U.S. Department of Commerce Performance Progress Report					04-10-S13004 866004791		
1. Recipient Name	Arizona Department of Admi	inistration		4. EIN: 6. Report Date	(7/30/2015)		
3. Street Address	100 N 15th Avenue, Suite 400	0		(MM/DD/YYYY) 7. Reporting Period End Date: (MM/DD/YYYY)	(6/30/2015)		
5. City, State, Zip Code	Phoenix, AZ 85007			8. Final Report Yes No	9. Report Frequency Quarterly		
10a. Project/Grant Period							
Start Date: (MM/DD/YYYY)	(08/16/2013)		(01/31/2018)				
11. List the individual projects	in your approved Project Plan	n					
	Project Type (Capacity Building, SCIP Update,	Project Deliverable Quantity (Number & Indicator Description)	Total reducal Funding Total reducal Amount expended in the Percent Bi Total Fedural Amount Expended Funding Amount englishms reporting period				
1	Stakeholder Meetings	657					
2	Broadband Conferences	6					
3	Staff Hires	0					
4	Contract Executions	0					
5	Governance Meetings	7					
6	Education and Outreach	2692					
7	Subrecipient Agreement Executed	0					
8	Phase 2 - Coverage	Stage 1-2					
9	Phase 2 – Users and Their Operational Areas	Stage 1-2					
10	Phase 2 – Capacity Planning	Stage 1-2					
11	Phase 2 – Current Providers/Procurement	Stage 1-2	<b>建筑的企业。在一个工程,不是一个工程</b>				
12	Phase 2 – State Plan Decision	Stage 1		200			
			Baseline Report for this project; any challenges or obstacles encountered and mitigation strategies you have	ave employed; planne	d major activities for the		
next quarter; and any addition							
			nergency Planning Committee, Lake Havasu , Quartzsite, Pascua Yacqui Tribal Meeting, Fire Chief's Association				
The state of the formation of the state of t			d at elected officials' meetings at Coconino Board of Supervisors and the Tri City Council. The total attendance	ce for all meetings was	i 657.		
The state of the s			stNet Board and PSCR meetings in San Diego,				
3. Staff Hires: There were no st							
4. Contract Executions: There w			visory Group governance meetings of the eight planned. Meetings were held on 4/2, 4/16, 4/30, 5/14, 5/28,	6/11 and 6/25			
		5	te sessions during this period for a total of 2,692 contacts.	0/11 and 0/23.			
7. Subrecipient Agreement Exe	An extract transfer and extraction and	0.00					
		5	orting methodology for Coverage, Users, Operational Areas, Capacity Planning, Current Providers and Procu	rement data collection	1. and have started		
collecting data.		, , р		,	,		
9. Phase 2 – Users and Their Operational Areas: (see number 8 above)							
10. Phase 2 – Capacity Planning: (see number 8 above)							
11. Phase 2 – Current Providers/Procurement: (see number 8 above)							
12. Phase 2 – State Plan Decision	on: The decision process for th	ne State Plan decision is be	aing developed.				

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.	

We plan to request the changes required for our Phase 2 rebaseline next quarter.

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

We have scheduled the Intial State Consultation meeting for September 15, 2015 and have had our preliminary planning session.

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

We are having success with a series of short surveys questions - one or two questions that can be answered in just a few minutes. We are also holding Mobile Data Survey Tool (MDST) webinars to help familiarize stakeholders with the survey. We have had over 400 stakeholders respond to the short surveys or attend an MDST webinar.

### 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 fully staffed.

12b. Staffing Table

Job Title FTE%		Project (s) Assigned		
xecutive Manager	25%	Management oversight	поле	
enior Program Advisor	100%	Management oversight and select sub-projects	поле	
roject Manager	90%	Finance, performance tracking and deliverable reporting	none	
inance & Planning	5%	Finance oversight and grants management	none	

## 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
Knowledge Services	Staffing – 4 FTEs	Vendor	Y - Existing Vendor	Y	8/16/2013	1/30/2018	\$2,151,200	\$0
IWS-Highground	Elected Officials	Vendor	Y - Existing Vendor	Y	11/1/2014	7/30/2015	\$100,000	\$0

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

Given our shift in focus toward data collection we are holding off on our elected official initiative for now.

14. Budget Worksheet					-	
Columns 2, 3 and 4 must match your current project budget	for the entire award, which is the SF-424A on f	ile.			**	
Only list matching funds that the Department of Commerce I	nas 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		\$338,254.00	\$338,254.00	\$38,769.60	\$129,855.64	\$168,625.24
b. Personnel Fringe Benefits		\$101,476.00	\$101,476.00	\$18,766.20	\$38,956.69	\$57,722.89
c. Travel	\$413,490.00		\$413,490.00	\$51,442.41		\$51,442.41
d. Equipment						
e. Materials/Supplies	\$49,657.00		\$49,657.00	\$77,601.27		\$77,601.27
f. Subcontracts Total	\$2,251,200.00		\$2,251,200.00	\$739,417.50		\$739,417.50
g. Other	\$196,800.00	\$300,066.00	\$496,866.00		\$97,247.00	\$97,247.00
h. Indirect						
i. Total Costs	\$2,911,147.00	\$739,796.00	\$3,650,943.00	\$925,996.98	\$266,059.33	\$1,192,056.31
j. % of Total	80%	20%	100%	78%	22%	100%
15. Certification: I certify to the best of my knowledge and I	belief that this report is correct and complete	for performance of activities for	or the purpose(s) set forth in	the award documents.		
16a. Typed or printed name and title of Authorized Certifying Official:						
Michael Sherman for					602-364-4794	
Kevin Donnellan, Acting Director	extension)	, , , , , , , , , , , , , , , , , , ,				
Arizona Department of Administration						
16b. Signature of Authorized Certifying Official:				16d. Email Address:	michael.sherman@azdo	oa.gov
Mary A				Date: 7-29-15	July 30, 2015	