

| U.S. Department of Commerce Performance Progress Report | | | 2. Award or Grant Number: | 36-10-S13036 |
|--|---|---|---|---|
| | | | 4. EIN: | 146013200 |
| 1. Recipient Name | New York State Division of Homeland Security and Emergency Services | | 6. Report Date (MM/DD/YYYY) | 1/26/2016 |
| 3. Street Address | 1220 Washington Ave, State Campus Building 7A, Suite 610 | | 7. Reporting Period End Date: (MM/DD/YYYY) | 12/31/2015 |
| 5. City, State, Zip Code | Albany, NY 12226 | | 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) | | |
| 1 | Stakeholder Meetings | 20 | | |
| 2 | Broadband Conferences | 0 | | |
| 3 | Staff Hires | 0 | | |
| 4 | Contract Executions | 0 | | |
| 5 | Governance Meetings | 1 | | |
| 6 | Education and Outreach | 823 | | |
| 7 | Subrecipient Agreement Executed | None - none planned | | |
| 8 | Phase 2 - Coverage | Stage 4 | | |
| 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>#1 - A meeting of the State's Public Safety Broadband Working Group was held on November 17th. #2 - None that were FirstNet specific in this quarter. #3 - No change. #5 - A meeting of the State Interoperable and Emergency Communication Board was held on November 17th. #6 - Hit count for the New York State Public Safety Broadband website. #8-11 - Our data submission to FirstNet occurred in October with a resubmission (redaction) in November.</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. | | | | |
| New York requested and received a 30 day extension to the SLIGP budget modification. A revised budget was submitted in July and additional NTIA requested changes were made through the fall. | | | | |

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

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

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.

Note that the FTE% reflects actual percentage of hours spent working on SLIGP during this quarter.

12b. Staffing Table

| Job Title | FTE% | Project (s) Assigned | Change |
|-------------------------------------|------|---|----------------|
| SWIC | 9% | Overall SLIGP and policy oversight and liaison (SPOC) | Continues Work |
| Radio Engineer #1 | 17% | SLIGP/State FirstNet primary | Continues Work |
| Radio Engineer #2 | 2% | Support SLIGP and FirstNet Activities | Continues Work |
| Agency Budget Analyst | 3% | Supports communications office budget/fiscal. Assists in preparation of SLIGP budget reports. | Continues Work |
| Senior Administrative Analyst | 0% | Supports office activities, including the interop board and its working groups | Continues Work |
| Senior Administrative Assistant | 0% | Support office outreach and project management efforts. | Continues Work |
| Information Tech Specialist 5 (GIS) | 4% | Supervises GIS staff, provides overall GIS liaison effort on data collection and mapping | Continues Work |
| ITS Specialist II (GIS) | 14% | Performs GIS work related to data collection and mapping | Continues Work |

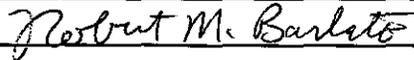
13. Subcontracts (Vendors and/or Subrecipients)

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 |
|---|---------------------------------------|-----------------------|--------------------------------------|-------------------------|------------|---|-------------------------------|--------------------------------|
| New York State Technology Enterprise Corporation (NYSTEC) | Outreach, project management, support | Vendor | Not needed (existing State contract) | Y | 8/1/2013 | 07/31/2016 (plan to do no-cost extension) | \$2,013,960.00 | \$0.00 |
| TBD (not required, removed from budget modification) | Website development | Vendor | N | N | | | \$84,864.00 | \$0.00 |
| | | | | | | | | |

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

No challenges at this time. We will plan to extend, at no cost, our NYSTEC contract to fit the new grant term.

| 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 | \$0.00 | \$706,815.00 | \$706,815.00 | \$0.00 | \$114,695.25 | \$114,695.25 |
| b. Personnel Fringe Benefits | \$0.00 | \$405,995.00 | \$405,995.00 | \$0.00 | \$62,325.04 | \$62,325.04 |
| c. Travel | \$301,320.00 | \$0.00 | \$301,320.00 | \$20,923.22 | \$0.00 | \$20,923.22 |
| d. Equipment | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| e. Materials/Supplies | \$18,940.00 | \$0.00 | \$18,940.00 | \$522.65 | \$0.00 | \$522.65 |
| f. Subcontracts Total | \$2,098,824.00 | \$0.00 | \$2,098,824.00 | \$377,964.20 | \$0.00 | \$377,964.20 |
| g. Other | \$2,448,128.00 | \$103,993.00 | \$2,552,121.00 | \$0.00 | \$0.00 | \$0.00 |
| h. Indirect | \$0.00 | | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| i. Total Costs | \$4,867,212.00 | \$1,216,803.00 | \$6,084,015.00 | \$399,410.07 | \$177,020.29 | \$576,430.36 |
| j. % of Total | 80% | 20% | 100% | 69% | 31% | 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: | | | | 16c. Telephone (area code, number, and extension) | | |
| Robert M. Barbato, Director, Office of Interoperable and Emergency Communications | | | | 518-322-4915 | | |
| 16b. Signature of Authorized Certifying Official: | | | | 16d. Email Address: | | |
|  | | | | robert.barbato@dhses.ny.gov | | |
| | | | | Date: 1/26/2016 | | 1/26/2016 |