Expiration Date: 8/31/2016 2. Award or Grant Number **U.S. Department of Commerce** 47-10-S13047 **Performance Progress Report** 4. EIN 62-6001445 6. Report Date (MM/DD/YYYY) 1. Recipient Name **Tennessee Department of Safety and Homeland Security** 1/29/14 7. Reporting Period End Date: 3. Street Address 12/31/2013 1150 Foster Avenue 9. Report Frequency 8. Final Report 5. City, State, Zip Code Nashville, TN 37243 O Yes X Quarterly X No 10a. Project/Grant Period 10b. End Date: 07/31/2016 Start Date: 08/01/2013 11. List the individual projects in your approved Project Plan **Project Deliverable Quantity Total Federal** Total Federal Funding Amount expended Percent of Total Federal Funding Project Type (Capacity Amount expended Building, SCIP Update, (Number & Indicator **Funding Amount** at the end of this reporting period Outreach, Training etc.) Description) Stakeholder Meetings 185 2 2 **Broadband Conferences** 3 **Staff Hires** 0 4 0 **Contract Executions** 5 0 **Governance Meetings** 6 Phase II 0

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.

SLIGP state coordinator presented FirstNet information at an emergency management conference and a statewide communications committee meeting. Tennessee also held a stakeholder meeting in December to introduce potential user-group representatives to FirstNet and conduct the OEC Broadband Workshop. The major challenge we face at this point, is hiring staff for FirstNet activities and executing a consultant contract, both of which are dependent on NTIA approval of budget revisions and the state process of adding this grant award to the Department's budget.

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 are in the process of requesting a modification to the approved budget. No further changes are anticipated at this time.

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

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11d. Describe	any success sto	ries or best	practices you ha	ve identifi	ed. Ple	ease be as spe	cific as pos	sible.			
12. Personnel											
	anticipate hiring				_				when the project will te any changes to the		The project is not staffed as
	Job Tit	le		FTE %				Project(s)	Assigned		Change
									2		
						Add Row	Remo	ve Row			•
	cts (Vendors an			A-A-I- 6		Aubla accel acc		ht	Tatali in Occasion de	46	
13a. Subcontra	acts Table – Inc	lude all sub	contractors. The	totals from	m this	table must eq	uai the "Su	bcontracts	Total" in Question 14	41.	0 1
Name	Subcontract	t Purpose	Type (Vendor/Subre	c.) RFP/	ued	Contract Executed (Y/N)	Start Date	End Date	Total Federal Funds Allocated	Total Matchin Funds Allocate	
TBD	Data Coll Outreac Educa	h and	Vendor	N	1	N	TBD	TBD	1,588,864	590,335	
					- -	Add Row	Remo	ve Row			
			d with vendors a			ents.			योग		
			•								
14. Budget Wo											
		and the second second	ent project budge ent of Commerc			and the same of th	the SF-42	AA on file.			
Project Budget Element (1)				Approved Matching Funds (3)				eral Funds ended (5)	Approved Mate		Total Funds Expended (7)

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a. Personnel Salaries	517,958	0	517,958	0	0	0
b. Personnel Fringe Benefits	116,585	0	116,585	0	0	0
c. Travel	85,780	0	85,780	0	0	0
d. Equipment	0	0	0	0	0	0
e. Materials/Supplies	27,380	0	27,380	0	0	0
f. Subcontracts Total	1,584,817	590,335	2,175,152	0	0	0
g. Other	28,820	0	28,820	0	0	0
h. Total Costs	2,361,340	590,335	2,951,675	0	0	0
i. % of Total	80	20	100	0	0	0

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)				
Ehrin D. Ehlert	615-743-4960				
	16d. Email Address				
	Ehrin.Ehlert@tn.gov				
16b. Signature of Authorized Certifying Official	16e. Date Report Submitted (month, day, year)				
Thomas Eplet	January 29, 2014				

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.