

U.S. Department of Commerce		2. Award or Grant Number 54-10-S13054			
Performance Progress Report		4. EIN 55-6001347			
1. Recipient Name WV Division of Homeland Security and Emergency Management		6. Report Date 10/30/2013			
3. Street Address 1900 Kanawha Blvd., East, Room EB-80		7. Reporting Period End Date: 09/30/2013			
5. City, State, Zip Code Charleston, WV 25305		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: 09/30/2013				
<b>11. List the individual projects in your approved Project Plan – First Net Planning</b>					
	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	<b>Stakeholder Meetings</b>	0			
		0			
2	<b>Training Sessions</b>				
	Training Outreach	0			
	Training – Annual conference	0			
3	<b>Broadband Conferences</b>				
	Pre-Award Meeting and Travel	6			
	National and Regional Policy Support	0			
	SIEC Members Annual Conference	0			
4	<b>Staff Hires (FTE)</b>	<b>1.05</b>			
	SWIC	.65			
	Technical Support Advisor	.40			
	GIS Analyst	0			
5	<b>Contract Executions</b>	0			
	Legal Services	0			
	SWIC	1			
	Program Manager	1			
	Support Assistant	0			
	Outreach and Training Specialist	0			

	Grants/SCIP Specialist	0			
	Regional ;Outreach Federal	0			
	Broadband SME	0			
6	<b>Statutory or Regulatory Changes</b>				
7	<b>Marketing and Publications</b>				
	Informational Materials	0			
8	<b>Governance Meetings</b>	33			
	SIEC Group Meetings	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.**

The first quarter which is for a 30 day period has not been enough time elapsed to put our plans in to motion.

**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.**

Not at this time

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

None

**11d. Describe any success stories or best practices you have identified. Please be as specific as possible.**

None at this time.

**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. Lack of staff would have a domino effect. The longer the staff positions were open the bigger the impact on the entire plan.

12b. Staffing Table

Job Title	FTE %	Project(s) Assigned	Change
SWIC	.65	Supporting activities relating to education of FirstNet; determine needs of regions. etc	
Technical Support Advisor	.40	Technical expertise to broadband initiative and direct support to the SWIC	
GIS Analyst			

Add Row

Remove Row

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
	Legal Services	Vendor	N	N		9/30/16	22,500	0	0
	SWIC	Vendor	N	N	10/01/15	9/30/16	52,000	0	0
Lisa Paxton	Program Manager	Vendor	Y	Y	9/01/13	9/30/16	189,000	0	5
	Support Assistant	Vendor	N	N		9/30/16	108,000	0	0
	Outreach and Training Specialist	Vendor	N	N		9/30/16	120,000	0	0
	Grants/SCIP Analyst	Vendor	N	N		9/30/16	12,000	0	0
	Broadband SME	Vendor	N	N	10/01/14	9/30/16	270,000	0	0

Add Row

Remove Row

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

No changes 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.

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	237,689	237,689	0	0	0
b. Personnel Fringe Benefits	0	0	0	0	0	0
c. Travel	209,125	11,998	221,123	0	4,005	4,005
d. Equipment	0	0	0	0	0	0
e. Materials/Supplies	10,473	5,400	15,873	0	0	0
f. Subcontracts Total	803,500	0	803,500	0	0	0
g. Other	98,400	25,920	124,320	0	0	0
h. Total Costs	1,121,498	281,007	1,402,505	0	4,005	4,005
i. % of Total	0	.005	.001	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**

Tommy Lee Dingess, Director of Administration, WVDHSEM

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

304/558-5380

**16d. Email Address**

Tommy.l.dingess@wv.gov

**16b. Signature of Authorized Certifying Official**

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

12/20/2013 1/9/14