U.S. Department of Commerce Performance Progress Report					2. Award or Grant Number: 4. EIN:	36-10-S13036 146013200	
1 Parinisut Nama	New York State Division of H	Jamaland Facurity and Emp				6. Report Date	
1. Recipient Name New York State Division of Homeland Security and Emergency Services						(MM/DD/YYYY) 7. Reporting Period	10/28/2015
3. Street Address	1220 Washington Ave, State Campus Building 7A, Suite 610						9/30/2015
5. City, State, Zip Code	Albany, NY 12226					8. Final Report Yes No X	9. Report Frequency Quarterly
10a. Project/Grant Period				imin)	A CASA DE CASA DE LA C		Charles 111 (1977)
Start Date: (MM/DD/YYYY)	8/1/2013	10b. End Date: (MM/DD/YYYY)	1/31/2018	37.0			
11. List the individual projects	in your approved Project Pla	in					
	Project Type (Capacity Building, SCIP Update,	Project Deliverable Quantity (Number & Indicator Description)	Total Federal Amou	Federal Funding at expended at the of this reporting period	Percent of Total Federal Amount expended		
1	Stakeholder Meetings	34					
2	Broadband Conferences	1 1214/15/11					
3	Staff Hires	Det - i -					
4	Contract Executions	O VICTOR					
5	Governance Meetings	1					
6	Education and Outreach	565					
7	Subrecipient Agreement Executed	None - none planned					
8	Phase 2 - Coverage	Stage 3					
9	Phase 2 – Users and Their Operational Areas	Stage 3					
10	Phase 2 – Capacity Planning	Stage 3					
11	Phase 2 – Current Providers/Procurement	Stage 3					
12	Phase 2 – State Plan Decision	Stage 1					
11a. Describe your progress method the next quarter; and any additional and additional additional and additional additional and additional add			aseline Report for this proje	ct; any challenges or obsta	cles encountered and mitigation strategies you h	ave employed; planne	ed major activities for
#1 - A meeting of the State's Pu #2 - None that were FirstNet spe #3 - Reflects the increase in ove #5 - A meeting of the State Inter #6 - Hit count for the New York #8-11 - Our data submission to f	ecific in this quarter, although erall time spent by staff compa operable and Emergency Com State Public Safety Broadband	one staff member attende ared to last report (.1104 nmunication Board was hel I website plus email receipe	d numerous FirstNet/PSBB se l d on August 26th. nts of our 1st PSBB newslette		le on the website)		
11b. If the project team anticip	ates requesting any changes	to the approved Baseline	teport in the next quarter, d	escribe those below. Note	that any substantive changes to the Baseline Rep	ort must be approved	by the Department o

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

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

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.

Note that the FTE% reflects actual percentage of hours spent working on SLIGP during this quarter.

12b. Staffing Table

Job Title	Job Title FTE% Project (s) Assigned 11% Overall SLIGP and policy oversight and liasion		Change Continues Work	
SWIC				
Radio Engineer #1	28%	SLIGP/State FirstNet primary	Continues Work	
Radio Engineer #2	0	Support SLIGP and FirstNet Activities	Continues Work	
Agency Budget Analyst	4%	Supports communications office budget/fiscal. Assists in preparation of SLIGP budget reports.	Continues Work	
Senior Adminstrative Analyst	minstrative Analyst 1% Supports office activities, including the interop board and its working groups		Continues Work	
Senior Administrative Assistant	1%	Support office outreach and project management efforts.	Continues Work	
Information Tech Specialist 5 (GIS)	41%	Supervises GIS staff, provides overall GIS liasion effort on data collection and mapping	Continues Work	
ITS Specialist II (GIS)	52%	Performs GIS work related to data collection and mapping	Begins Work	

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
New York State Technology Enterprise Corporation (NYSTEC)	Outreach, project management, support	Vendor	Not needed (existing State contract)	Y	8/1/2013	07/31/2016 (plan to do no-cost extension)	\$2,013,960.00	\$0.00
TBD (not required, removed from budget modification)	Website development	Vendor	N	N			\$84,864.00	\$0.00

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

No challenges at this time. We will plan to extend, at no cost, our NYSTEC contract to fit the new grant term.

14. Budget Worksheet		van -					
Columns 2, 3 and 4 must match your current project Only list matching funds that the Department of Com		file.					
oject 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	\$0.00	\$706,815.00	\$706,815.00	\$0.00	\$104,021.18	\$104,021.18	
b. Personnel Fringe Benefits	\$0.00	\$405,995.00	\$405,995.00	\$0.00	\$56,605.87	\$56,605.87	
c. Travel	\$301,320.00	\$0.00	\$301,320.00	\$20,923.22	\$0.00	\$20,923.22	
d. Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
e. Materials/Supplies	\$18,940.00	\$0.00	\$18,940.00	\$522.65	\$0.00	\$522.65	
f. Subcontracts Total	\$2,098,824.00	\$0.00	\$2,098,824.00	\$363,197.01	\$0.00	\$363,197.01	
g. Other	\$2,448,128.00	\$103,993.00	\$2,552,121.00	\$0.00	\$0.00	\$0.00	
h. Indirect	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	
i. Total Costs	\$4,867,212.00	\$1,216,803.00	\$6,084,015.00	\$384,642.88	\$160,627.05	\$545,269.93	
j. % of Total	80%	20%	100%	71%	29%	100%	
15. Certification: I certify to the best of my knowled	ge and belief that this report is correct and complete	e 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: Robert M. Barbato, Director, Office of Interoperable and Emergency Communications				16c. Telephone (area code, number, and extension)	518-322-4915		
16b. Signature of Authorized Certifying Official:				16d. Email Address:	robert.barbato@dhses.ny.gov		
Robert m. Bendation				Date: (0/28/15	10/28/2015		