

| U.S. Department of Commerce Performance Progress Report | | | | 2. Award or Grant Number: | 39-10-513039 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|---------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|--------------------------------------------------------|
| 1. Recipient Name | | | | 4. EIN: | |
| State of Ohio, Department of Administrative Services, OIT | | | | 6. Report Date (MM/DD/YYYY) | 1/29/2018 |
| 7 30 E Broad St, 39th floor | | | | 7. Reporting Period End Date: (MM/DD/YYYY) | 12/30/2017 |
| 5. City, State, Zip Code | | | | 8. Final Report Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | 9. Report Frequency Quarterly <input type="checkbox"/> |
| 10a. Project/Grant Period | | | | | |
| Start Date: (MM/DD/YYYY) | | 7/1/2013 | 10b. End Date: (MM/DD/YYYY) | 2/28/2018 | |
| 11. List the individual projects in your approved Project Plan | | | | | |
| | Project Type (Capacity Building, SCIP Update, | Project Deliverable Quantity (Number & Indicator Description) | Description of Milestone Category | | |
| 1 | Stakeholders Engaged | 261 | Actual number of individuals reached via stakeholder meetings during the quarter | | |
| 2 | Individuals Sent to Broadband Conferences | 0 | 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 | 1 | Actual number of governance, subcommittee, or working group meetings held during the quarter | | |
| 6 | Education and Outreach Materials Distributed | 120 | 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 quarter | | |
| 7 | Subrecipient Agreements Executed | 0 | Actual number of agreements executed during the quarter | | |
| 8 | Phase 2 - Coverage | 6 | For each Phase 2 milestone category, please provide the status of the activity during the quarter: <ul style="list-style-type: none"> • Stage 1 - Process Development • 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 | | |
| 9 | Phase 2 - Users and Their Operational Areas | 6 | | | |
| 10 | Phase 2 - Capacity Planning | 6 | | | |
| 11 | Phase 2 - Current Providers/Procurement | 6 | | | |
| 12 | Phase 2 - State Plan Decision | 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>OhioFirst.Net conducted the Public Safety Broadband Conference on November 1, 2017 with 211 stakeholders in attendance. This conference was designed for first responders, emergency services and critical communication users. The full day conference featured speakers from FirstNet, the State of Ohio, Region V and several vendors and was held to educate stakeholders on transitioning from LMR to next-generation broadband services. The State of Ohio had not yet opted in at the time of this conference. A combination SIEC/NPSBN meeting was held on October 25, 2017 with 50 people in attendance.</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. | | | | | |
| <p></p> | | | | | |

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

At the time of the Public Safety Broadband Conference no decision had been made by the State of Ohio to opt in or out of FirstNet. An additional conference is planned for next quarter to provide information to stakeholders about the State's decision.

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.

12b. Staffing Table - Please include all staff that have contributed time to the project. Please do not remove individuals from this table.

| Job Title | FTE% | Project (s) Assigned | Change |
|----------------------|------|---------------------------------------|-----------|
| SWIC | 0.33 | Spends 30% of FTE on SLIGP activities | Continued |
| Grants Administrator | 0.4 | Spends 40% of FTE on SLIGP activities | Continued |
| | | | |
| | | | |

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 |
|-----------------------|-------------------------------------------|-----------------------|----------------------|-------------------------|------------|------------|-------------------------------|--------------------------------|
| Keith Singleton | Website Development/Marketing Consultant | Vendor | N | Y | 5/23/2014 | 6/30/2015 | \$49,500.00 | |
| TBD | Marketing and Promotion | Vendor | N | N | | | \$18,000.00 | |
| ATST | Data Collection | Vendor | N | Y | 8/1/2015 | 12/31/2018 | \$623,040.00 | |
| TBD | SCIP Consultant | Vendor | N | N | | | \$21,000.00 | |
| TBD | MOU/MOA Consultant | Vendor | N | N | | | \$36,480.00 | |
| CAI, Inc | Project Manager | Vendor | N | Y | 9/30/2013 | 3/31/2018 | \$423,335.00 | |
| CAI, Inc | Outreach Coordinator | Vendor | N | Y | 9/30/2013 | 3/31/2018 | \$271,848.00 | |
| InGenesis | Budget Analyst | Vendor | N | Y | 4/12/2014 | 3/31/2018 | \$135,472.00 | |
| ATST | Phase One | Vendor | Y | Y | 11/12/2014 | 12/31/2018 | \$660,000.00 | |
| Sophisticated Systems | Future Users Project Outreach Consultants | Vendor | N | Y | 6/1/2016 | 3/31/2018 | \$331,500.00 | |

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

none

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 | \$282,910.00 | \$282,910.00 | | \$62,314.00 | \$62,314.00 |
| b. Personnel Fringe Benefits | \$0.00 | \$112,952.00 | \$112,952.00 | | \$41,592.00 | \$41,592.00 |
| c. Travel | \$180,240.00 | \$107,643.00 | \$287,883.00 | \$46,897.00 | | \$46,897.00 |
| d. Equipment | \$0.00 | \$0.00 | \$0.00 | | | \$0.00 |
| e. Materials/Supplies | \$50,250.00 | \$48,294.00 | \$98,544.00 | \$30,270.00 | \$30,949.00 | \$61,219.00 |
| f. Subcontracts Total | \$3,027,719.00 | \$0.00 | \$3,027,719.00 | \$2,451,477.00 | | \$2,451,477.00 |
| g. Other | \$380,481.00 | \$357,875.00 | \$738,356.00 | \$128,716.00 | \$744,930.00 | \$873,646.00 |
| h. Indirect | \$0.00 | \$0.00 | \$0.00 | | | \$0.00 |
| i. Total Costs | \$3,638,690.00 | \$909,674.00 | \$4,548,364.00 | \$2,657,360.00 | \$879,785.00 | \$3,537,145.00 |
| j. % of Total | 80% | 20% | 100% | 75% | 25% | 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:

Richard Schmahl, MARCS Program Director, SWIC, SPOC

16c. Telephone (area code, number, and extension)

614-466-2257

16d. Email Address:

richard.schmahl@das.ohio.gov

16b. Signature of Authorized Certifying Official:

