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

| U.S. Department of Commerce   |  |                                       |                              |                |               | 2. Award or Grant Number      |                                  |  |  |
|-------------------------------|--|---------------------------------------|------------------------------|----------------|---------------|-------------------------------|----------------------------------|--|--|
|                               |  |                                       |                              | 47-10-S13047   |               |                               |                                  |  |  |
|                               |  | Pe                                    | rformance Progress Report    | 4. EIN         |               |                               |                                  |  |  |
|                               |  |                                       |                              | 62-6001445     |               |                               |                                  |  |  |
| 1. Recipient Name             |  |                                       |                              |                |               | 6. Report Date (MM/DD/YYYY)   |                                  |  |  |
|                               | Tennessee Department of Safety and Homeland Security |                                       |                              |                |               |                               | 04/28/15                         |  |  |
| 3. Street A                   | ddress   |                                       |                              |                |               | 7. Reporting Period End Date: |                                  |  |  |
|                               | 1150 Fo  | oster Ave                             | nue                          |                |               | 03/30/15                      |                                  |  |  |
| 5. City, Sta                  | te, Zip Code   |                                       |                              |                |               | 8. Final Report               | 9. Report Frequency              |  |  |
|                               | Nashvi   | lle, TN 37                            | 243                          |                |               | □ Yes                         | X Quarterly                      |  |  |
|                               |  |                                       |                              |                |               | X No                          |                                  |  |  |
| 10a. Projec                   | ct/Grant Period                                      | 10b. En                               | d Date:                      |                |               |                               |                                  |  |  |
| Start Date: 08/1/2013 07/31/3 |  | 16                                    |                              |                |               |                               |                                  |  |  |
| 11. List the                  | e individual projects in y                           | rojects in your approved Project Plan |                              |                |               |                               |                                  |  |  |
|                               | Project Type (Capacity                               | ,                                     | Project Deliverable Quantity | Total Federal  | Total Federal | Funding Amount expended       | Percent of Total Federal Funding |  |  |
|                               | Building, SCIP Update,                               |                                       | (Number & Indicator          | Funding Amount | at the end of | this reporting period         | Amount expended                  |  |  |
| Outreach, Training etc.)      |  | Description)                          |                              |                |               |                               |                                  |  |  |
| 1                             | Stakeholder Meetings                                 |                                       | 708                          |                |               |                               |                                  |  |  |
| 2                             | 2 Broadband Conferences                              |                                       | 4                            |                |               |                               |                                  |  |  |
| 3                             | Staff Hires  |                                       | 0                            |                |               |                               |                                  |  |  |
| 4 Contract Executions         |  | 0                                     |                              |                |               |                               |                                  |  |  |
| 5 Governance Meetings         |  | 1                                     |                              |                |               |                               |                                  |  |  |
| 6 O & E Contacts              |  | 18,295                                |                              |                |               |                               |                                  |  |  |
|                               |  |                                       |                              |                |               |                               |                                  |  |  |

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.

We have officially engaged our governance committee during this quarter, with one meeting and one planned for Quarter 8. We have also met with State Agencies that are not officially represented on the committee. We held 3 regional interoperability conferences that introduced participants to FirstNet, explained what is needed from our stakeholders, and how broadband fits into the public safety communications realm of today.

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.

Modifications will follow next quarter, due to the transition from Phase I to Phase II.

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

We have really gained momentum here in Tennessee and have enjoyed expanding our relationship with FirstNet and NTIA. We feel these relationships are necessary for and will contribute to further success. We are planning our Initial Consultation Meeting with FirstNet, which will be in July as well as additional outreach opportunities to support data collection.

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

We are having a lot of success with Outreach and Education and hope that carries into data collection. We have identified a situation with the city of Oak Ridge and Department of Energy that we feel would have a great impact on the NPSBN as we move forward.

### 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.

### 12b. Staffing Table

| Job Title FT |                                    | FTE % | Project(s) Assigned   | Change |  |  |  |
|--------------|------------------------------------|-------|---|--------|--|--|--|
|              | Outreach and Education Coordinator | 100   | Outreach and Education, External and Internal Stakeholder Relationships |        |  |  |  |
|              | Administrative Services Assistant  | 100   | Program Management, Administrative Functions, Scheduling                |        |  |  |  |

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 | Туре             | RFP/RFQ | Contract | Start   | End  | Total Federal   | Total Matching  | Project and % Assigned |
|---------------|---------------------|------------------|---------|----------|---------|------|-----------------|-----------------|------------------------|
|               |                     | (Vendor/Subrec.) | Issued  | Executed | Date    | Date | Funds Allocated | Funds Allocated |                        |
|               |                     |                  | (Y/N)   | (Y/N)    |         |      |                 |                 |                        |
| Buford Goff & | Data Collection,    | Vendor           | Υ       | Υ        | July 1, | June | 1,584,817       | 590,335         |                        |
| Associates    | Outreach and        |                  |         |          | 2014    | 30,  |                 |                 |                        |
|               | Education           |                  |         |          |         | 2017 |                 |                 |                        |

Add Row

Remove Row

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

None at this time.

## 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 Approved Matching **Total Budget** Federal Funds **Approved Matching Funds** Total Funds Expended (7) Awarded (2) Funds (3) (4) Expended (5) Expended (6) a. Personnel Salaries 336,810 37.888 37,888 336.810 0 b. Personnel Fringe Benefits 62.248 62,248 14.604 14,604 c. Travel 247,522 247,522 21,677 21,677 0 0 0 0 d. Equipment

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| e. Materials/Supplies           | 64,100                   | 0                        | 64,100  | 8,744   |                                   | 8,744                           |  |
|---------------------------------|--------------------------|--------------------------|---|---|-----------------------------------|---------------------------------|--|
| f. Subcontracts Total           | 1,584,817                | 590,335                  | 2,175,152   | 248,191   | 62,048                            | 310,239                         |  |
| g. Other                        | 65,843                   | 0                        | 65,843  | 4,315   |                                   | 4,315                           |  |
| h. Total Costs                  | 2,361,340                | 590,335                  | 2,951,675   | 335,419   | 62,048                            | 397,467                         |  |
| i. % of Total                   | 80%                      | 20%                      | 100%  | 84%   | 16%                               | 100%                            |  |
| 15. Certification: I certify to | the best of my knowl     | edge and belief that thi | s report is correct                                   | and complete for per                              | formance of activities for the pu | rpose(s) set forth in the award |  |
| documents.                      |                          |                          |   |   |                                   |                                 |  |
|                                 |                          |                          |   |   |                                   |                                 |  |
| 16a. Typed or printed nam       | e and title of Authorize | ed Certifying Official   |   | 16c. Telephone (area code, number, and extension) |                                   |                                 |  |
| Ehrin D. Ehlert                 |                          |                          | 615-743-4960  |   |                                   |                                 |  |
|                                 | 2                        | hom D. The               | 16d. Email Address                                    |   |                                   |                                 |  |
|                                 |                          |                          |   | Ehrin.Ehlert@tn.gov                               |                                   |                                 |  |
| 16b. Signature of Authorize     | ed Certifying Official   |                          | 16e. Date Report Submitted (month, day, year) 4/28/15 |   |                                   |                                 |  |
|                                 |                          |                          |   |   |                                   |                                 |  |

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