

U.S. Department of Commerce Performance Progress Report				2. Award or Grant Number:	31-10-S13031
1. Recipient Name				4. EIN:	47-0491233
3. Street Address				6. Report Date (10/26/2016)	10/26/2016
5. City, State, Zip Code				7. Reporting Period End Date: (09/30/2016)	9/30/2016
				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: (08/01/2013)		10b. End Date: (01/31/2018)			
11. List the individual projects in your approved Project Plan					
	Project Type (Capacity Building, SCIP Update, etc.)	Project Deliverable Quantity (Number & Indicator Description)	Description of Milestone Category		
1	Stakeholders Engaged	97	Actual number of individuals reached via stakeholder meetings during the quarter		
2	Individuals Sent to Broadband Conferences	0	Actual number of individuals who were sent to third-party broadband conferences using SLIGP grant funds during the quarter		
3	Staff Hired (Full-Time Equivalent)(FTE)	0	Actual number of state personnel FTEs who began supporting SLIGP activities during the quarter (may be a decimal)		
4	Contracts Executed	0	Actual number of contracts executed during the quarter		
5	Governance Meetings	1	Actual number of governance, subcommittee, or working group meetings held during the quarter		
6	Education and Outreach Materials Distributed	1,145	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		
7	Subrecipient Agreements Executed	0	Actual number of agreements executed during the quarter		
8	Phase 2 - Coverage	1 thru 5	For each Phase 2 milestone category, please provide the status of the activity during the quarter: <ul style="list-style-type: none"> <li>• Stage 1 - Process Development</li> <li>• Stage 2 - Data Collection In Progress</li> <li>• Stage 3 - Collection Complete; Analyzing/Aggregating Data</li> <li>• Stage 4 - Data Submitted to FirstNet</li> <li>• Stage 5 - Continued/Iterative Data Collection</li> <li>• Stage 6 - Submitted Iterative Data to FirstNet</li> </ul>		
9	Phase 2 - Users and Their Operational Areas	1 thru 5			
10	Phase 2 - Capacity Planning	1 thru 5			
11	Phase 2 - Current Providers/Procurement	1 & 4			
12	Phase 2 - State Plan Decision	1			
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.					
Stakeholders engaged: Through attending Governance meeting, Statewide EMS conference & Rural Health care conference. Contracts Executed: We are in the process of hiring a contractor to review and assess and report to the Governor on our state plan. Education and Outreach Materials Distributed: This was primarily through the use of a ListSrv distribution system. Things seem to be progressing adequately.					
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.					
N/A					

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

N/A

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

Same as previous quarters.

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.

The project isn't fully staffed at this time as it isn't necessary based on the activities to be completed. As we move forward and needs arise more staff will be hired for grant related activities.

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
Chief Information Officer	6%	Point of contact for the FirstNet and SLIGP in Nebraska and engaged in planning activities with the SLIGP Program Manager.	No Change
OCIO IT Administrator	5%	Involved I planning activities with the SPOC and the SLIGP Program Manager and supervises Program Manager.	No Change
State Patrol Major	4%	Attended Governance meeting.	Re-engaged this quarter
Assistant Fire Marshal			Did not participate in SLIGP activities this quarter.
OCIO Public Safety Administrative Assistant			Did not participate in SLIGP activities this quarter.
OCIO Public Safety System Manager			Did not participate in SLIGP activities this quarter.
OCIO Applications Developer			Did not participate in SLIGP activities this quarter.
OCIO Senior Applications Developer			Did not participate in SLIGP activities this quarter.
OCIO Telecom Manager	1%	Attended the Region VII CTT/QoS meeting in Osceola IA	No Change
State Patrol Comms Manager			Did not participate in SLIGP activities this quarter.
State Patrol Infrastructure analyst			Did not participate in SLIGP activities this quarter.

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
Bob Wilhelm	SLIGP PROGRAM MANAGER	CONTRACTOR	Y	Y	8/1/2015	2/1/2018	\$445,500.00	N/A
NATHAN WATERMEIER	STATE GIS COORDINATOR/APPLICATIONS DEVELOPER LEAD	CONTRACTOR	Y	Y			\$53,608.00	N/A
TBD	THREE TRIBAL OUTEACH COORDINATORS	CONTRACTOR	Y	N	2/1/2016	2/1/2018	\$128,000.00	N/A
TBD	TWO PEOPLE FOR FINAL REVIEW OF DATA COLLECTION	CONTRACTOR	Y	N	1/1/2016	10/1/2016	\$56,100.00	N/A
TBD	LEGALASSISTANCE FOR MOU DEVELOPMENT FOR THE STATE	CONTRACTOR	Y	N	11/1/2016	2/1/2018	\$183,600.00	N/A

TBD	CONTRACTUAL EVAL OF CURRENT EMERGENCY RESPONSE PLANS TO INCORPORATE BROADBAND NEEDS INTO THE PLANS	CONTRACTOR	Y	N	8/1/2017	12/30/2017	\$91,700.00	N/A
TBD	CONDUCT FIELD VERIFICATION AND IDENTIFICATION ON DATA	CONTRACTOR	Y	N	1/1/2016	10/1/2016	\$39,000.00	N/A
<b>13b. Describe any challenges encountered with vendors and/or subrecipients.</b>								
N/A								


**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		\$253,182.00	\$253,182.00		\$86,361.00	\$86,361.00
b. Personnel Fringe Benefits		\$53,450.00	\$53,450.00		\$17,881.00	\$17,881.00
c. Travel	\$485,183.00	\$7,200.00	\$492,383.00	\$65,331.00	\$2,053.00	\$67,384.00
d. Equipment			\$0.00			\$0.00
e. Materials/Supplies	\$2,900.00	\$5,161.00	\$8,061.00	\$721.00	\$499.00	\$1,220.00
f. Subcontracts Total	\$997,508.00		\$997,508.00	\$269,635.00		\$269,635.00
g. Other	\$25,159.00	\$58,695.00	\$83,854.00	\$4,734.00	\$11,570.00	\$16,304.00
h. Indirect			\$0.00			\$0.00
i. Total Costs	\$1,510,750.00	\$377,688.00	\$1,888,438.00	\$340,421.00	\$118,364.00	\$458,785.00
j. % of Total	80%	20%	100%	74%	26%	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)
Bob Wilhelm State and Local Implementation Grant Program Manager		402.471.7973
16b. Signature of Authorized Certifying Official:		16d. Email Address:
		<a href="mailto:Bob.Wilhelm@nebraska.gov">Bob.Wilhelm@nebraska.gov</a>
		10/26/2016