

U.S. Department of Commerce Performance Progress Report			2. Award or Grant Number:	47-10-513047	
			4. EIN:	62-6001445	
1. Recipient Name	Tennessee Department of Safety and Homeland Security		6. Report Date (MM/DD/YYYY)	1/28/16	
3. Street Address	1150 Foster Avenue		7. Reporting Period End Date: (MM/DD/YYYY)	12/30/15	
5. City, State, Zip Code	Nashville, TN 37243		8. Final Report Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	9. Report Frequency Quarterly <input checked="" type="checkbox"/>	
10a. Project/Grant Period					
Start Date: (MM/DD/YYYY)	8/1/13	10b. End Date: (MM/DD/YYYY)	1/30/18		
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	2,042			
2	Broadband Conferences	8			
3	Staff Hires				
4	Contract Executions				
5	Governance Meetings	1			
6	Education and Outreach	51,212			
7	Subrecipient Agreement Executed				
8	Phase 2 - Coverage	5			
9	Phase 2 – Users and Their Operational Areas	5			
10	Phase 2 – Capacity Planning	5			
11	Phase 2 – Current Providers/Procurement	5			
12	Phase 2 – State Plan Decision	3			
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.					
Project is on schedule. The initial push for data collection was very successful. We have 3 regional broadband conferences scheduled for quarter 11 as well as numerous speaking engagements. We have also scheduled our Consultation kick-off meeting with FirstNet. Broadband Conferences attended include the October SPOC meeting in Colorado, the Radio Club of America annual meeting, and the Oak Ridge Emergency Management Conference.					
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.					
No changes are currently forecast.					
11c. Provide any other information that would be useful to NTIA as it assesses this project's progress.					
The outreach and education process has really accelerated in Tennessee. More and more people are familiar with FirstNet and we are receiving more invitations to speak at association meetings and conferences.					
11d. Describe any success stories or best practices you have identified. Please be as specific as possible.					

Data collection efforts have been well received. More public safety personnel are aware of the project and what FirstNet could mean for them. Having an interactive mapping program for coverage objectives was a great success. The SPOC meetings have also been beneficial. Relationships have been formed and informal competitions have emerged.

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
Outreach and Education Coord.	100	Outreach and Education, External and Internal Stakeholder Relationships	
Administrative Assistant	100	Program Management, Administrative Functions, Scheduling	

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
Buford Goff and Associates	Data Collection and Outreach and Education	Vendor	Y	Y	7/1/14	6/30/17	\$1,616,105.00	\$590,335.00

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 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	\$346,026.00		\$346,026.00	\$101,589.57		\$101,589.57
b. Personnel Fringe Benefits	\$65,344.00		\$65,344.00	\$32,962.41		\$32,962.41
c. Travel	\$243,780.00		\$243,780.00	\$52,333.91		\$52,333.91
d. Equipment			\$0.00			\$0.00
e. Materials/Supplies	\$27,595.00		\$27,595.00	\$10,978.33		\$10,978.33
f. Subcontracts Total	\$1,616,105.00	\$590,335.00	\$2,206,440.00	\$733,085.79	\$183,271.45	\$916,357.24
g. Other	\$62,490.00		\$62,490.00	\$27,359.52		\$27,359.52
h. Indirect			\$0.00			\$0.00
i. Total Costs	\$2,361,340.00	\$590,335.00	\$2,951,675.00	\$958,309.53	\$183,271.45	\$1,141,580.98
j. % of Total	80%	20%	100%	84%	16%	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:

Ehrin D. Ehlert, State Point of Contact

16c. Telephone (area code, number, and extension) 615-743-4960

16b. Signature of Authorized Certifying Official:



16d. Email Address: ehrin.ehlert@tn.gov

Date: 1/28/16