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

						Expiration Date: 8/31/2016	
	-	U.S. Department of Com	merce		2. Award or Grant Number		
					12-10-513012		
		Performance Progress Re	eport		4. EIN		
					800749868		
	ent Name				6. Report Date (MM/DD/Y		
	ivision of Emergency Ma	nagement			10/29/2013; revised 12/5/2013		
3. Street					7. Reporting Period End D	ate:	
	mard Oak Blvd.				09/30/2013		
	tate, Zip Code				8. Final Report	9. Report Frequency	
Tallahass	iee, FL 32399				2 Yes	X Quarterly	
		1			X No		
	ect/Grant Period	10b. End Date: (MM/DD/YYY	Y) (Y		1		
	ate: (MM/DD/YYYY)	08/31/2016			M		
09/01/20					L		
11. LIST T		your approved Project Plan		In the t			
	Project Type (Capacity			Total Federal Funding Amount expended		Percent of Total Federal Funding	
	Building, SCIP Update		Funding Amount	at the end o	f this reporting pariod	Amount expended	
	Outreach, Training etc		- the second				
1	Stakeholder Meetings					da	
2	Training Sessions	N/A			and best a reason of the second s		
3	Broadband Conference			a surprise the time subscript state			
4	Staff Hires	.5	and the same state of			And the second s	
5	Contract Executions	0		-	and the second	have been a second and the second	
6	Statutory/Regulatory	N/A					
_	Changes						
7	Governance Meetings				and the second		
8	Education and Outrea	ch 0					
	Materials		and the second				
9	Subrecipient Agreeme	ents O					
10	Executed					-	
10	Phase II Activities	N/A				L	

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.

- Ten (10) Governance team representatives attended Memphis listening session in June 2013.
- Local and Tribal representatives are fully participating and were included in the Memphis FirstNet workshop.
- DHSMV Executive Director Julie Jones briefed the Florida Senate Appropriations Committee on the FirstNet/FloridaNet project. 80 Stakeholders attended or viewed the presentation.

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.

None at this time.

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

We recommend NTIA consider making changes to the SLIGP grant process in order to align the grant with FirstNet expectations, particularly related to beginning broadband coverage and MOAs, as well as modeling of business assumptions necessary for MOA process.

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

We have been very pleased with our efforts to engage all of our stakeholders/partners (including private sector) in governance model and working groups.

We have also been successful in garnering the support of Florida's legislative and executive leadership via numerous briefings, presentations, and internal reports.

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 fully staffed, but we anticipate hiring all staff by Q3, as projected in our Baseline/Expenditure Plan. Current staff listed in 12b is match.

12b. Staffing Table

Pr	rovide oversight of all SLIGP activities	Started work on SLIG		
		Started work on SLIG		
	1			
		Add Row Remove Row		

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## 13. Subcontracts (Vendors and/or Subrecipients) We anticipate contracting with all vendors by Q3.

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	Communications/ Media Firm	Vendor	N	N	TBD	TBD	104,000	-0-	N/A
TBD	Meeting Planning Services	Vendor	N	N	TBD	TBD	350,000	-0-	N/A
TBD	Court Reporting	Vendor	N	N	TBD	TBD	78,000	-0-	N/A
TBD	Technical Advice on LTE, systems engineering	Vendor	N .	N	TBD	TBD	600,000	-0-	N/A
University of Florida	Financial analysis/MOU development	Subrecipient	N	N	TBD	TBD	497,950	-0-	N/A

Add Row Remove Row

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

N/A

## 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	358,779	321,958	680,737		10,676	10,676
b. Personnel Fringe Benefits	106,110	109,327	215,437		155	155
c. Travel	957,440	65,642	1,023,082		9,217	9,217
d. Equipment	0	0	0			
e. Materials/Supplies	124,740	4,210	128,950	19 A.		
f. Subcontracts Total	1,132,000	0	1,132,000			
g. Other	2,209,471	31,172	2,240,643	5	30,000	30,000
Indirect	27,500	696,701	724,201	8		
	4,916,040	1,229,010	6,145,050		50,048	50,048
h. Total Costs	4,310,040	1,223,010				
i. % of Total	80%	20%	100%	and complete for per	4% formance of activities for the purp	.008% pose(s) set forth in the awar
i. % of Total 15. Certification: I certify to t documents.	80% he best of my know	20% ledge and belief that this	100%			
i. % of Total 15. Certification: I certify to t	80% he best of my know	20% ledge and belief that this	100% s report is correct		formance of activities for the pur	
i. % of Total 15. Certification: I certify to t documents. 16a. Typed or printed name a	80% he best of my know	20% ledge and belief that this	100% s report is correct	16c. Telephone (area 850-413-9969 16d. Email Address	formance of activities for the purp code, number, and extension)	
i. % of Total 15. Certification: I certify to t documents. 16a. Typed or printed name a	80% he best of my know and title of Authoriz	20% ledge and belief that this	100% s report is correct	16c. Telephone (area 850-413-9969 16d. Email Address Bryan.Koon@em.myf	formance of activities for the purp code, number, and extension)	

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.

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