

U.S. Department of Commerce Performance Progress Report		2. Award or Grant Number 41-10-S13041
1. Recipient Name Oregon Department of Transportation		4. EIN 93-1111585
3. Street Address 3210 Del Webb Avenue NE Suite 110		6. Report Date (MM/DD/YYYY) 04/30/2015
5. City, State, Zip Code Salem, OR 97301		7. Reporting Period End Date: 03/31/2015
		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: 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	390			
2	Broadband Conferences	5			
3	Staff Hires (FT Equivalent)	3			
4	Contract Executions	0			
5	Governance Meetings	2			
6	Education and Outreach Materials	374			

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.
 One team member attended the State of Colorado FirstNet consultation meeting in January. Two members of the FirstNet in Oregon team attended the IWCE Emerging Technology Conference in Las Vegas. Members attended the ATNI (Affiliated Tribes of Northwest Indians) Winter Convention in February, where a resolution (RESOLUTION #15 - 02) was passed in support of FirstNet. A presentation was made to the Columbia Gorge Broadband Meeting in March. Smaller drop-in meetings continued, with support staff attending the Oregon Broadband Advisory Council and meeting with local PSEs.

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.
 We will be submitting Phase 2 Modification package.

11c. Provide any other information that would be useful to NTIA as it assesses this project's progress.
 Transition of 3 DAS staff at 100% onto the project as FTE during this reporting quarter.

11d. Describe any success stories or best practices you have identified. Please be as specific as possible.
 Web-site is a good source for stakeholders to find out information about FirstNet and associated activities.

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.

Project is now fully staffed.

12b. Staffing Table State is working on the development of the project team

Job Title	FTE %	Project(s) Assigned	Change
Statewide Interoperability Coordinator	60%	SLIGP project coordination (SPOC)	FTE functioning at 60%
Performance Manager	20%	Consultant coordination	FTE functioning at 20%
Program Budget Manager	5%	Grant/finance management	FTE functioning at 5%
Project Coordinator	100%	Project coordination	FTE functioning at 100%
Outreach Coordinator	100%	Outreach coordination	FTE functioning at 100%
Data Analyst	100%	Outreach support/data analyst	FTE functioning at 100%

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/RFP Issued (Y/N)	Contract Executed (Y/N)	Start Date	End Date	Total Federal Funds Allocated	Total Matching Funds Allocated	Project and % Assigned
SAIC	Outreach	Vendor	No	Yes	02/27/2014	12/31/2015	\$1,188,778 (incl. \$248,575 in contingencies)	\$0	N/A

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

None at this time.

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.

The Personnel Fringe Benefits percentage has been revised to 32% to more accurately reflect the actual expenditures.

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	\$620,964	\$344,581	\$965,545	\$124,556	\$111,854	\$236,410
b. Personnel Fringe Benefits	\$167,339	\$90,190	\$257,529	\$59,255	\$52,637	\$111,892
c. Travel	\$167,400	\$30,841	\$198,241	\$27,784	\$5,023	\$32,807
d. Equipment	\$0	\$0	\$0			
e. Materials/Supplies	\$5,400	\$0	\$5,400	\$3,843		\$3,843
f. Subcontracts Total	\$1,187,345	\$0	\$1,187,345	\$409,509	\$19,963	\$429,472
g. Other	\$0	\$71,500	\$71,500	\$1,158	\$7,531	\$8,689
h. Total Costs	\$2,148,448	\$537,112	\$2,685,560	\$626,105	\$197,008	\$823,113
i. % 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

Cy Smith
Statewide Interoperability Coordinator



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

503-378-6066

16d. Email Address

Cy.SMITH@oregon.gov

16b. Signature of Authorized Certifying Official

16e. Date Report Submitted (month, day, year)

04/30/2015

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.

FEDERAL FINANCIAL REPORT

(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted U.S. Department of Commerce	2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) 41-10-S13041	Page of 1 1 pages
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3. Recipient Organization (Name and complete address including Zip code)
 Oregon Department of Transportation
 3210 Del Webb Avenue NE Suite 110, Salem, OR 97301

4a. DUNS Number 809580681	4b. EIN 93-1111585	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment)	6. Report Type <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final	7. Basis of Accounting <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual
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8. Project/Grant Period (Month, Day, Year) From: 08/01/2013 To: 07/31/2016	9. Reporting Period End Date (Month, Day, Year) 03/31/2015
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10. Transactions Cumulative

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

Federal Cash (To report multiple grants separately, also use FFR Attachment):

a. Cash Receipts	\$432,317.00
b. Cash Disbursements	\$432,317.00
c. Cash on Hand (line a minus b)	\$0.00

(Use lines d-o for single grant reporting)

Federal Expenditures and Unobligated Balance:

d. Total Federal funds authorized	\$2,148,448.00
e. Federal share of expenditures	\$626,104.95
f. Federal share of unliquidated obligations	
g. Total Federal share (sum of lines e and f)	\$626,104.95
h. Unobligated balance of Federal funds (line d minus g)	\$1,522,343.05

Recipient Share:

i. Total recipient share required	\$537,112.00
j. Recipient share of expenditures	\$197,007.80
k. Remaining recipient share to be provided (line i minus j)	\$340,104.20

Program Income:

l. Total Federal share of 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)	

11.	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
Indirect Expense							
						g. Totals:	\$0.00

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 to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and intent set forth in the award documents. 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)

a. Typed or Printed Name and Title of Authorized Certifying Official Cy Smith Statewide Interoperability Coordinator	c. Telephone (Area code, number, and extension) 503-378-6066 d. Email Address Cy.SMITH@oregon.gov
b. Signature of Authorized Certifying Official 	e. Date Report Submitted (Month, Day, Year) 04/30/2015

14. Agency use only

Standard Form 425 - Revised 10/11/2011
 OMB Approval Number: 0348-0061
 Expiration Date: 2/28/2015

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 (0348-0061), Washington, DC 20503.