

# FEDERAL FINANCIAL REPORT

(Follow form instructions)

<b>1. Federal Agency and Organizational Element to Which Report is Submitted</b> U.S. Department of Commerce	<b>2. Federal Grant or Other Identifying Number Assigned by Federal Agency</b> (To report multiple grants, use FFR Attachment) 40-10-S13040	Page	1		of	1
						pages

**3. Recipient Organization (Name and complete address including Zip code)**  
 State of Oklahoma - Office of Management and Enterprise Services - 3115 N. Lincoln Blvd. Oklahoma City, OK 73105

<b>4a. DUNS Number</b> 809929821	<b>4b. EIN</b> 73-6017987	<b>5. Recipient Account Number or Identifying Number</b> (To report multiple grants, use FFR Attachment) 40-10-S13040	<b>6. Report Type</b> <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final	<b>7. Basis of Accounting</b> <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual
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<b>8. Project/Grant Period</b> From: (Month, Day, Year) 09/01/2013	To: (Month, Day, Year) 08/31/2016	<b>9. Reporting Period End Date</b> (Month, Day, Year) 09/30/2015
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**10. Transactions** Cumulative

*(Use lines a-c for single or multiple grant reporting)*

<b>Federal Cash (To report multiple grants, also use FFR Attachment):</b>	
a. Cash Receipts	\$50,260.79
b. Cash Disbursements	\$50,260.79
c. Cash on Hand (line a minus b)	0

*(Use lines d-o for single grant reporting)*

<b>Federal Expenditures and Unobligated Balance:</b>	
d. Total Federal funds authorized	\$1,924,814.00
e. Federal share of expenditures	\$50,260.79
f. Federal share of unliquidated obligations	0
g. Total Federal share (sum of lines e and f)	\$50,260.79
h. Unobligated balance of Federal funds (line d minus g)	\$1,874,553.21

<b>Recipient Share:</b>	
i. Total recipient share required	\$481,204.00
j. Recipient share of expenditures	\$153,969.71
k. Remaining recipient share to be provided (line i minus j)	\$327,234.29

<b>Program Income:</b>	
l. Total Federal program income earned	
m. Program income expended in accordance with the deduction alternative	
n. Program income expended in accordance with the addition alternative	
o. Unexpended program income (line l minus line m or line n)	

	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
11. Indirect Expense							
					g. Totals:		

**12. Remarks:** Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:

**13. Certification:** By signing this report, I certify that it is true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

<b>a. Typed or Printed Name and Title of Authorized Certifying Official</b>  Ben Gherezgiher, Director of Information Technology, Public Safety Business Segment	<b>c. Telephone (Area code, number and extension)</b> (405)521-6642
	<b>d. Email address</b> Ben.Gherezgiher@omes.ok.gov
<b>b. Signature of Authorized Certifying Official</b> 	<b>e. Date Report Submitted (Month, Day, Year)</b> 10/30/2015

**14. Agency use only:**

Standard Form 425  
 OMB Approval Number: 0348-0061  
 Expiration Date: 10/31/2011

**Paperwork Burden Statement**  
 According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0060), Washington, DC 20503.

U.S. Department of Commerce  Performance Progress Report		2. Award or Grant Number 40-10-S13040
		4. EIN 73-6017987
1. Recipient Name STATE OF OKLAHOMA		6. Report Date (MM/DD/YYYY) 10/30/2015
3. Street Address 3115 N. Lincoln Blvd.		7. Reporting Period End Date: 09/30/15
5. City, State, Zip Code Oklahoma City, OK 73105		8. Final Report <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		9. Report Frequency x Quarterly
10a. Project/Grant Period Start Date: 09/01/2013	10b. End Date: 08/31/2016	

**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 expected at the end of this reporting period
1	Stakeholder meetings -- Outreach and awareness	241		
2	Training Sessions	-		
3	Broadband conference	2		
4	Staff Hires (Full time) Matching FTE	0		
5	Contract Executions	1		
6	Statutory or Regulatory Changes	NA		
7	Governance Board Meeting/Technical Steering Com.	14		
8	Education and Outreach	18,524		

**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.**

**Milestone activities:** Databases for each of 6 regions within the state continue to be enhanced to be as inclusive as possible. Outreach and Awareness Summits (Initial round of all 77 counties) have been completed as of August 1. The OEMA conference (3-days) was attended and a booth was worked for all 3 days. Two (2) members of the OKPSBN attended an evening event with the state Sheriff's Association. Members of the Steering Committee participated in weekly telecom meetings with TeleVate, LLC. The second quarterly newsletter was compiled and distributed to the full stakeholder database (2300). Continued efforts to drive responses to POP Survey, including email blasts, calls and newsletter. As of September 30, 2015, 23 counties have completed their coverage reviews via webinars held by TeleVate and other members of the Steering Committee. 1110 PSE have supplied their total vehicle and personnel counts to the OKPSBN team. The initial State Consultation with FirstNet has been scheduled for October 28, 2015.

**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.**  
 N/A

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

**11d. Describe any success stories or best practices you have identified. Please be as specific as possible.**  
 During this past quarter, there were more than 18,000 visitors to the OKPSBN website (count included in number 8 Education and Outreach).

**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**

Job Title	FTE %	Project(s) Assigned	Change
Grant Manager	35%	Governance and Steering Committee Organization, preliminary PR	No change
Admin Support	50%	Admin. support, communication with committees, website development	No change
ODOT Radio	20%	Communication expertise	No change
LTE	50%	Radio technology specialist	No change
Legal Attorney	25%		
Accountant	36%	Preliminary review of grant funding, set up time tracking, travel management	No change

**13. Subcontracts (Vendors and/or Sub-recipients)**

**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
TELEVATE	Phase I Support	Vendor	Y	Y			651,554		
TELEVATE	Phase II Support	Vendor	Y	Y			669,697		
TBD	Conference locations & trainers (RURAL)	Vendor	N	N			41,600		

TBD	Overnight stays for trainers	Vendor	N	N		1,700		
TBD	Conference locations & trainers (LOCAL)	Vendor	N	N		5,200		
Oklahoma Interactive/Ok.gov	Website development	Vendor	Y	Y		10,000		
TBD	PR interns	Vendor	N	N		4,500		
TBD	Legal assistance with MOU's	Vendor	N	N		\$60,000		
TBD	Video production for training	Vendor	N	N		\$10,000		

13b. Describe any challenges encountered with vendors and/or sub-recipients. N/A

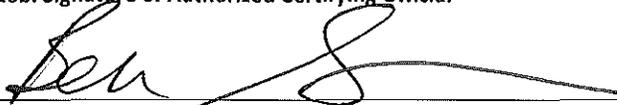
**14. Budget Worksheet**

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	320,733	320,733	0	98,987	\$98,987
b. Personnel Fringe Benefits	0	160,471	160,471	0	54,983	\$54,983
c. Travel	219,085	0	219,085	20,451	0	\$20,451
d. Equipment	0	0	0	0	0	0
e. Materials/Supplies	8,230	0	8,230	5,220	0	\$5,220
f. Subcontracts Total	1,678,499	0	1,678,499	8,130	0	\$8,130
g. Other	19,000	0	19,000	16,460	0	\$16,460
h. Total Costs	1,924,814	481,204	2,406,018	50,261	153,970	\$204,231
i. % of Total	80%	20%	100%	24.6%	75.4%	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  Ben Gherezgiher, Public Safety Segment Director 3115 N. Lincoln Blvd. Oklahoma City, OK 73105	16c. Telephone (area code, number, and extension) (405) 521-6642
	16d. Email Address Ben.gherezgiher@omes.ok.gov

<b>16b. Signature of Authorized Certifying Official</b> 	<b>16e. Date Report Submitted (month, day, year)</b> 10/30/2015
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According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a currently valid OMB control number. Public reporting burden for this collection of information is estimated to average 10 hours per response for the application process, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Michael Dame, Director, State and Local Implementation Grant Program, Office of Public Safety Communications, National Telecommunications and Information Administration, U.S. Department of Commerce (DOC), 1401 Constitution Avenue, N.W., HCHB, Room 7324, Washington, D.C. 20230.