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| U.S. Department of Commerce Performance Progress Report | | | | 2. Award or Grant Number: | 34-10-S13034 |
| | | | | 4. EIN: | 216000928 |
| 1. Recipient Name | State of New Jersey | | | 6. Report Date (MM/DD/YYYY) | 10/27/2015 |
| 3. Street Address | 300 Riverview Drive | | | 7. Reporting Period End Date: (MM/DD/YYYY) | 9/30/2015 |
| 5. City, State, Zip Code | Trenton, NJ 08625 | | | 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: (MM/DD/YYYY) | | 8/1/2013 | 10b. End Date: (MM/DD/YYYY) | 7/31/2016 | |
| 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 | 200 | | | |
| 2 | Broadband Conferences | 1 | | | |
| 3 | Staff Hires | 0 | | | |
| 4 | Contract Executions | 0 | | | |
| 5 | Governance Meetings | 1 | | | |
| 6 | Education and Outreach | 300 | | | |
| 7 | Subrecipient Agreement Executed | 0 | | | |
| 8 | Phase 2 - Coverage | 0 | | | |
| 9 | Phase 2 – Users and Their Operational Areas | 0 | | | |
| 10 | Phase 2 – Capacity Planning | 0 | | | |
| 11 | Phase 2 – Current Providers/Procurement | 0 | | | |
| 12 | Phase 2 – State Plan Decision | 0 | | | |
| 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. | | | | | |
| Major activities included conducting the initial consultation process with the State Stakeholders and Firstnet. Next quarter activities will include onboarding of vendors to start Phase 2 deliverables | | | | | |
| 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. | | | | | |
| The day-to-day activities of New Jersey's SLIGP project have been delayed as New Jersey is in an active phase of BTOP deployment and developing phase 2 consulting costs . | | | | | |

| 11c. Provide any other information that would be useful to NTIA as it assesses this project's progress. | | | | | | | | |
|---|---|---|----------------------|-------------------------|------------|-----------|-------------------------------|--------------------------------|
| The team is continuing developing the SLIGP strategy and budget, and seeks to onboard its vendors in January 2016 | | | | | | | | |
| 11d. Describe any success stories or best practices you have identified. Please be as specific as possible. | | | | | | | | |
| New Jersey has successfully completed the initial consultation process with FirstNet. | | | | | | | | |
| 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 is not fully staffed and budgeted. Vendor will start SLIGP activities in 16Q1 | | | | | | | | |
| 12b. Staffing Table | | | | | | | | |
| Job Title | FTE% | Project (s) Assigned | | | | | Change | |
| Program Manager | 0 | Programmatic direction for all Public Safety broadband projects and Point of Contact for FirstNet/SLIGP | | | | | No Change | |
| Assistant Program Manager | 33 | Programmatic direction for all Public Safety broadband projects and Point of Contact for FirstNet/SLIGP | | | | | No Change | |
| Outreach Director | 36.592 | Directs a NJ OIT outreach including SLIGP | | | | | No Change | |
| Fiscal Manager/Fiscal Specialists | 0 | Fiscal Manager role is currently vacant. Once position is filled FTE% will go back up to 15%, approximately | | | | | No Change | |
| GIS Specialist | 5 | Supports SLIGP efforts; prepares maps ,education and outreach materials for distribution | | | | | No Change | |
| NJ OHSP Chief of Staff | 0 | No participation in outreach, stakeholder meetings, and broadband conferences during 15Q2 activities | | | | | No Change | |
| Outreach Coordinator | 5 | Designing outreach plan and SLIGP activities | | | | | No Change | |
| SWIC | 10 | Statutory point for NJ Interoperability plan and public safety communications | | | | | No Change | |
| 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 |
| TBD | Project Management, Administrative support, and | Vendor | Y | N | TBD | 7/31/2016 | \$1,368.07 | \$0.00 |
| Ken Boley Computer Aid | Governance Support | Vendor | Y | Y | 8/31/2015 | 7/31/2016 | \$306,000.00 | \$0.00 |
| TBD | Broadband SME | Vendor | Y | N | TBD | 7/31/2016 | \$300,150.00 | \$0.00 |
| TBD | Outreach Specialist | Vendor | Y | N | TBD | 7/31/2016 | \$540,000.00 | \$0.00 |
| 13b. Describe any challenges encountered with vendors and/or subrecipients. | | | | | | | | |
| RFP vendor decision rendered 15Q3. | | | | | | | | |

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 | \$100,923.00 | \$435,131.00 | \$536,054.00 | \$ 5,913.48 | \$ 40,443.55 | \$46,357.03 |
| b. Personnel Fringe Benefits | \$0.00 | \$181,634.00 | \$181,634.00 | \$ 3,001.10 | \$ 17,655.83 | \$20,656.93 |
| c. Travel | \$51,120.00 | \$0.00 | \$51,120.00 | \$ 3,008.48 | \$0.00 | \$3,008.48 |
| d. Equipment | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| e. Materials/Supplies | \$8,038.00 | \$0.00 | \$8,038.00 | \$ 6,458.19 | \$0.00 | \$6,458.19 |
| f. Subcontracts Total | \$2,514,197.00 | \$0.00 | \$2,514,197.00 | \$ 12,798.24 | \$0.00 | \$12,798.24 |
| g. Other | \$37,650.00 | \$64,960.00 | \$102,610.00 | \$ 6,031.85 | \$0.00 | \$6,031.85 |
| h. Indirect | | | | | | \$0.00 |
| i. Total Costs | \$2,711,928.00 | \$681,725.00 | \$3,393,653.00 | \$ 37,211.34 | \$58,099.38 | \$95,310.72 |
| j. % of Total | 80% | 20% | 100% | 39% | 61% | 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:

William Drew, PMP, Assistant Public Safety Broadband Program Manager

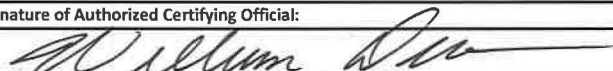
16c. Telephone (area code, number, and extension)

609-588-2487

16d. Email Address:

WDrew@NJOHSP.gov

16b. Signature of Authorized Certifying Official:



Date:

10/29/2015