OMB Control No. 0660-0038 Expiration Date: 8/31/2016

		U.S. Department of Commerce		2. Award or Grant Number 47-10-S13047 4. EIN 62-6001445			
		Performance Progress Report					
1. Recipi	ent Name		6. Report Date (MM/DD/Y)	(YY)			
		essee Department of Safety and Homelan		10/28/2013			
3. Street		oster Avenue		7. Reporting Period End Date: 09/30/2013			
5. City, S	tate, Zip Code Nashv	ille, TN 37243		8. Final Report Yes X No	9. Report Frequency X Quarterly		
	ect/Grant Period Date: 08/01/2013	10b. End Date: 07/31/2016					
11. List t	the individual projects in	your approved Project Plan					
	Project Type (Capacity Building, SCIP Update Outreach, Training et	y Project Deliverable Quantity , (Number & Indicator	Total Federal Funding Amount		Funding Amount expended fithis reporting period	Percent of Total Federal Funding Amount expended	
1	Stakeholder Meetings				Mark Strain Land College Market		
2	Broadband Conference						
3	Staff Hires	0	EL SE BEER				
4	Contract Executions	0	ENTER WILDING				
5	Governance Meetings	s 0	第四个型型中央				
6	Phase II	0.	T. ASSESSED				
11a. Des strategie Interim S introduc	scribe your progress mee es you have employed; pla GLIGP state coordinator pr e potential user-group rep	eting each major activity/milestone approanned major activities for the next quarter esented FirstNet information at an emergoresentatives to FirstNet. The major chall	er; and any additional percent management con- lenge we face at this po	ference. Tenne	nes or information. essee is also planning a stakehoff for FirstNet activities and e	older meeting for December to	
11b. If th	ne project team anticipate Report must be approve	pproval of budget revisions and the state es requesting any changes to the approve d by the Department of Commerce befor ously submitted modifications. No furthe	ed Baseline Report in the implementation.	ne next quarter		that any substantive changes to the	

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

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

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 staffed as of yet, but we anticipate hiring all staff by Q4, as projected in the Baseline/Expenditure Plan. We don't anticipate any changes to the project's timeline.

12b. Staffing Table

Job Title	FTE %	Project(s) Assigned	Change

Add Row

Remove Row

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	Project and % Assigned
TBD	Data Collection, Outreach and Education	Vendor	N	N	TBD	TBD	1,588,864	590,335	

Add Row

Remove Row

13b. Describe any challenges encountered with vendors and/or subrecipients.

None at this time. We will begin working on RFP development in Q3.

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	754,178	0	754,178	0	0	0
b. Personnel Fringe Benefits	176,318	0	176,318	0	0	0
c. Travel	85,780	0	85,780	0	0	0
d. Equipment	0	0	0	0	0	0

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e. Materials/Supplies	146,200	0	146,200	0	0	0		
f. Subcontracts Total	928,864	590,335	1,519,199	0	0	0		
g. Other	270,000	0	270,000	0	0	0		
h. Total Costs	2,361,340	590,335	2,951,675	0	0	0		
i. % of Total	80	20	100	0	0	0		
documents. 16a. Typed or printed name	e and title of Authorized	Certifying Official		16c. Telephone (area co	ode, number, and extension)			
Ehrin D. Ehlert				615-743-4960				
				16d. Email Address Ehrin.Ehlert@tn.gov				
16b. Signature of Authorized Certifying Official				16e. Date Report Submitted (month, day, year) 10/29/13				

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a currently valid OMB control number. Public reporting burden for this collection of information is estimated to average 10 hours per response for the application process, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Michael Dame, Director, State and Local Implementation Grant Program, Office of Public Safety Communications, National Telecommunications and Information Administration, U.S. Department of Commerce (DOC), 1401 Constitution Avenue, N.W., HCHB, Room 7324, Washington, D.C. 20230.