

U.S. Department of Commerce Performance Progress Report			2. Award or Grant Number:	34-10-S13034
			4. EIN:	216000928
1. Recipient Name	State of New Jersey		6. Report Date (MM/DD/YYYY)	10/21/2016
3. Street Address	300 Riverview Drive		7. Reporting Period End Date: (MM/DD/YYYY)	9/30/2016
5. City, State, Zip Code	Trenton, NJ 08625		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)	1/31/2018	
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	79	Actual number of individuals reached via stakeholder meetings during the quarter	
2	Individuals Sent to Broadband Conferences	1	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	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	1	Actual number of governance, subcommittee, or working group meetings held during the quarter	
6	Education and Outreach Materials Distributed	3,201	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	Stage 4	For each Phase 2 milestone category, please provide the status of the activity during the quarter: • 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	Stage 4		
10	Phase 2 – Capacity Planning	Stage 4		
11	Phase 2 – Current Providers/Procurement	Stage 4		
12	Phase 2 – State Plan Decision	Stage 1		
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.				
<p>Outreach - During July and August, the State revised their SLIGP presentations in accordance with the new style guidelines implemented by the Office of Homeland Security and Preparedness. In September, stakeholder outreach sessions were held in Bergen County and Burlington County. Other activities that took place in the 3rd quarter that contributed to FirstNet education in the State included the PGA Championship in Springfield Township, NJ, the Atlantic City Air Show and Beach Concert, the Miss America Pageant, and the Wildwood Beach Concert. Data Collection – The collection of FirstNet data by survey was concluded in August, a total of 634 surveys were returned. In September, the team normalized the data and entered it into the required templates. The data was submitted to FirstNet on September 29. Governance – A governance meeting was held on September 13th where the State presented the data and coverage maps to be submitted to FirstNet. During the 4th quarter, the State will continue to develop a process to evaluate the NJ State Plan. The Project Budget activity expenditures exceeded the budgeted category (row 5 column g. "other") the expenses were associated with an Outreach Conference held in July, 2016.</p>				
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.**

The New Jersey Office of Homeland Security and Preparedness experienced staffing changes late in the 3rd quarter. These changes will be reflected in tables 12b and 13a in the next quarterly report.

**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.**

Project is fully staffed.

**12b. Staffing Table - Please include all staff that have contributed time to the project. Please do not remove individuals from this table.**

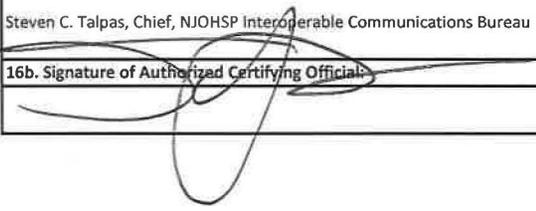
Job Title	FTE%	Project (s) Assigned	Change
Program Manager	60%	Programmatic direction for all Public Safety broadband projects and Point of Contact for FirstNet/SLIGP	
Assistant Program Manager	60%	Programmatic direction for all Public Safety broadband projects and Point of Contact for FirstNet/SLIGP	
Senior Technician	60%	The Senior Technician duties and responsibilities will include assisting the Outreach Director in the execution of the SLIGP outreach campaign.	
Outreach Director	50%	Director of NJ OIT outreach including SLIGP	
Fiscal Manager/Fiscal Specialists	0	Supports SLIGP efforts and Interfaces with OIT for drawdown and other roles.	
GIS Specialist	0	State staff contribute to the project however their time is not charged to the budget.	
NJ OHSP Chief of Staff	0	State staff contribute to the project however their time is not charged to the budget.	
Outreach Coordinator	0	State staff contribute to the project however their time is not charged to the budget.	
SWIC	0	State staff contribute to the project however their time is not charged to the budget.	

**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
Jennifer Nugent	Project Management	Vendor	Y	Y	1/1/2016	1/31/2018	\$622,800.00	\$0.00
Ken Boley Computer Aid	Governance Support	Vendor	Y	Y	8/31/2015	1/31/2018	\$127,112.00	\$0.00
Afeite Dadja	Broadband SME	Vendor	Y	Y	1/1/2016	1/31/2018	\$479,307.00	\$0.00
Scott Kloss	Outreach Specialist	Vendor	Y	Y	1/1/2016	1/31/2018	\$768,120.00	\$0.00
LaSheita Thomas	Grant Management	Vendor	Y	Y	4/25/2016	1/31/2018	\$258,201.00	\$0.00
LaSheita Thomas	Administrative Support	Vendor	Y	Y	4/25/2016	1/31/2018	\$258,201.00	\$0.00
TBD	Data Gathering Services	Vendor	Y	N	6/1/2016	1/31/2018	\$153,791.00	\$0.00

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

<b>14. Budget Worksheet</b>						
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	\$1,920.00	\$447,986.00	\$449,906.00	\$1,920.00	\$282,550.51	\$284,470.51
b. Personnel Fringe Benefits	\$0.00	\$202,714.00	\$202,714.00	\$0.00	\$131,104.09	\$131,104.09
c. Travel	\$13,000.00	\$0.00	\$13,000.00	\$10,927.24	\$0.00	\$10,927.24
d. Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
e. Materials/Supplies	\$7,708.00	\$0.00	\$7,708.00	\$6,458.19	\$0.00	\$6,458.19
f. Subcontracts Total	\$2,673,533.00	\$0.00	\$2,673,533.00	\$607,020.66	\$0.00	\$607,020.66
g. Other	\$15,767.00	\$31,025.00	\$46,792.00	\$17,781.25	\$0.00	\$17,781.25
h. Indirect			\$0.00			\$0.00
i. Total Costs	\$2,711,928.00	\$681,725.00	\$3,393,653.00	\$644,107.34	\$413,654.60	\$1,057,761.94
j. % of Total	80%	20%	100%	61%	39%	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>		
Steven C. Talpas, Chief, NJOHSP Interoperable Communications Bureau				609.584.4811		
<b>16b. Signature of Authorized Certifying Official:</b>				<b>16d. Email Address:</b>		
				stalpas@njohsp.gov		
				<b>Date:</b>		
				10/25/2016		