

| U.S. Department of Commerce<br>Performance Progress Report   |  |   |           | 2. Award or Grant Number:   | 32-10-513-32  |
|--|--|---|-----------|---|---|
|  |  |   |           | 4. EIN:   | 88-6000022  |
| 1. Recipient Name  | State of Nevada, Dept of Public Safety, Division of Emergency Management & Homeland Security |   |           | 6. Report Date (MM/DD/YYYY)   | 7/28/2015   |
| 3. Street Address  | 2478 Fairview Drive  |   |           | 7. Reporting Period End Date: (MM/DD/YYYY)  | 7/30/2015   |
| 5. City, State, Zip Code   | Carson City, Nevada 89701  |   |           | 8. Final Report Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | 9. Report Frequency Quarterly <input checked="" type="checkbox"/> |
| <b>10a. Project/Grant Period</b>   |  |   |           |   |   |
| Start Date: (MM/DD/YYYY)   | 8/1/2013   | 10b. End Date: (MM/DD/YYYY)                                   | 1/31/2018 |   |   |
| <b>11. List the individual projects in your approved Project Plan</b>  |  |   |           |   |   |
|  | Project Type (Capacity Building, SCIP Update,  | Project Deliverable Quantity (Number & Indicator Description) |           |   |   |
| 1  | Stakeholder Meetings   | 57  |           |   |   |
| 2  | Broadband Conferences  | 2   |           |   |   |
| 3  | Staff Hires  | 0   |           |   |   |
| 4  | Contract Executions  | 1   |           |   |   |
| 5  | Governance Meetings  | 1   |           |   |   |
| 6  | Education and Outreach   | 342   |           |   |   |
| 7  | Subrecipient Agreement Executed  | 0   |           |   |   |
| 8  | Phase 2 - Coverage   | Stage 2   |           |   |   |
| 9  | Phase 2 - Users and Their Operational Areas  | Stage 2   |           |   |   |
| 10   | Phase 2 - Capacity Planning  | Stage 2   |           |   |   |
| 11   | Phase 2 - Current Providers/Procurement  | Stage 2   |           |   |   |
| 12   | Phase 2 - State Plan Decision  | Stage 1   |           |   |   |
| <b>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.</b> |  |   |           |   |   |
| We have continued personal outreach through webinars and in-person meetings. Interest levels have declined in this period, as our team has less new information to share. We have engaged a consultancy firm to assist with website development, outreach presentations, and administrative support.                 |  |   |           |   |   |
| <b>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.</b>   |  |   |           |   |   |
| Nevada is in the process of submitting the phase 2 revised Baseline Report after receiving a 30-day extension to submit those documents.   |  |   |           |   |   |

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

More specificity from FirstNet would help engage stakeholders

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

We have relied heavily on personal contact and discussions to create awareness. Directing stakeholders to the Mobile Data Survey Tool, although starting slowly, seems to have the potential to provide the best results.

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.

12b. Staffing Table

| Job Title                            | FTE% | Project (s) Assigned                  | Change    |
|--------------------------------------|------|---------------------------------------|-----------|
| Chief, Emergency Management/SPOC     | 10%  | Single Point of Contact               | No change |
| Emergency Management Program Manager | 10%  | Grants Manager                        | No change |
| Grants and Projects Supervisor       | 10%  | Supervisor of SLIGP grant coordinator | No change |
|                                      |      |                                       |           |

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 |
|--------------------------------|------------------------------|----------------------------|----------------------|-------------------------|------------|-----------|-------------------------------|--------------------------------|
| SWIC                           | SWIC Duties                  | Good of the State Contract | Y                    | Y                       | 11/1/2013  | 1/31/2018 | \$319,680.00                  | \$0.00                         |
| Grant Coordinator              | Coordinate Grant             | Good of the State Contract | N                    | Y                       | 11/1/2003  | 1/31/2018 | \$217,110.00                  | \$0.00                         |
| SLIGP Project Manager/Outreach | Manage SLIGP Programmatic    | Contract                   | Y                    | Y                       | 5/13/2015  | 1/31/2018 | \$432,324.00                  | \$0.00                         |
| Legal Counsel                  | Attorney for Process and MOU | Sub-Grant                  | N                    | N                       | 3/1/2013   | 1/31/2018 | \$159,192.00                  | \$0.00                         |
| Gap Analysis MOU               | MOU for partners             | Contract                   | N                    | N                       | 12/1/2014  | 1/31/2018 | \$450,000.00                  | \$0.00                         |
| Facilitator                    | Meeting facilitator          | Contract                   | N                    | N                       |            |           | \$7,200.00                    | \$0.00                         |
| Facilitator                    | Meeting facilitator          | Contract                   | N                    | N                       |            |           | \$14,400.00                   | \$0.00                         |
|                                |                              |                            |                      |                         |            | Total     | \$1,599,906.00                | \$0.00                         |

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

N/A - None

**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        | \$63,243.00               | \$345,000.00                | \$408,243.00     | \$51,707.00                | \$65,269.00                          | \$116,976.00             |
| b. Personnel Fringe Benefits | \$22,063.00               | \$153,528.00                | \$175,591.00     | \$11,322.00                | \$12,296.00                          | \$23,618.00              |
| c. Travel                    | \$185,061.00              | \$0.00                      | \$185,061.00     | \$32,011.00                | \$0.00                               | \$32,011.00              |
| d. Equipment                 | \$0.00                    | \$0.00                      | \$0.00           | \$0.00                     | \$0.00                               | \$0.00                   |
| e. Materials/Supplies        | \$29,625.00               | \$0.00                      | \$29,625.00      | \$348.00                   | \$0.00                               | \$348.00                 |
| f. Subcontracts Total        | \$1,599,906.00            | \$0.00                      | \$1,599,906.00   | \$212,629.00               | \$0.00                               | \$212,629.00             |
| g. Other                     | \$72,768.00               | \$0.00                      | \$72,768.00      | \$2,242.00                 | \$0.00                               | \$2,242.00               |
| h. Indirect                  | \$0.00                    | \$0.00                      | \$0.00           | \$0.00                     | \$0.00                               | \$0.00                   |
| i. Total Costs               | \$1,972,666.00            | \$498,528.00                | \$2,471,194.00   | \$310,259.00               | \$77,565.00                          | \$387,824.00             |
| j. % of Total                | 80%                       | 20%                         | 100%             | 80%                        | 20%                                  | 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:

Richard Martin, Program Manager

16c. Telephone (area code, number, and extension)

775-687-0306

16d. Email Address:

[rmartin@dps.state.nv.us](mailto:rmartin@dps.state.nv.us)

16b. Signature of Authorized Certifying Official:

*Richard Martin for Rick Martin Grant Manager*

Date 7/28/15 7/28/2015