

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)	10/27/2015	
3. Street Address	300 Riverview Drive			7. Reporting Period End Date: (MM/DD/YYYY)	9/30/2015	
5. City, State, Zip Code	Trenton, NJ 08625			8. Final Report	9. Report Frequency	
				Yes <input type="checkbox"/>	Quarterly <input checked="" type="checkbox"/>	
				No <input checked="" type="checkbox"/>		
10a. Project/Grant Period						
Start Date: (MM/DD/YYYY)		8/1/2013	10b. End Date: (MM/DD/YYYY)	7/31/2016		
11. List the individual projects in your approved Project Plan						
	Project Type (Capacity Building, SCIP Update,	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 Amount expended	
1	Stakeholder Meetings	200				
2	Broadband Conferences	1				
3	Staff Hires	0				
4	Contract Executions	0				
5	Governance Meetings	1				
6	Education and Outreach	300				
7	Subrecipient Agreement Executed	0				
8	Phase 2 - Coverage	0				
9	Phase 2 – Users and Their Operational Areas	0				
10	Phase 2 – Capacity Planning	0				
11	Phase 2 – Current Providers/Procurement	0				
12	Phase 2 – State Plan Decision	0				
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.						
Major activities included conducting the Initial consultation process with the State Stakeholders and Firstnet. Next quarter activities will include onboarding of vendors to start Phase 2 deliverables						
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.						
The day-to-day activities of New Jersey's SLIGP project have been delayed as New Jersey is in an active phase of BTOP deployment and developing phase 2 consulting costs .						

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

The team is continuing developing the SLIGP strategy and budget, and seeks to onboard its vendors in January 2016

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

New Jersey has successfully completed the initial consultation process with FirstNet.

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 and budgeted. Vendor will start SLIGP activities in 16Q1

12b. Staffing Table

Job Title	FTE%	Project (s) Assigned	Change
Program Manager	0	Programmatic direction for all Public Safety broadband projects and Point of Contact for FirstNet/SLIGP	No Change
Assistant Program Manager	33	Programmatic direction for all Public Safety broadband projects and Point of Contact for FirstNet/SLIGP	No Change
Outreach Director	36.592	Directs a NJ OIT outreach including SLIGP	No Change
Fiscal Manager/Fiscal Specialists	0	Fiscal Manager role is currently vacant. Once position is filled FTE% will go back up to 15%, approximately	No Change
GIS Specialist	5	Supports SLIGP efforts; prepares maps ,education and outreach materials for distribution	No Change
NJ OHSP Chief of Staff	0	No participation in outreach, stakeholder meetings, and broadband conferences during 15Q2 activities	No Change
Outreach Coordinator	5	Designing outreach plan and SLIGP activities	No Change
SWIC	10	Statutory point for NJ Interoperability plan and public safety communications	No Change

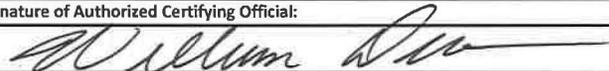
13. Subcontracts (Vendors and/or Subrecipients)

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	Project Management, Administrative support, and	Vendor	Y	N	TBD	7/31/2016	\$1,368.07	\$0.00
Ken Boley Computer Aid	Governance Support	Vendor	Y	Y	8/31/2015	7/31/2016	\$306,000.00	\$0.00
TBD	Broadband SME	Vendor	Y	N	TBD	7/31/2016	\$300,150.00	\$0.00
TBD	Outreach Specialist	Vendor	Y	N	TBD	7/31/2016	\$540,000.00	\$0.00

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

RFP vendor decision rendered 15Q3.

<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	\$100,923.00	\$435,131.00	\$536,054.00	\$ 5,913.48	\$ 40,443.55	\$46,357.03
b. Personnel Fringe Benefits	\$0.00	\$181,634.00	\$181,634.00	\$ 3,001.10	\$ 17,655.83	\$20,656.93
c. Travel	\$51,120.00	\$0.00	\$51,120.00	\$ 3,008.48	\$0.00	\$3,008.48
d. Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
e. Materials/Supplies	\$8,038.00	\$0.00	\$8,038.00	\$ 6,458.19	\$0.00	\$6,458.19
f. Subcontracts Total	\$2,514,197.00	\$0.00	\$2,514,197.00	\$ 12,798.24	\$0.00	\$12,798.24
g. Other	\$37,650.00	\$64,960.00	\$102,610.00	\$ 6,031.85	\$0.00	\$6,031.85
h. Indirect						\$0.00
i. Total Costs	\$2,711,928.00	\$681,725.00	\$3,393,653.00	\$ 37,211.34	\$58,099.38	\$95,310.72
j. % of Total	80%	20%	100%	39%	61%	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> William Drew, PMP, Assistant Public Safety Broadband Program Manager				<b>16c. Telephone (area code, number, and extension)</b> 609-588-2487		
<b>16b. Signature of Authorized Certifying Official:</b> 				<b>16d. Email Address:</b> WDrew@NJOHSP.gov		
				<b>Date:</b> 10/29/2015		