

**U.S. Department of Commerce  
 Performance Progress Report**

1. Recipient Name		State of Nevada, Dept of Public Safety, Division of Emergency Management & Homeland Security		2. Award or Grant Number:	32-10-513-32
3. Street Address		2478 Fairview Drive		4. EIN:	88-6000022
5. City, State, Zip Code		Carson City, Nevada 89701		5. Report Date (MM/DD/YYYY)	1/29/2016
10a. Project/Grant Period		Start Date: (MM/DD/YYYY)	8/1/2013	10b. End Date: (MM/DD/YYYY)	1/31/2018
7. Reporting Period		End Date: (MM/DD/YYYY)	12/31/2015		
8. Final Report		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	9. Report Frequency	
				Quarterly <input checked="" type="checkbox"/>	

11. List the individual projects in your approved Project Plan		
	Project Type (Capacity Building, SCIP Update, Broadband Conferences, Staff Hires, Contract Executions, Governance Meetings, Education and Outreach, Subrecipient Agreement Executed)	Project Deliverable Quantity (Number & Indicator Description)
1	Stakeholder Meetings	31
2	Broadband Conferences	0
3	Staff Hires	0
4	Contract Executions	0
5	Governance Meetings	0
6	Education and Outreach	0
7	Subrecipient Agreement Executed	0
8	Phase 2 - Coverage	Stage 5
9	Phase 2 - Users and Their Operational Areas	Stage 5
10	Phase 2 - Capacity Planning	Stage 5
11	Phase 2 - Current Providers/procurement	Stage 5
12	Phase 2 - State Plan Decision	Stage 2

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.

Nevada participated in one outreach meeting to the Nevada Association of Counties. The October to December quarter was fairly quiet secondary to the holiday season. Nevada's governance board did not meet during this quarter period as the regularly scheduled meeting needed to be canceled.

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.

Nevada's Phase 2 package was approved and we anticipate no changes in the next quarter at this time.

**11c. Provide any other information that would be useful to NTIA as it assesses this project's progress.**  
 Nevada continues outreach to stakeholders moving toward a more directed outreach to specific groups of stakeholders. Nevada is looking forward to a new SWIC being hired the beginning of the next quarter who will work with the project manager to complete the work.

**11d. Describe any success stories or best practices you have identified. Please be as specific as possible.**  
 Nevada successfully tripled participation in data collection last quarter to meet the FirstNet deadline and continues to reach out to stakeholders for education as well as data collection.

**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.**  
 Nevada currently has a vacancy for the SWIC position with duties being covered by our SPOC during this time. Recruitment is in process to fill this position and a new SWIC is expected to be actively hired by early next quarter.

**12b. Staffing Table**

Job Title	FTE%	Project (s) Assigned	Change
Chief, Emergency Management/SPOC	10%	Single Point of Contact	No change
Emergency Management Program Manager	10%	Grants Manager	No change
Grants and Projects Supervisor	10%	Supervisor of SLIGP grant coordinator	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
SWIC	SWIC Duties	Good of the State Contract	Y	Y	11/1/2013	1/31/2018	\$319,680.00	\$0.00
Grant Coordinator	Coordinate Grant	Good of the State Contract	N	Y	11/1/2003	1/31/2018	\$217,110.00	\$0.00
Project Manager/Outreach Coordinator	Manage SLIGP Programmatic	Contract	Y	Y	5/13/2015	1/31/2018	\$432,324.00	\$0.00
Legal Counsel	Attorney for Process and MOU	Sub-Grant	N	N	3/1/2013	1/31/2018	\$159,192.00	\$0.00
Gap Analysis MOU	MOU for partners	Contract	N	N	12/1/2014	1/31/2018	\$450,000.00	\$0.00
Facilitator	Meeting facilitator	Contract	N	N			\$7,200.00	\$0.00
Facilitator	Meeting facilitator	Contract	N	N			\$14,400.00	\$0.00
						<b>Total</b>	<b>\$1,599,906.00</b>	<b>\$0.00</b>

**13b. Describe any challenges encountered with vendors and/or subrecipients.**  
 N/A - None

<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	\$109,272.90	\$241,875.00	\$351,147.90	\$67,671.00	\$103,186.00	\$170,857.00
b. Personnel Fringe Benefits	\$43,763.50	\$107,640.00	\$151,403.50	\$15,488.00	\$30,507.00	\$45,995.00
c. Travel	\$88,620.00	\$0.00	\$88,620.00	\$37,172.00	\$0.00	\$37,172.00
d. Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
e. Materials/Supplies	\$28,007.15	\$0.00	\$28,007.15	\$348.00	\$0.00	\$348.00
f. Subcontracts Total	\$1,643,677.95	\$0.00	\$1,643,677.95	\$442,750.00	\$0.00	\$442,750.00
g. Other	\$59,324.50	\$160,101.00	\$219,425.50	\$2,259.00	\$7,729.00	\$9,988.00
h. Indirect	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
i. Total Costs	\$1,972,666.00	\$509,616.00	\$2,482,282.00	\$565,688.00	\$141,422.00	\$707,110.00
j. % of Total	79%	21%	100%	80%	20%	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>	775-687-0306	
Richard Martin, Program Manager				<b>16d. Email Address:</b>	rmartin@dps.state.nv.us	
<b>16b. Signature of Authorized Certifying Official:</b>				<b>Date</b>	1/29/2016 	
						