U.S. Department of Commerce	2. Award or Grant Number	54-10-S13054

	Performance Progress Report		54-10-S13054		
			4. EIN 55-6001347		
1. Recipient Name WV Division of Homeland Security and Emergency Management			**6. Report Date** 09/30/2014		
3. Street Address 1900 Kanawha Blvd., East, Room EB-80			**7. Reporting Period End Date:** 09/30/2014		
5. City, State, Zip Code Charleston, WV 25305			**8. Final Report** □ Yes X No		**9. Report Frequency** X Quarterly
10a. Project/Grant Period Start Date: 09/01/13	**10b. End Date:** 08/30/16				

11. List the individual projects in your approved Project Plan – First Net Planning

	Project Type (Capacity Building, SCIP Update, Outreach, Training etc.)	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 Funding Amount expended
1	**Stakeholder Meetings**	30 / two tech meetings and, 60 / 3 RIC meetings			
	Broad Band Committee Meetings	45/ 3 meetings			
2	**Training Sessions**				
	Training Outreach	71 w/ Three Meetings			
	Training – Annual conference	0			
3	**Broadband Conferences**				
	Pre-Award Meeting and Travel	0			
	National and Regional Policy Support	0			
	SIEC Members Annual Conference	0			
4	**Staff Hires (FTE)**	**0**			
	SWIC	0			
	Technical Support Advisor				
	GIS Analyst	0			
5	**Contract Executions**	0			
	Legal Services	0			
	SWIC	0			
	Program Manager	1			

	Support Assistant	0			
	Outreach and Training Specialist	0			
	Grants/SCIP Specialist	0			
	Regional ;Outreach Federal	0			
	Broadband SME	0			
6	**Statutory or Regulatory Changes**				
7	**Marketing and Publications**				
	Informational Materials				
8	**Governance Meetings**	0			
	SIEC Group Meetings	3 with 71 attendees			

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.

Tech Meetings - Broadband committee met with the techs to review the system applicable to FirstNet. RIC Meetings - Passed out the FIrstNet Videos and handouts to be distributed in that region, requested what information is needed for the FirstNet at the SIRN Conference, and what information is required in regards to the survey that was distributed at the conference. During the RIC and Broadband meetings the kind of outreach and the modes of distribution was reviewed. FirstNet initial consultation and a checklist that was reviewed before sending to the Governor. The Governor's office has named a point of contact (Britney Vasick) and she was named to the Broadband Committee.

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.

Not at this time

11c. Provide any other information that would be useful to NTIA as it assesses this project's progress.
Additional Expenditures have not been drawn at this time from ASAP.
None

11d. Describe any success stories or best practices you have identified. Please be as specific as possible.
None at this time.

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. Lack of staff would have a domino effect. The longer the staff positions were open the bigger the impact on the entire plan.

12b. Staffing Table

Job Title	FTE %	Project(s) Assigned	Change
SWIC	30%	Supporting activities relating to education of FirstNet; determine needs of regions. etc	
Technical Support Advisor		Technical expertise to broadband initiative and direct support to the SWIC	
GIS Analyst			
Project Manager – Tommy Dingess	10%		

Add Row   Remove Row

13. Subcontracts (Vendors and/or Sub-recipients)

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
	Legal Services	Vendor	N	N		9/30/16	22,500	0	0
	SWIC	Vendor	N	N	10/01/15	9/30/16	52,000	0	0
Lisa Paxton	Program Manager	Vendor	Y	Y	9/01/13	9/30/16	189,000	0	5
	Support Assistant	Vendor	N	N		9/30/16	108,000	0	0
	Outreach and Training Specialist	Vendor	N	N		9/30/16	120,000	0	0
	Grants/SCIP Analyst	Vendor	N	N		9/30/16	12,000	0	0

| | Broadband SME | Vendor | N | N | 10/01/14 | 9/30/16 | 270,000 | 0 | 0 |

Add Row   Remove Row

13b. Describe any challenges encountered with vendors and/or sub-recipients.

No changes 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 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	0	237,689	237,689	0	7,570	7,570
b. Personnel Fringe Benefits	0	0	0	0	0	0
c. Travel	209,125	11,998	221,123	0	7,275	7,275
d. Equipment	0	0	0	0	0	0
e. Materials/Supplies	10,473	5,400	15,873	0	0	0
f. Subcontracts Total	803,500	0	803,500	0	12,565	12,565
g. Other	98,400	25,920	124,320	0	0	0
h. Total Costs	1,121,498	281,007	1,402,505	0	27,410	27,410
i. % of Total	80%	20%	100%	0	100%	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	16c. Telephone (area code, number, and extension)
Tommy Lee Dingess, Director of Administration, WVDHSEM	304/558-5380
	16d. Email Address Tommy.l.dingess@wv.gov
16b. Signature of Authorized Certifying Official	16e. Date Report Submitted (month, day, year) 07/30/2014 12/5/14