U.S. Department of Commerce Performance Progress Report						31-10-S13031 47-0491233				
1. Recipient Name	Nebraska Department of Adn	ninistrative Services/Office		6. Report Date (MM/DD/YYYY)	7/27/2017					
3. Street Address	501 South 14th Street, PO Bo	x 95045		7. Reporting Period End Date: (MM/DD/YYYY)	6/30/2017					
5. City, State, Zip Code	Lincoln, NE 68509-5045				8. Final Report Yes X	9. Report Frequency Quarterly X				
10a. Project/Grant Period										
Start Date: (MM/DD/YYYY)	8/1/2013	10b. End Date: (MM/DD/YYYY)	1/31/2018							
11. List the individual projects	in your approved Project Pla	n								
	Project Type (Capacity Building, SCIP Update,	Project Deliverable Quantity (Number & Indicator Description)	1	Description of Milestone Category						
1	Stakeholders Engaged	57	Actual number of individuals reached via stakeholder i	meetings during the quarter						
2	Individuals Sent to Broadband Conferences	1	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	and Outreach Actual volume of materials distributed (inclusive of paper and electronic materials) plus hits to any website or social media account supported by SLIG								
7	Subrecipient Agreements Executed	ements 0 Actual number of agreements executed during the quarter								
8	Phase 2 - Coverage	1 thru 5								
9	Phase 2 – Users and Their Operational Areas	1 thru 5	For each Phase 2 milestone category, please provide the status of the activity during the quarter: Stage 1 - Process Development							
10	Phase 2 – Capacity Planning	1 thru 5	Stage 2 - Data Collection in Progress Stage 3 - Collection Complete; Analyzing/Aggregating Data							
11	Phase 2 – Current Providers/Procurement	1 & 4	Stage 4 - Data Submitted to FirstNet Stage 5 - Continued/Iterative Data Collection							
12	Phase 2 – State Plan Decision	2	Stage 6 - Submitted Iterative Data to FirstNet							
11a. Describe your progress m	neeting each major activity/m	nilestone approved in the	Baseline Report for this project; any challenges or obs	tacles encountered and mitigation strategies you h	ave employed; plann	ed major activities for				
the next quarter; and any addit	tional project milestones or i	nformation.								
	vendor hall for four days at t	he Nebraska Fire School w	Is sent to Broadband Conferences: Sent Bob Howard to here 1300 firefighters attended. Materials were distribut uidance package and more.							
11b. If the project team anticip Commerce before implementar		to the approved Baseline	Report in the next quarter, describe those below. Not	e that any substantive changes to the Baseline Rep	ort must be approved	by the Department of				
					5.					

11c. Provide any other informati	on that would be useful to N	TIA as it assesses this pr	oject's progress.						
N/A									
11d. Describe any success storie	s or best practices you have i	dentified. Please be as s	pecific as possible.						
N/A									
12. Personnel									
12a. If the project is not fully sta	ffed, describe how any lack o	of staffing may impact th	ne project's time line a	nd when the project will be	e fully staffed	•			
N/A				*					
12b. Staffing Table - Please inclu	ide all staff that have contrib	uted time to the project.	. Please do not remove	individuals from this table					
Job Title	FTE%			Project	(s) Assigned				Change
Chief Information Officer	6%			and SLIGP in Nebraska and					No Change
OCIO IT Administrator	5%	Inv	Involved in planning activities with the SPOC and the SLIGP Program Manager and supervises Program Manager.						No Change
State Patrol Major	4%			Attended Go	vernance mee	ting.			No Change
									Did not participate in
Assistant Fire Marshal									SLIGP activities this
									quarter.
OCIO Public Safety									Did not participate in
Administrative Assistant									SLIGP activities this
OCIO Public Safety System									quarter.
OCIO Public Safety System OCIO Applications Developer									Did not participate in Did not participate in
									Did not participate in
OCIO Senior Applications									SLIGP activities this
Developer									quarter
OCIO Telecom Manager 1% Attended meeting with AT&T reps, SPOC, IT Administrator and SLIGP Program Manager & the PSCR stakeholders meeting in San Antonio.								Re-engaged in FirstNet 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.
13a. Subcontracts Table – Includ	le all subcontractors. The to	tals from this table must	equal the "Subcontra	cts Total" in Question 14f.					
Name	Subcontract	Purpose	Type (Vendor/Subrec.)	RFP/RFQ Issued (Y/N)	Contract Executed	Start Date	End Date	Total Federal Funds Allocated	Total Matching Funds Allocated
Bob Wilhelm	SLIGP PROGRAM	1 MANAGER	CONTRACTOR	Y	Y	10/1/2013	2/1/2018	\$445,500.00	N/A

NATHAN WATERMEIER	STATE GIS COORDINATOR/A	PPLICATIONS DEVELOPER CONTRACTOR	Υ	Υ	5/1/2015	4/1/2017	\$53,608.00	N/A
Munira Jaffar	Become familiar with Nebras	ka & data collection CONTRACTOR	Y	Υ	11/7/2016	Impacted by release of	Maximum \$125,000.	N/A
TBD	THREE TRIBAL OUTEA	THREE TRIBAL OUTEACH COORDINATORS CONTRACTOR		N	2/1/2016	2/1/2018	\$128,000.00	N/A
TBD	TWO PEOPLE FOR FINA	TWO PEOPLE FOR FINAL REVIEW OF DATA CONTRACTOR		N	1/1/2016	10/1/2016	\$56,100.00	N/A
TBD	LEGALASSISTANCE FOR MOU	LEGALASSISTANCE FOR MOU DEVELOPMENT FOR THE CONTRACTOR		N	11/1/2016	2/1/2018	\$183,600.00	N/A
TBD		CONTRACTUAL EVAL OF CURRENT EMERGENCY CONTRACTOR		N	8/1/2017	12/30/2017	\$91,700.00	N/A
TBD	CONDUCT FIELD VERIFICATION	ON AND IDENTIFICATION CONTRACTOR	Y	N	1/1/2016	10/1/2016	\$39,000.00	N/A
13b. Describe any challeng	es encountered with vendors and	d/or subrecipients.					V	
N/A								
14. Budget Worksheet								
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		\$ -	\$109,561.00	\$109,561.00
b. Personnel Fringe Benefits			\$53,450.00	\$53,450.00		\$0.00	\$24,571.00	\$24,571.00
c. Travel		\$485,183.00	\$7,200.00	\$492,383.00		\$72,599.00	\$5,552.00	\$78,151.00
d. Equipment					\$0.00	\$0.00	\$0.00	\$0.00
e. Materials/Supplies		\$2,900.00	\$5,161.00	\$8,061.00		\$721.00	\$661.00	\$1,382.00
f. Subcontracts Total		\$997,508.00		\$997,508.00		\$378,144.00	\$0.00	\$378,144.00
g. Other		\$25,159.00	\$58,695.00	\$83,854.00		\$7,176.00	\$14,189.00	\$21,365.00
h. Indirect					\$0.00	\$0.00	\$0.00	
i. Total Costs		\$1,510,750.00	\$377,688.00	\$1,888,438.00		\$458,639.00	\$154,533.00	\$613,174.00
j. % of Total		80%	20%	100%		75%	25%	100%
15. Certification: I certify to	o the best of my knowledge and I	pelief that this report is correct and complete	for performance of activities	for the purp	ose(s) set forth i	n 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	402.471.7973	
LOO Wilhelm						extension) 16d. Email Address:	Bob.Wilhelm@nebraska.gov	
16b. Signature of Authoriz	ed Certifying Official:					Lou. Lilian Address.	DOD. TVIII CHI I (WI I COI GONG	
						Date: 06/252017		