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

| U.S. Department of Commerce | | | | | 2. Award or Grant Number | | | | |
|----------------------------------|-----------------------------|----------|------------------------------|---------------------------------------|-------------------------------|---|--|--|--|
| | | | | | 20-10-S13020 | | | | |
| | Performance Progress Report | | | | | 4. EIN | | | |
| | | | | | 48-6029925 | | | | |
| 1. Recipien | t Name | | | | 6. Report Date (MM/DD/YYYY) | | | | |
| Kansas C | Office of Information | n Techn | ology | · | 10/30/2013 | | | | |
| 3. Street A | ddress | | | | 7. Reporting Period End Date: | | | | |
| Landon S | State Office Buildin | ig 900 S | W Jackson Street, Suite 751 | l | 09/30/2013 | | | | |
| 5. City, Sta | 5. City, State, Zip Code | | | | 8. Final Report | 9. Report Frequency | | | |
| Topeka, KS 66612 | | | | | □ Yes | x Quarterly | | | |
| | | | | | x_No | | | | |
| 10a. Project/Grant Period 10b. I | | | d Date: (MM/DD/YYYY) | | | | | | |
| Start Date: (MM/DD/YYYY) 07/3 | | | /2016 | | | • | | | |
| 08/01/2013 | | | | | | | | | |
| 11. List the | e individual projects in | your app | oved Project Plan | | | | | | |
| Project Type (Capacity | | ty | Project Deliverable Quantity | | | | | | |
| l I | | | | · · · · · · · · · · · · · · · · · · · | | DOTAL TO A SECOND PROPERTY OF THE PROPERTY OF | | | |

| | 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 | 1 | |
| 2 | Broadband Conferences | 0 | |
| 3 . | Staff Hires | 0.33 | |
| 4 | Contract Executions | 0 | |
| 5 | Governance Meetings | 0 | |
| 6 | Education and Outreach | 0 | |
| | Materials (flyers/handouts) | | [1] [1] [1] [1] [1] [1] [1] [1] [1] [1] |
| 7 | Education and Outreach | 0 | |
| | Materials (meetings) | | |
| 8 | Phase II Activities | N/A | AND THE RESERVE OF THE PERSON |

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.

Milestone activities: Two existing employees, the SWIC and one OEC Trainer, were able to begin work on SLIGP on a part-time basis, which was all we anticipated for the first quarter of the project.

The SWIC was able to coordinate with DHS OEC to schedule a SCIP revision workshop in order to re-write the state SCIP to incorporate PSBN.

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 do not anticipate any changes at this time.

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

Most of our work this quarter focused on completing the Baseline/Expenditure Plan, reviewing record-keeping requirements with the other state agencies involved, and transitioning existing employees onto the SLIGP project team.

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

N/A

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 the third quarter as projected in our Baseline/Expenditure Plan. We will hire a Grants Administrator and two Outreach Coordinators with grant funds and bring on another OEC trainer to assist with the program as match. We do not anticipate any changes in the project's time line.

12b. Staffing Table

| Job Title | FTE % | Project(s) Assigned | Change |
|-------------|-------|--|-----------------------|
| SWIC | .20 | Provide oversight of all SLIGP project activities | Started work on SLIGP |
| OEC Trainer | .13 | Dissemination of SLIGP information to general public | Started work on SLIGP |

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 | 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 | Program Development Information Gathering Legal Assistance Assistance as Required | | N | N | TBD | TBD | \$863,593 | \$0 | |

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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) Funds (3) (4) Expended (5) Awarded (2) Expended (6) \$748,800 a. Personnel Salaries \$481,500 \$267,300 \$0 \$7452.95 \$7452.95 b. Personnel Fringe Benefits \$0 \$198,756 \$109,353 \$308,109 \$2,258,04 \$2,258,04 \$230,760 \$0 c. Travel \$70.956 \$301.716 \$216.82 \$216.82 d. Equipment \$0 **S**0 \$0 \$0 e. Materials/Supplies \$9,750 \$2,589 12,339 \$0 f. Subcontracts Total \$863,593 \$0 \$863,593 \$0 g. Other \$16,431 \$0 \$16,431 \$0 h. Total Costs \$1.800.790 \$450.198 \$2,250,988 \$0 \$9,927,81 \$9.927.81 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 16a. Typed or printed name and title of Authorized Certifying Official 16c. Telephone (area code, number, and extension) Anthony Schlinsog, CITO (785) 296-4817 16d. Email Address Anthony.Schlinsog@ks.gov 16b. Signature of Authorized Certifying Official 16e. Date Report Submitted (month, day, year)

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.