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

U.S. Department of Commerce Performance Progress Report						2. Award or Grant Number:	47-10-513047	
						4. EIN:	62-6001445	
1. Recipient Name	Tennessee Department of Safe	ety and Homeland Security					6. Report Date (MM/DD/YYYY)	10/30/15
3. Street Address	1150 Foster Avenue						7. Reporting Period End Date: (MM/DD/YYYY)	9/30/15
5. City, State, Zip Code	Nashville, TN 37243						8. Final Report Yes No	9. Report Frequency Quarterly
10a. Project/Grant Period								
Start Date: (MM/DD/YYYY)	8/1/13	10b. End Date: (MM/DD/YYYY)	1/30/18					
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	Federal Funding t expended at the of this reporting period	Percent of T	otal Federal Amount expended		
1	Stakeholder Meetings	2,659						
2	Broadband Conferences	4						
3	Staff Hires							
4	Contract Executions							
5	Governance Meetings	0						
6	Education and Outreach	48,494						
7	Subrecipient Agreement Executed							
8	Phase 2 - Coverage	4						
9	Phase 2 – Users and Their Operational Areas	4						
10	Phase 2 – Capacity Planning	2						
11	Phase 2 – Current	4						
	Providers/Procurement	7	-					
12	Phase 2 – State Plan Decision	3						
		tone approved in the Basel	ine Report for this project; any ch	nallenges or obstacle	s encountered and mitigati	on strategies you have employe	d; planned major activit	ies for the next quarter;
and any additional project milest	ones or information.							
After receiving approval from Firs PPR is comprised of Phase Two fu			e published a demographic survey	on our website and t	raveled to over 45 counties	during the months of August and	d September, collecting o	coverage information. This
11b. If the project team anticipat implementation.	es requesting any changes to the	ne approved Baseline Repo	rt in the next quarter, describe th	ose below. Note tha	t any substantive changes t	o the Baseline Report must be a	pproved by the Departn	nent of Commerce before
p.ciiiciitatioiii								
The quarter 8 report contained ar	n approved furniture purchase o	f \$21,081.40 listed under th	ne "Supplies" category. This purch	ase should have beer	n listed under the "Other" c	ategory. I have added the furnitu	ure purchase to the "Oth	er" category on this report.
11c. Provide any other information	on that would be useful to NTIA	as it assesses this project	s progress.					
education and outreach contacts We received coverage mapping a	were comprised of Tweeting TN nd/or user surveys from 75 of th	activities, re-tweeting First ne 95 counties in Tennessee		ails to stakeholders, a	and printed materials for ou	r consultation meeting and prep	aration for our statewide	broadband conference.
11d. Describe any success stories Data collection efforts have been	or best practices you have iden well received. More public sate	ntified. Please be as specificate personnel are aware of the specificate among the specifications have among additional areas and the specifications have a margared the specifications have a margared the specifications and the specifications have a margared the specifications and the specifications are specifications.	c as possible. he project and what FirstNet could	I mean for them. Hav	ring an interactive mapping	program for coverage objectives	was a great success. The	SPOC meetings have also

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

12. Personnel										
12a. If the project is not fully sta	iffed, describe how any la	ck of staffing may impact the pr	oject's time line and wh	en the project will be fully sta	fed.					
12h Stoffing Toblo										
12b. Staffing Table Job Title	FTF0/	T		Duning	/s\				Channa	
Outreach and Education Coord.	FTE% 100	Outros de and Education	F. 4 C4	•	(s) Assigned				Change	
Administrative Assistant	100		Outreach and Education, External and Internal Stakeholder Relationships Program Management, Administrative Functions, Scheduling							
Auministrative Assistant	100	Program Management, A								
13. Subcontracts (Vendors and/	or Cubrocinionts)	<u> </u>								
		totals from this table must equa	d the "Cubsentrasts Tet	al" in Question 14f						
13a. Subcontracts Table – Includ	le all subcontractors. The	totals from this table must equa	The Subcontracts for	ai iii Question 141.	Contract		1			
Name	Subo	Subcontract Purpose		RFP/RFQ Issued (Y/N)	Executed (Y/N)	Start Date	End Date	Total Federal Funds Allocated	Total Matching Funds	
Name	Subci								Allocated	
					(1714)					
Buford Goff and Associates	Data Collection and Out	reach and Education	Vendor	Y	Υ	7/1/14	6/30/14	\$1,584,817.00	\$590,335.00	
13b. Describe any challenges en	countered with vendors a	nd/or subrecipients.		l .			<u> </u>			
N/A										
14. Budget Worksheet										
		et for the entire award, which is t	he SF-424A on file.							
Only list matching funds that the	Department of Commerci	e nas aiready approved.		Lauren dage to bine Fronts			I sadamat sunda sun anda d	A	T T	
Project Budget Element (1)		Federal Fund	s Awarded (2)	Approved Matching Funds (3)	Total Budget (4)		Federal Funds Expended (5)	Approved Matching Funds Expended (6)	Total funds Expended (7)	
a Parsannal Salarias			\$346,026.00		\$346,026.00		\$78,323.53	rulius Expeliueu (6)	\$78,323.53	
	Personnel Salaries		\$65,344.00		\$65,344.00		\$26,695.04		\$26,695.04	
c. Travel		\$243,				13,780.00	\$40,736.19		\$40,736.19	
		Ψ2.3,				\$0.00	ψ 10,7 30.13		\$0.00	
	Equipment		\$27,595.00		\$27,595.00		\$10,978.33		\$10,978.33	
Equipment Materials/Supplies Subcontracts Total			,105.00	\$590,335.00	\$2,206,440.00		\$605,480.60	\$151,370.15	\$756,850.75	
g. Other		\$62,4		\$350,535.00		2,490.00	\$26,664.74	ψ131)370.13	\$26,664.74	
h. Indirect		Ç02).	30.00			\$0.00	ψ20,00 m :		\$0.00	
Total Costs		\$2 361	\$2,361,340.00		\$2,951,675.00		\$788,878.43	\$151,370.15	\$940,248.58	
• • • • • • • • • • • • • • • • • • • •)%	\$590,335.00 20%	100%		84%	16%	100%		
	best of my knowledge and	d belief that this report is correc						2070	10070	
16a. Typed or printed name and			t una complete for perio		pose(o) set :					
		78					16c. Telephone (area code,	615-743-4960		
Ehrin D. Ehlert, State Point of Co	ntact						number, and extension)	013 7 13 1300		
16b. Signature of Authorized Ce	rtifying Official:						16d. Email Address:	ehrin.ehlert@tn.gov		
Zhun D. Zhlit	Ehm. D. Ehht Date: 10/30/15									