able to begin work on SLIGP. We intended for our Program Manager to be hired this quarter, but that individual did not start until October 21, 2013. We held one governance body meeting with the intent to begin identifying our working group. We had a number of questions about SLIGP in general and plan to follow up with additional information in the next quarter.  We continue to work on defining representation for the working group as well as means of effective outreach.					
<b>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.</b>					

After evaluation of our submitted working group representatives, we believe we will need to revisit the disciplines being represented and potentially revise those numbers which may result in a change to the detailed budget spreadsheet.

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

As of October 23, 2013, we still did not have access to our federal drawdown. We found the phone call on October 22, 2013, where you discussed potential SLIGP workshop topics to be very beneficial as we were able to hear that other state's echoed the questions that Nebraska has with regards to a clear and defined roadmap for the vision of this project.

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

Nebraska has been able to participate in several national conferences, APCO, NASTD and NASCIO, where there have been speakers from the FirstNet Board. It has been valuable to hear firsthand from FirstNet Board members and staff the progress that is being made and learning more about our responsibilities.

**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.** This quarter the project was not fully staffed. Program Manager start date is October 21, 2013.

**12b. Staffing Table**

Job Title	FTE %	Project(s) Assigned	Change
Chief Information Officer	.05%	Point of Contact for the SLIGP in Nebraska.	
IT Administrator	.10%	Administrative Point of Contact for the SLIGP in Nebraska	
State Patrol Major	.05%	Attended FirstNet conference	
Assistant Fire Marshal	.05%	Attended FirstNet conference	

Add Row

Remove Row

**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	Project and % Assigned
TBD	Project Manager	Contractor	N	N	October 2013	July 2016	\$270,000	0	N/A
TBD	Two people to collect and final review data.	Contractor	N	N	TBD	TBD	\$540,600	0	N/A
TBD	Data collection and review	Contractor	N	N	TBD	TBD	\$7,200	0	N/A

TBD	Resource identification	Contractor	N	N	TBD	TBD	\$39,000	O	N/A
TBD	MOU development	Contractor	N	N	TBD	TBD	\$183,600	0	N/A
TBD	Evaluation of current emergency response plans	Contractor	N	N	TBD	TBE	\$91,800	0	N/A

Add Row

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

None at this time.

**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		290,139	290,139		4,047	4,047
b. Personnel Fringe Benefits		87,042	87,042		719	719
c. Travel	365,742		365,742	6,844		6,844
d. Equipment						
e. Materials/Supplies	2,900		2,900			
f. Subcontracts Total	1,132,200		1,132,200			
g. Other	9,908	507	10,415			
h. Total Costs	1,510,750	377,688	1,888,438	6,844	4,766	11,610
i. % of Total	80%	20%		59%	41%	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 Project Manager, OCIO

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

402/471-7973

**16d. Email Address**

Bob.Wilhelm@nebraska.gov0

16b. Signature of Authorized Certifying Official



16e. Date Report Submitted (month, day, year)

11/20/2013

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a currently valid OMB control number. Public reporting burden for this collection of information is estimated to average 10 hours per response for the application process, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Michael Dame, Director, State and Local Implementation Grant Program, Office of Public Safety Communications, National Telecommunications and Information Administration, U.S. Department of Commerce (DOC), 1401 Constitution Avenue, N.W., HCHB, Room 7324, Washington, D.C. 20230.

**Second Modification resubmitted 11/20/13 after review by our Federal Program Officer Claudia Wayne.**