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| U.S. Department of Commerce | | 2. Award or Grant Number 36-10-S13036 | |
| Performance Progress Report | | 4. EIN 146013200 | |
| 1. Recipient Name New York State Division of Homeland Security and Emergency Services | | 6. Report Date (MM/DD/YYYY) 04/28/2014 | |
| 3. Street Address 1220 Washington Ave, State Campus Building 7A, Suite 610 | | 7. Reporting Period End Date: 03/31/2014 | |
| 5. City, State, Zip Code Albany, NY 12226 | | 8. Final Report <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 9. Report Frequency <input checked="" type="checkbox"/> Quarterly |
| 10a. Project/Grant Period Start Date: 08/01/2013 | 10b. End Date: (MM/DD/YYYY) 07/31/2016 | | |

| 11. List the individual projects in your approved Project Plan | | | | | |
|---|--|---|------------------------------|---|--|
| | Project Type (Capacity Building, SCIP Update, Outreach, Training etc.) | 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 Funding Amount expended |
| 1 | Stakeholder Meetings | 0 | | | |
| 2 | Training Sessions | 0 | | | |
| 3 | Broadband Conferences | 5 | | | |
| 4 | Staff Hires | 0 - No change | | | |
| 5 | Contract Executions | 1 | | | |
| 6 | Statutory or Regulatory Changes | None | | | |
| 7 | Governance Meetings | 0 – not SLIGP funded | | | |
| 8 | Education and Outreach Materials | 0 | | | |
| 9 | Subrecipient Agreements Executed | None – none planned | | | |
| 10 | Phase 2 | None at this time | | | |

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.

#1 – No activity this quarter.
 #2 – N/A per NTIA
 #3 – 5 staff (4 State, 1 local) attended the Atlanta SLIGP/FirstNet workshop. Pending State travel approval, staff will attend the PSCR workshop in June.
 #4 – Staff are working on SLIGP activities as needed. Staff are not yet working at their predicted match rate. This is due to limited public safety broadband activities for staff to work on. We expect that as FirstNet begins consultation with the State in Q4 and Q5, our efforts will increase.
 #5 – We have received an executed contract with our outreach contractor. We were also planning to process an hourly IT contract, using the State’s Hourly Based IT Services backdrop contract, for website development specifically targeted towards FirstNet activities in New York. However, our internal website development team has informed us they expect to support our FirstNet effort using existing internal staff. If so, we may switch those employees to accounting under our required match as website development begins.

#6 – N/A per NTIA
 #7 – Per NTIA, since our governance meetings are not SLIGP funded, this value will be 0 in the progress reports. However, the State Interoperable and Emergency Communication Board met in March and we provided a FirstNet update to attendees.
 #8 – None have been prepared or distributed yet.
 #9 – None are planned.
 #10 –No Phase 2 activities have been conducted yet. We are waiting further direction from FirstNet and NTIA.

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.

At some point soon, we will likely need to revisit our list of titles on State match, as well as removing our need for a website development contract (as this will be done internally).

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

Due to limited direction from FirstNet on details needed for State outreach, there was limited internal activity during Quarter 3. The State continues to wait for direction from FirstNet on specific details needed for outreach. (E.g. What the network will look like, what the monthly cost will be, what the user base will be (first responders, or first responders plus public works, etc.). Externally, we participated in the Atlanta SLIGP workshop.

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

None at this time.

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 analyst position is not currently staffed due to a promotion. The position is pending refill. We also expect we will need to revise our list of positions and percentages that are working on SLIGP activities as activities ramp up.

12b. Staffing Table

| Job Title | FTE % | Project(s) Assigned | Change |
|-------------------------|-------|--|--------------------------------------|
| SWIC | 0.15 | Overall SLIGP and policy oversight and liaison | Continues SLIGP/PSBB Work. |
| Radio Engineer (#1) | 0.50 | SLIGP/State FirstNet Primary | Continues SLIGP/PSBB Work. |
| Radio Engineer (#2) | 0.40 | Support SLIGP and FirstNet Activities | Continues SLIGP/PSBB Work. |
| Agency Finance Director | 0.20 | Agency Finance | Not currently involved in SLIGP/PSBB |

| | | | |
|-----------------------|------|---|--|
| Agency Budget Analyst | 0.40 | Supports communication's office budget/fiscal | Continues SLIGP/PSBB Work. |
| Agency Counsel | 0.40 | Legal Counsel for communication's office activities | Not yet working on SLIGP |
| Analyst | 0.30 | General office/meeting support. | Position vacant – pending refill. Refill expected in Q4. |

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 | Project and % Assigned |
|---|---------------------------------------|-----------------------|--|-------------------------|---|------------|-------------------------------|--------------------------------|------------------------|
| New York State Technology Enterprise Corporation (NYSTEC) | Outreach, project management, support | Vendor | Not needed (existing State contract) | Y | 08/01/2013 (*approved by OSC 03/03/2014) | 07/31/2016 | \$2,013,960.00 | \$0.00 | |
| TBD (As noted above, this may not be needed). | Website development | Vendor | Likely not needed due to existing state IT contracts | N | | | \$84,864 | \$0.00 | |

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

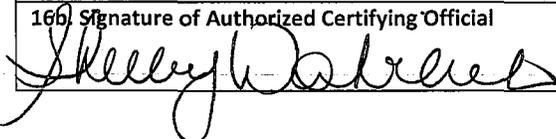
Due to the delay in getting the grant award funds and the approval process for contracts in New York, no subcontracts were awarded in Q1 or Q2. We had expected our main subcontractor award early in Q2, however the Office of the State Comptroller required a revised contract with lower rates (reflecting a blanket reduction in all contractor rates – not specific to just this award) to be put in place first. This contract was approved in Q3, however no invoices have been paid against the contract (as of 3/31/14).

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 | \$706,815 | \$706,815 | \$0 | \$26,341 | \$26,341 |
| b. Personnel Fringe Benefits | \$0 | \$405,995 | \$405,995 | \$0 | \$14,613 | \$14,613 |
| c. Travel | \$301,320 | \$0 | \$301,320 | \$4,475 | \$0 | \$4,475 |
| d. Equipment | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| e. Materials/Supplies | \$18,940 | \$0 | \$18,940 | \$0 | \$0 | \$0 |
| f. Subcontracts Total | \$2,098,824 | \$0 | \$2,098,824 | \$0 | \$0 | \$0 |
| g. Other | 2,448,128 | \$103,993 | \$2,552,121 | \$0 | \$0 | \$0 |
| h. Total Costs | \$4,867,212 | \$1,216,803 | \$6,084,015 | \$4,475 | \$40,954 | \$45,429 |
| i. % of Total | 80% | 20% | 100% | 10% | 90% | 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.

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| 16a. Typed or printed name and title of Authorized Certifying Official Shelley Wahrlich, Director of Grants Program Administration | 16c. Telephone (area code, number, and extension) 518-242-5120 |
| | 16d. Email Address swahrlich@dhses.ny.gov |
| 16b. Signature of Authorized Certifying Official  | 16e. Date Report Submitted (month, day, year) April 28, 2014 |

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