

U.S. Department of Commerce Performance Progress Report				2. Award or Grant Number:	N11111	
				4. EIN:	347400	
1. Recipient Name	North Carolina Office of Information Technology Services			6. Report Date (MM/DD/YYYY)	4/30/2015	
3. Street Address	301 North Wilmington Street, 4352 Mail Service Center, Room 400f			7. Reporting Period End Date: (MM/DD/YYYY)	3/31/2015	
5. City, State, Zip Code	Raleigh, NC 27699			8. Final Report Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	9. Report Frequency Quarterly <input type="checkbox"/>	
10a. Project/Grant Period						
Start Date: (MM/DD/YYYY)	8/1/2013	10b. End Date: (MM/DD/YYYY)	2/28/2018			
11. List the individual projects in your approved Project Plan						
	Project Type (Capacity Building, SCIP Update, etc.)	Project Deliverable Quantity (Number & Indicator Description)	Total Federal Funding Amount	Total Federal Funding Amount expended at the end of this reporting period	Percent of Total Federal Amount expended	
1	Stakeholder Meetings	25				
2	Broadband Conferences	0				
3	Staff Hires	2				
4	Contract Executions	4				
5	Governance Meetings	1				
6	Education and Outreach	25				
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 2/3				
11	Phase 2 - Current Providers/Procurement	Stage 3				
12	Phase 2 - State Plan Decision	Stage 1				
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.						
This is a test.						
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.						
This is a test.						

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

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

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.
 This is a test.

12b. Staffing Table

Job Title	FTE%	Project (s) Assigned	Change
Program Director	100	Overall responsibility	
Admin Assistant	100		
Director, Office of Digital Infrastructure	33		
Emergency Management and NGO Liaison	1		

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
NC Commerce Broadband	Assist in broadband data gathering in rural NC	State service	N	N	7/1/2014	6/30/2016	\$100,000.00	\$0.00
Data collection	Augment staff for data gathering and assessments during Phase 2	Vendor	N	N	7/1/2014	6/30/2016	\$430,000.00	\$510,000.00

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

We don't have any challenges to report.

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	\$1,134,214.00	\$0.00	\$1,134,214.00	\$150,889.00	\$0.00	\$150,889.00
b. Personnel Fringe Benefits	\$329,635.00	\$0.00	\$329,635.00	\$42,358.00	\$0.00	\$42,358.00
c. Travel	\$156,528.00	\$0.00	\$156,528.00	\$2,984.00	\$0.00	\$2,984.00
d. Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
e. Materials/Supplies	\$16,260.00	\$200,000.00	\$216,260.00	\$10,226.00	\$30,521.00	\$40,747.00
f. Subcontracts Total	\$1,425,000.00	\$485,000.00	\$1,910,000.00	\$36,940.00	\$17,464.00	\$54,404.00
g. Other	\$56,063.00	\$108,038.00	\$164,101.00	\$0.00	\$10,978.00	\$10,978.00
h. Indirect	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
i. Total Costs	\$3,117,700.00	\$793,038.00	\$3,910,738.00	\$243,397.00	\$58,963.00	\$302,360.00
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:				16c. Telephone (area code, number, and extension)	001-123-456	
Mr. Miyagi				16d. Email Address:	test@nc.gov	
16b. Signature of Authorized Certifying Official:				Date:	4/30/2015	
Mr. Miyagi						