

U.S. Department of Commerce Performance Progress Report			2. Award or Grant Number:	31-10-S13031
			4. EIN:	47-0491233
1. Recipient Name	Nebraska Department of Administrative Services/Office of the Chief Information Officer		6. Report Date (MM/DD/YYYY)	(01/25/2017)
3. Street Address	501 South 14th Street, PO Box 95045		7. Reporting Period End Date: (MM/DD/YYYY)	(12/31/2016)
5. City, State, Zip Code	Lincoln, NE 68509-5045		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,	Project Deliverable Quantity (Number & Indicator Description)	Description of Milestone Category	
1	Stakeholders Engaged	225	Actual number of individuals reached via stakeholder meetings during the quarter	
2	Individuals Sent to Broadband Conferences	2	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	1	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	1,617	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"> • 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	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: We had 25 people attend the Metro Briefing in Omaha that was conducted by Tim Pierce and Lesia Dickson. We sponsored a booth at the APCO/NENA state conference with 75 people taking fliers from booth and we presented at the conference on a panel to a group of 125 regarding FirstNet. Individuals sent to Broadband Conferences: Jayne Scofield and I attended the fall SPOCATHON. Contracts Executed: We hired Munira Jaffar through our Covendis contract to review our state plan when delivered by FirstNet and compare it to our data collection, priorities and coverage objectives Nebraska submitted during the data collection process and to assess, detect and report and concerns found in the assessment. This is a three phase project. Phase 1 was completed which involved familiarization with Nebraska, our data collection activities and other stat specific information. Governance meetings: We held one Governance Meeting this quarter. Education and Outreach: Through seven ListSrv messages made 1,617 contacts sharing information, article links, etc. to our 213 ListSrv subscribers.				
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. None expected.				

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.
See previous reports.

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.

N/A

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 in planning activities with the SPOC and the SLIGP Program Manager and supervises Program Manager.	No Change
State Patrol Major	4%	Attended Governance meeting.	No Change
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			Did not participate in SLIGP activities this quarter.
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	10/1/2013	2/1/2018	\$445,500.00	N/A
NATHAN WATERMEIER	STATE GIS COORDINATOR/APPLICATIONS DEVELOPER	CONTRACTOR	Y	Y	5/1/2015	Pending	\$53,608.00	N/A
Munira Jaffar	Become familiar with Nebraska & data collection process, priorities coverage objects stated during data collection and prepare to review, evaluate and assess the NE state plan to identify concerns and areas where the state plan does not meet our stated desires and priorities.	CONTRACTOR	Y	Y	11/7/2016	Impacted by release of the state plan.	Maximum \$125,000.	N/A
TBD	THREE TRIBAL OUTREACH 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

13b. Describe any challenges encountered with vendors and/or subrecipients.
 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		\$93,296.00	\$93,296.00
b. Personnel Fringe Benefits		\$53,450.00	\$53,450.00		\$19,974.00	\$19,974.00
c. Travel	\$485,183.00	\$7,200.00	\$492,383.00	\$69,410.00	\$3,616.00	\$73,026.00
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	\$305,463.00		\$305,463.00
g. Other	\$25,159.00	\$58,695.00	\$83,854.00	\$5,143.00	\$12,133.00	\$17,276.00
h. Indirect			\$0.00			\$0.00
i. Total Costs	\$1,510,750.00	\$377,688.00	\$1,888,438.00	\$380,737.00	\$129,518.00	\$510,255.00
j. % of Total	80%	20%	100%	75%	25%	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:

Bob Wilhelm State and Local Implementation Grant Program Manager

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

402.471.7973

16b. Signature of Authorized Certifying Official:

16d. Email Address:

Bob.Wilhelm@nebraska.gov

Date: 01/25/2017