

U.S. Department of Commerce Performance Progress Report		2. Award or Grant Number:	54-10-S13054
		4. EIN:	55-600147
1. Recipient Name	WV Dept of Homeland Security and Emergency Management	6. Report Date (MM/DD/YYYY)	Revised 02/17/2016
3. Street Address	1900 Kanawha Blvd East Room EB80	7. Reporting Period End Date: (MM/DD/YYYY)	12/31/2015 Qrt 10
5. City, State, Zip Code	Charleston, WV 25311	8. Final Report	9. Report Frequency Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/>

10a. Project/Grant Period			
Start Date: (MM/DD/YYYY)	9/1/2013	10b. End Date: (MM/DD/YYYY)	2/28/2018

11. List the individual projects in your approved Project Plan			Total Federal Funding Amount	Total Federal Funding Amount expended at the end of this reporting period	Percent of Total Federal Amount expended
	Project Type (Capacity Building, SCIP Update, etc.)	Project Deliverable Quantity (Number & Indicator Description)			
1	Stakeholder Meetings	364			
	Broadband Committee Meetings	3 mtgs/with 89 attendees			
2	Broadband Conferences	2			
3	Staff Hires	0			
4	Contract Executions	1			
5	Governance Meetings	3 with 88 attendees			
6	Education and Outreach	2400			
7	Subrecipient Agreement Executed	0			
8	Phase 2 - Coverage	Stages 4, 5, 6			
9	Phase 2 - Users and Their Operational Areas	Stages 4, 5			
10	Phase 2 - Capacity Planning	Stages 4, 5			
11	Phase 2 - Current Providers/Procurement	Stages 4, 5			
12	Phase 2 - State Plan Decision	N/a			

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.

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
	Legal Services	Vendor	N	N		9/30/2016	\$22,500.00	\$0.00
Lisa Paxton	Program Manager	Vendor	Y	Y		9/30/2016	\$25,200.00	\$0.00
	Support Assistant	Vendor	N	N		9/30/2016	\$100,000.00	\$0.00
Fred Mixer	FirstNet Data Collection Support	Vendor	Y	Y	10/21/2015	TBA	\$42,000.00	\$0.00
	Broadband SME	Vendor	N	N		9/30/2016	\$136,500.00	\$0.00
13b. Describe any challenges encountered with vendors and/or subrecipients.								
14. Budget Worksheet								
2/5/2016								
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	435000	170520	605520	90568	107157	197725		
b. Personnel Fringe Benefits	130500	0	130500	16235	0	16235		
c. Travel	122428	11014	133442	14493	11014	25507		
d. Equipment	0	0	0	0	0	0		
e. Materials/Supplies	25650	7200	32850	9713	0	9713		
f. Subcontracts Total	326200	0	326200	30962	0	30962		
g. Other	81720	92273	173993	395	26347	26742		
h. Indirect			0	0	0	0		
i. Total Costs	1121498	281007	1402505	162366	144518	306884		
j. % of Total	80%	20%	100%	53%	47%	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)		16d. Email Address:		
Tommy Dingess, Director of Administration, WVDHSEM				(304) 558-5380		tommy.l.dingess@wv.gov		
16b. Signature of Authorized Certifying Official:				Date:		02/17/2016 Revised		
								