

U.S. Department of Commerce Performance Progress Report			2. Award or Grant Number:	51-10-S13051
			4. EIN:	54-6002286
1. Recipient Name	Virginia Department of Emergency Management		6. Report Date (MM/DD/YYYY)	11/1/2016
3. Street Address	10501 Trade Court		7. Reporting Period End Date: (MM/DD/YYYY)	9/30/2016
5. City, State, Zip Code	North Chesterfield, VA 23236		8. Final Report Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	9. Report Frequency Quarterly <input checked="" type="checkbox"/>
10a. Project/Grant Period				
Start Date: (MM/DD/YYYY)	8/1/2013	10b. End Date: (MM/DD/YYYY)	1/31/2018	
11. List the individual projects in your approved Project Plan				
	Project Type (Capacity Building, SCIP Update, Indicator Description)	Project Deliverable Quantity (Number & Indicator Description)	Description of Milestone Category	
1	Stakeholders Engaged	106	<i>Actual number of individuals reached via stakeholder meetings during the quarter</i>	
2	Individuals Sent to Broadband Conferences	0	<i>Actual number of individuals who were sent to third-party broadband conferences using SLIGP grant funds during the quarter</i>	
3	Staff Hired (Full-Time Equivalent)(FTE)	0	<i>Actual number of state personnel FTEs who began supporting SLIGP activities during the quarter (may be a decimal)</i>	
4	Contracts Executed	0	<i>Actual number of contracts executed during the quarter</i>	
5	Governance Meetings	1	<i>Actual number of governance, subcommittee, or working group meetings held during the quarter</i>	
6	Education and Outreach Materials Distributed	230	<i>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</i>	
7	Subrecipient Agreements Executed	0	<i>Actual number of agreements executed during the quarter</i>	
8	Phase 2 - Coverage	Stage 5	<i>For each Phase 2 milestone category, please provide the status of the activity during the quarter:</i> <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 5		
10	Phase 2 – Capacity Planning	Stage 5		
11	Phase 2 – Current Providers/Procurement	Stage 4		
12	Phase 2 – State Plan Decision	Stage 4		
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.				
1. Stakeholders Engaged: These meetings were with regional interoperability committees, the State Interoperability Executive Committee, and public safety leaders via the FirstNet Metro Leadership Outreach campaign. 5. Governance Meetings: The Statewide Interoperability Executive Committee met for the the first time in two years. 6. Education and Outreach Materials Distributed: Provided handouts to outreach attendees and left handouts with organizations for follow-on distribution.				
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.				
No.				

11c. Provide any other information that would be useful to NTIA as it assesses this project's progress.
 One FTE will be hired in October to assist with outreach.

11d. Describe any success stories or best practices you have identified. Please be as specific as possible.
 The first State Interoperability Executive Committee meeting held in two years occurred on August 4, 2016 at Longwood University.

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	50%	PSBN, FirstNet	SWIC is DepSec Brown
IO Program Manager	50%	PSBN, FirstNet	Hired Nov. 10th

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
Data Collection	To collect information from stakeholders for PSBN	TBD	Vendor	N	N			\$280,000	
Project Manager/Subject Matter Experts	Assist in development of planning for est of NPSBN	TBD	Vendor	N	N			\$639,127	
Regional Coordination/Outreach/Office Mgr	Organize stakeholder meetings; maintain website and awareness	Calliper	Vendor	Y	Y	10/1/2013	6/30/2015	\$312,480	
Regional Coordination	MACINAC	All Hazards	Subrec	N	Y	2/25/2014	6/30/2016	\$90,000	\$22,500.00
Interop Conference	Annual stakeholder conference ,	APCO	Vendor	Y	Y	10/1/2013	Dec-15	\$150,000	
Project Management	Project Management and Support for FirstNet	Center for Innovative Technology (CIT)	Subrec	N	Y	7/1/2015	Jan-18	\$1,285,243	

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

The total amount of contracts now exceeds the original budget due to the execution of CIT. Some costs that were originally budgeted in non-contractual costs have been rolled into that contract. This has been accounted for in the revised phase two budget.

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	\$371,250.00		\$371,250.00	\$94,435.64		\$94,435.64
b. Personnel Fringe Benefits	\$188,190.00		\$188,190.00	\$36,508.86		\$36,508.86
c. Travel	\$108,860.00		\$108,860.00	\$10,731.31		\$10,731.31
d. Equipment			\$0.00	\$0.00		\$0.00
e. Materials/Supplies	\$41,680.00		\$41,680.00	\$16,017.35		\$16,017.35
f. Subcontracts Total	\$522,819.00		\$522,819.00	\$71,866.30		\$71,866.30
g. Other	\$1,524,051.00	\$689,213.00	\$2,213,264.00	\$387,388.07	\$62,019.89	\$449,407.96
h. Indirect	\$0.00		\$0.00	\$0.00		\$0.00
i. Total Costs	\$2,756,850.00	\$689,213.00	\$3,446,063.00	\$616,947.53	\$62,019.89	\$678,967.42
j. % of Total	80%	20%	100%	91%	9%	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)	804-897-9760	
Cheryl Lee, Grants Director				16d. Email Address:	cheryl.lee@vdem.virginia.gov	
16b. Signature of Authorized Certifying Official: <i>Cheryl Lee</i>				Date:	11/1/2016	