

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)	4/19/2016	
3. Street Address	1220 Washington Ave, State Campus Building 7A, Suite 610			7. Reporting Period End Date: (MM/DD/YYYY)	3/31/2016	
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)	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	26				
2	Broadband Conferences	0				
3	Staff Hires	0				
4	Contract Executions	0				
5	Governance Meetings	1				
6	Education and Outreach	934				
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 Public Safety Broadband Working Group was held on February 2nd.</p> <p>#2 - None that were FirstNet specific in this quarter.</p> <p>#3 - No change.</p> <p>#5 - A meeting of the State Interoperable and Emergency Communication Board was held on February 3rd.</p> <p>#6 - Hit count for the New York State Public Safety Broadband website.</p> <p>#8-11 - No change.</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.						
This document reflects the approved budget modifications that were submitted in 2015.						

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	4%	Overall SLIGP and policy oversight and liaison (SPOC)	Continues Work
Radio Engineer #1	14%	SLIGP/State FirstNet primary	Continues Work
Radio Engineer #2	3%	Support SLIGP and FirstNet Activities	Continues Work
Agency Budget Analyst	4%	Supports communications office budget/fiscal. Assists in preparation of SLIGP budget reports.	Continues Work
Senior Administrative Analyst	2%	Supports office activities, including the interop board and its working groups	Continues Work
Senior Administrative Assistant	2%	Support office outreach and project management efforts.	Continues Work
Information Tech Specialist 5 (GIS)	3%	Supervises GIS staff, provides overall GIS liaison effort on data collection and mapping	Continues Work
ITS Specialist II (GIS)	0%	Performs GIS work related to data collection and mapping	No work this quarter

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	\$363,921.00	\$363,921.00	\$0.00	\$120,647.21	\$120,647.21
b. Personnel Fringe Benefits	\$0.00	\$211,377.00	\$211,377.00	\$0.00	\$65,514.10	\$65,514.10
c. Travel	\$83,160.00	\$0.00	\$83,160.00	\$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	\$12,000.00	\$0.00	\$12,000.00	\$7,587.24	\$0.00	\$7,587.24
f. Subcontracts Total	\$4,757,052.00	\$618,396.00	\$5,375,448.00	\$546,714.47	\$0.00	\$546,714.47
g. Other	\$15,000.00	\$0.00	\$15,000.00	\$0.00	\$0.00	\$0.00
h. Indirect	\$0.00	\$23,109.00	\$23,109.00	\$0.00	\$0.00	\$0.00
i. Total Costs	\$4,867,212.00	\$1,216,803.00	\$6,084,015.00	\$575,224.93	\$186,161.31	\$761,386.24
j. % of Total	80%	20%	100%	76%	24%	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)	518-242-5129	
Brett B. Chellis, Acting Director, Office of Interoperable and Emergency Communications				16d. Email Address:	brett.chellis@dhses.ny.gov	
16b. Signature of Authorized Certifying Official:				Date:	4/26/2016	
						