

U.S. Department of Commerce Performance Progress Report				2. Award or Grant Number:	XX-10-513XXX
				4. EIN:	XXXXXX
1. Recipient Name	State Department of Emergency Management			6. Report Date (MM/DD/YYYY)	4/30/2018
3. Street Address	ADDRESS			7. Reporting Period End Date: (MM/DD/YYYY)	2/28/2018
5. City, State, Zip Code	Anywhere, AL XXXXX			8. Final Report Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	9. Report Frequency Quarterly <input type="checkbox"/>
10a. Project/Grant Period					
Start Date: (MM/DD/YYYY)	8/1/2013	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	20	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	2	Actual number of governance, subcommittee, or working group meetings held during the quarter		
6	Education and Outreach Materials Distributed	20	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	Stage 6	Actual number of agreements executed during the quarter		
8	Phase 2 - Coverage	Stage 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	Stage 6			
10	Phase 2 – Capacity Planning	Stage 6			
11	Phase 2 – Current Providers/Procurement	Stage 6			
12	Phase 2 – State Plan Decision	Stage 6			
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.					
These are all the activities we conducted during Quarter 19: Description of activities.					
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 do not anticipate any changes.					

11c. Provide any other information that would be useful to NTIA as it assesses this project's progress.								
We do not have any additional information to provide.								
11d. Describe any success stories or best practices you have identified. Please be as specific as possible.								
The following are best practices that we have identified: Description of best practices.								
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 project is 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	
Project Manager	100	Oversight of the project					No change	
Outreach Coordinator	50	Outreach and education					No change	
Grants Manager	25	Quarterly reporting and financial oversight					No change	
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
Vendor A	Project Management Support	Vendor	Y	Y	9/1/2013	2/28/2018	\$250,000.00	\$0.00
Vendor B	Outreach Support	Vendor	Y	Y	6/1/2014	2/28/2018	\$75,000.00	\$0.00
Vendor C	Data Collection	Vendor	Y	Y	6/1/2014	2/28/2018	\$50,000.00	\$0.00
13b. Describe any challenges encountered with vendors and/or subrecipients.								
No challenges identified.								

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	\$1,134,214.00	\$0.00	\$1,134,214.00	\$1,134,214.00	\$0.00	\$1,134,214.00
b. Personnel Fringe Benefits	\$329,635.00	\$0.00	\$329,635.00	\$329,635.00	\$0.00	\$329,635.00
c. Travel	\$156,528.00	\$0.00	\$156,528.00	\$156,528.00	\$0.00	\$156,528.00
d. Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
e. Materials/Supplies	\$16,260.00	\$200,000.00	\$216,260.00	\$16,260.00	\$200,000.00	\$216,260.00
f. Subcontracts Total	\$1,425,000.00	\$485,000.00	\$1,910,000.00	\$1,425,000.00	\$485,000.00	\$1,910,000.00
g. Other	\$56,063.00	\$108,038.00	\$164,101.00	\$56,063.00	\$108,038.00	\$164,101.00
h. Indirect	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
i. Total Costs	\$3,117,700.00	\$793,038.00	\$3,910,738.00	\$3,117,700.00	\$793,038.00	\$3,910,738.00
j. % of Total	80%	20%	100%	80%	20%	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)		XXX-XXX-XXXX
Name of Authorized Certifying Official, Title of Authorized Certifying Official				16d. Email Address:		x@statename.gov
16b. Signature of Authorized Certifying Official:				Date:		4/28/2018
Sign here						