U.S. Department of Commerce Performance Progress Report					32-10-513-32					
	4. EIN:	88-6000022								
1. Recipierit Name	State of Nevada, Dept of Pub	6. Report Date (MM/DD/YYYY)	10/30/2016							
3. Street Address	2478 Fairview Drive	7. Reporting Period End Date: (MM/DD/YYYY)	9/30/2016							
5, City, State, Zip Code	Carson City, Nevada 89701	8. Final Report Yes No	9. Report Frequency Quarterly							
10a. Project/Grant Period										
Start Date: (MM/DD/YYYY)	8/1/2013	10b. End Date: (MM/DD/YYYY)	1/31/2018							
12. List the individual projects	in your approved Project Pla	ភ								
	Project Type (Capacity Building SCIP Lindate	Project Deliverable Quantity (Number & Indicator Description)	Description of Milestone Category							
1	Stakeholders Engaged	21	Actual number of individuals reached via stakeholder meetings during the quarter							
2	Individuals Sent to Broadband Conferences	o	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	0	Actual number of governance, subcommittee, or working group meetings held during the quarter							
6	Education and Outreach Materials Distributed	105	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 guarter							
7	Subrecipient Agreements Executed	0	Actual number of agreements executed during the quarter							
8	Phase 2 - Coverage	Stage 6								
9	Phase 2 – Users and Their Operational Areas	Stage 6	For each Phase 2 milestone category, please provide the status of the activity during the quarter: • Stage 1 - Process Development							
10	Phase 2 Capacity Planning	Stage 6	 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 							
11	Phase 2 – Current Providers/Procurement	Stage 6								
12	Phase 2 State Plan Decision	Stage 2								
1			Baseline Report for this project; any challenges or obstacles encountered and mitigation strategies you h	have employed; plann	ed major activities for					
the next quarter; and any addit	tional project milestones or ir	nformation.	,	<u></u>	<u></u>					
Nevada's governance board did	not meet during this quarter.	Nevada had a final data ce	collection meeting to meet the September 30th deadline for additional data collection.							
11b. If the project team anticip Commerce before Implementat		to the approved Baseline	e Report in the next quarter, describe those below. Note that any substantive changes to the Baseline Rep	ort must be approved	i by the Department of					

Nevada anticipates 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. Nevada completed a final data collection meeting prior to the September 30, 2016 deadline. 11d. Describe any success stories or best practices you have identified. Please be as specific as possible. Nevada continues to reach out to stakeholders for education. 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. N/A, 12b. Staffing Table - Please include all staff that have contributed time to the project. Please do not remove individuals from this table. Project (s) Assigned Change Job Title FTE% Chief, Emergency No Change Single Point of Contact Management/SPOC 10% Emergency Management No Change Grants Manager Program Manager 10% No Change Supervisor of SLIGP Grant Coordinator Grants and Projects Supervisor 10% 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. Contract **Total Matching Funds Total Federal Funds** Түре Start Date End Date Name Subcontract Purpose RFP/RFQ Issued (Y/N) Executed Allocated Allocated (Vendor/Subrec.) (Y/N) Good of the State \$0.00 1/31/2018 \$319,680.00 SWIC SWIC Duties N Y 11/1/2013 Contract Good of the State 1/31/2018 \$217,110.00 \$0.00 Y 11/1/2013 Coordinate Grant N Grant Coordinator Contract SLIGP Project 1/31/2018 \$432,324.00 \$0.00 Y Y 5/13/2015 Manage SLIGP Programmatic Contract Manager/Outreach Attorney for Process and \$159,192.00 \$0.00 Legał Counsel Sub-Grant Ν N 3/1/2013 1/31/2018 MOU \$450,000.00 \$0.00 12/1/2014 1/31/2018 Gap Analysis MOU MOU for partners Contract Ν Ν \$0.00 N N \$7,200.00 Meeting Facilitator Contract Facilitator Ň \$14,400.00 \$0.00 Ν Facilitator Meeting Facilitator Contract \$0.00 Total \$1,599,906.00 13b. Describe any challenges encountered with vendors and/or subrecipients. N/A - None

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 Expende (7)
a. Personnel Salaries	\$109,272.90	\$241,875.00	\$351,147.90	\$90,995.00	\$139,191.00	\$230,186.00
b. Personnel Fringe Benefits	\$43,763.50	\$107,640.00	\$151,403.50	\$22,660.00	\$44,084.00	\$66,744.00
c. Travel	\$88,620.00	\$0.00	\$88,620.00	\$46,776.00	\$0.00	\$46,776.00
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	\$3,929.00	\$0.00	\$3,929.00
f. Subcontracts Total	\$1,643,677.95	\$0.00	\$1,643,677.95	\$704,654.00	\$0.00	\$704,654.00
g. Other	\$59,324.50	\$160,101.00	\$219,425.50	\$2,305.00	\$34,555.00	\$36,860.00
h. Indirect	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
. Total Costs	\$1,972,666.00	\$509,616.00	\$2,482,282.00	\$871,319.00	\$217,830.00	\$1,089,149.00
i. % of Total	79%		100%	80%	20%	100%
15. Certification: I certify to the best of my knowled	Ige and belief that this report is correct and complet	e for performance of activities f	or the purpose(s) set forth	in the award documents.	- marke	
16a. Typed or printed name and title of Authorized Richard Martin, Program Manager	16c. Telephone (area code, number, and extension)	775-687-0306				
16b. Signature of Authorized Certifying Official:	16d. Email Address:	rmartin@dps.state.nv.us				
2 W LA	Date: 10 24 16	10/25/2016				