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

		U.S. D	Department of Commerce			2. Award or Grant Number 36-10-S13036	,
		Perfo	ormance Progress Report			4. EIN 146013200	
1. Recip	ient Name New York Stat	te Division of I	Homeland Security and Emerg	ency Services		6. Report Date (MM/DD/Y 10/28/2014 – Revised 11/1	
3. Street	t Address					7. Reporting Period End D	ate:
1220 Wa	ashington Ave, State Cam	pus Building 7	7A, Suite 610			09/30/2014	
	State, Zip Code NY 12226					8. Final Report □ Yes X□ No	9. Report Frequency X Quarterly
	ject/Grant Period Date: 08/01/2013	10b. End [07/31/201	Date: (MM/DD/YYYY) 16				
11. List	the individual projects in	n your approv	ed Project Plan				
	Project Type (Capaci Building, SCIP Updat Outreach, Training e	e, (Project Deliverable Quantity Number & Indicator Description)	Total Federal Funding Amount		l Funding Amount expended this reporting period	Percent of Total Federal Funding Amount expended
1	Stakeholder Meeting	gs 2	26			C. INE CALLER	
2	Training Sessions	0)		and the second second		
3	Broadband Conferen	nces 0)		Contraction of the second		
4	Staff Hires		2 x 0.15 FTE (added existing employees, not new hires)				
5	Contract Executions	0)			Self-real Contractor	
6	Statutory or Regulate Changes	ory N	lone				
7	Governance Meeting	gs O) – not SLIGP funded				
8	Education and Outre Materials	each 0					
9	Subrecipient Agreem Executed	nents N	lone – none planned			12.11.11.11	
10	Phase 2	N	Ione at this time			The second second	

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.

#1 – While not specific to FirstNet, we did hold a quarterly meeting of the State Interoperable and Emergency Communication Board, where a public safety broadband update was provided to the attendees.

#2 - N/A per NTIA

#3 - None

#4 – Staff are working on SLIGP activities as needed. Staff are not yet working at their predicted match rate. This is due to limited public safety broadband activities for staff to work on. We expect that as FirstNet begins consultation with the State our efforts will increase. We have added both our office Senior Administrative Analyst (who, among other duties, supports our State Interop Board) and our Senior Administrative Analyst (who works on Outreach and project management) to the listing. These are existing State employees, not new SLIGP hires. They are funded through State funds and will provide match which will be tracked in our Leave and Accural Tracking System (LATS).

#5 -We have an executed contract with our outreach contractor and they have been conducting work.

#6 - N/A per NTIA

#7 - Per NTIA, since our governance meetings are not SLIGP funded, this value will be 0 in the progress reports. However, a governance board meeting was held in July.

#8 - None have been prepared or distributed yet, however we have developed a draft website design.

#9 - None are planned.

#10 -No Phase 2 activities have been conducted yet. We are waiting further direction from FirstNet and NTIA.

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.

At some point, we will likely need to revisit our list of titles on State match, as well as removing our need for a website development contract (as this will be done internally). Depending on the timing of Phase 2 modifications, this may be done at the same time.

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

Due to limited direction from FirstNet on details needed for State outreach, there was limited internal activity during Quarter 5 The State continues to wait for direction from FirstNet on specific details needed for outreach. (E.g. What the network will look like, what the monthly cost will be, what the user base will be (first responders, or first responders plus public works, etc.). During Q5 we developed a "short form" mobile data usage survey and distribution to stakeholders. We submitted information on this survey to NTIA and received an email confirming that a detailed HSR memo was not required.

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.

12b. Staffing Table

Job Title	FTE %	Project(s) Assigned	Change
SWIC	0.15	Overall SLIGP and policy oversight and liaison	Continues SLIGP/PSBB Work.
Radio Engineer (#1)	0.50	SLIGP/State FirstNet Primary	Continues SLIGP/PSBB Work.
Radio Engineer (#2)	0.40	Support SLIGP and FirstNet Activities	Continues SLIGP/PSBB Work.
Agency Budget Analyst	0.40	Supports communication's office budget/fiscal	Continues SLIGP/PSBB Work.

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Senior Adminis	trative Analyst	0.15	Suppor	ts office activ	ities, includir	ng the Inter	op Board and its work	king groups	Added to staffing table list. (existing employee)
Senior Adminis	trative Assistant	0.15	Suppor	ts office outro	each and pro	ject manag	ement efforts		Added to staffing table list. (existing employee)
			1	Add Row	Remov	e Row			
	ts (Vendors and/or Subrec cts Table – Include all sub		als from this	table must e	qual the "Su	hcontracts	Total" in Question 14	f	
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
New York State Technology Enterprise Corporation (NYSTEC)	Outreach, project management, support	Vendor	Not needed (existing State contract)	Ŷ	08/01/ 2013 (*approv ed by OSC 03/03/ 2014)	07/31/ 2016	\$2,013,960.00	\$0.00	
TBD (As noted above, this may not be needed).	Website development	Vendor	Likely not needed due to existing state IT contracts	N			\$84,864	\$0.00	
				Add Row	Remov	e Row			

Due to the delay in getting the grant award funds and the approval process for contracts in New York, no subcontracts were awarded in Q1 or Q2. We had expected our main subcontractor award early in Q2, however the Office of the State Comptroller required a revised contract with lower rates (reflecting a blanket reduction in all contractor rates – not specific to just this award) to be put in place first. This contract was approved in Q3, however it wasn't until Q4 that invoices were paid against this contract. Additionally, it appears we no longer require a separate website development contract, as that is being done in part by our Outreach contractor and in part by State employees in our State Office of Information Technologies Services.

14. Budget Worksheet

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	\$706,815	\$706,815	\$0	\$43,604.60	\$43,604.60
b. Personnel Fringe Benefits	\$0	\$405,995	\$405,995	\$0	\$24,191.83	\$24,191.83
c. Travel	\$301,320	\$0	\$301,320	\$14,263.26	\$0	\$14,263.26
d. Equipment	\$0	\$0	\$0	\$0	\$0	\$0
e. Materials/Supplies	\$18,940	\$0	\$18,940	\$0	\$0	\$0
f. Subcontracts Total	\$2,098,824	\$0	\$2,098,824	\$50,320.46	\$0	\$50,320.46
g. Other	2,448,128	\$103.993	\$2,552,121	\$0	\$0	\$0
h. Total Costs	\$4,867,212	\$1,216,803	\$6,084,015	\$64,583.72	\$67,796.43	\$132,380.15
15. Certification: I certify to t	80% he best of my know	20% vledge and belief that thi	100% s report is correct a	49% and complete for per	51% formance of activities for the pur	100% pose(s) set forth in the awar
15. Certification: I certify to t documents.	he best of my know	vledge and belief that thi	s report is correct a	and complete for per	formance of activities for the pur	
15. Certification: I certify to t	he best of my know	vledge and belief that thi	s report is correct a	and complete for per		
15. Certification: I certify to t documents. 16a. Typed or printed name a	he best of my know	vledge and belief that thi	s report is correct a	and complete for per	formance of activities for the pur	
documents.	he best of my know and title of Authoriz	vledge and belief that thi zed Certifying Official	s report is correct a	and complete for per 16c. Telephone (area	formance of activities for the pur	

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