

| 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) | 10/20/2015 Revised 11/19/2015 |
| 3. Street Address | 1900 Kanawha Blvd East Room EB80 | | | 7. Reporting Period End Date: (MM/DD/YYYY) | 9/30/2015 Qrt 9 |
| 5. City, State, Zip Code | Charleston, WV 25311 | | | 8. Final Report Yes No | 9. Report Frequency Quarterly <input checked="" type="checkbox"/> |
| 10a. Project/Grant Period | | | | | |
| Start Date: (MM/DD/YYYY) | 9/1/2013 | 10b. End Date: (MM/DD/YYYY) | 8/31/2018 | | |
| 11. List the individual projects in your approved Project Plan | | | | | |
| | Project Type (Capacity Building, SCIP Update, 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 Amount expended | |
| 1 | Stakeholder Meetings | 383 | | | |
| | Broadband Committee Meetings | 3 mtgs/with 90 attendees | | | |
| 2 | Broadband Conferences | | | | |
| 3 | Staff Hires | 0 | | | |
| 4 | Contract Executions | | | | |
| 5 | Governance Meetings | 3 with 88 attendees | | | |
| 6 | Education and Outreach | 2895 | | | |
| 7 | Subrecipient Agreement Executed | | | | |
| 8 | Phase 2 - Coverage | Stages 1, 2, and 3 | | | |
| 9 | Phase 2 - Users and Their Operational Areas | Stages 1, 2, and 3 | | | |
| 10 | Phase 2 - Capacity Planning | Stage 1, 2, and 3 | | | |
| 11 | Phase 2 - Current Providers/Procurement | Stage 1, 2, and 3 | | | |
| 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. | | | | | |

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

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

We are utilizing our RICs, SIRN Conference and ace to face outreach to inform stakeholders of our Data Collection survey and goals. Differeent events have helped us reach stakeholders. The SWIC, GE McCabe has attended many of the RIC meetings, which is another opportunity to conduct outreach and give updates of the data collection phase.

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.

As we enter the Phase 2 Data Collection Process we will be adding staff to the project as needed.

12b. Staffing Table

| Job Title | FTE% | Project (s) Assigned | Change |
|---|------|---|--------|
| SWIC GE McCabe | 90% | Supervising and supporting activities related to technical considerations, outreach, education, phase 2 planning, staff activities, reporting | |
| Technical Support Advisor Mark Smith Patick McGue | 40% | Provide technical support to the Broadband Committee, SPOC and SWIC. Administering and monitoring the Broadband traffic on the SIRN Broadband Network | |
| GIS Analyst | | | |
| Project Manager Lisa Paxton | 100% | Oversee grant administrative support, outreach, assist with phase 2 planning, plan meetings and conferences | |
| Project Manager Tommy Dingess | 5% | Oversee grant administrative support | |
| | | | |

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.

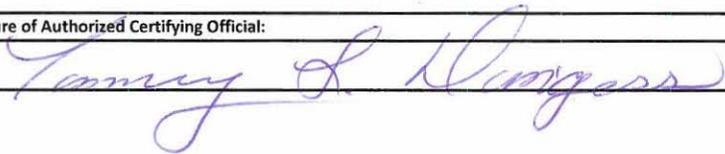
| Name | Subcontract Purpose | Type (Vendor/Subrec.) | RFP/RFQ Issued (Y/N) | Contract Executed (Y/N) | Start Date | End Date | Total Federal Funds Allocated | Total Matching Funds Allocated |
|-------------|----------------------------------|-----------------------|----------------------|-------------------------|------------|-----------|-------------------------------|--------------------------------|
| | 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 |
| | FirstNet Data Collection Support | Vendor | N | N | | | \$42,000.00 | |
| | | | | | | | | |
| | 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
 Columns 2, 3 and 4 must match your current project budget for the entire award, which is the SF-424A on file. 10/20/2015
 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 | \$435,000 | \$170,520 | \$605,520 | \$64,068 | \$102,940 | \$167,008 |
| b. Personnel Fringe Benefits | \$130,500 | \$0 | \$130,500 | \$7,537 | \$0 | \$7,537 |
| c. Travel | \$122,428 | \$11,014 | \$133,442 | \$8,005 | \$11,014 | \$19,019 |
| d. Equipment | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| e. Materials/Supplies | \$25,650 | \$7,200 | \$32,850 | \$8,959 | \$0 | \$8,959 |
| f. Subcontracts Total | \$326,200 | \$0 | \$326,200 | \$28,527 | \$0 | \$28,527 |
| g. Other | \$81,720 | \$92,273 | \$173,993 | \$300 | 17967 | \$18,267 |
| h. Indirect | | | \$0 | \$0 | \$0 | \$0 |
| i. Total Costs | \$1,121,498 | \$281,007 | \$1,402,505 | \$117,395 | \$131,921 | \$249,316 |
| j. % of Total | 80% | 20% | 100% | 47% | 53% | 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) |
| Tommy Dingess, Director of Administration, WVDHSEM | | (304) 558-5380 |
| 16b. Signature of Authorized Certifying Official: | | 16d. Email Address: |
|  | | tommy.l.dingess@wv.gov |
| | | Date: |