Recipient Name Communications Authority	Date (MM/DD/YYYY)					
<b>Communications Authority</b>	9 Date (MM/DD/YYYY)					
<b>Communications Authority</b>	Date (MM/DD/YYYY)					
<b>Communications Authority</b>	Date (MM/DD/YYYY)					
<b>Communications Authority</b>		87-0587139				
		6. Report Date (MM/DD/YYY)				
ddress	4/30/2015					
3. Street Address						
5360 S Ridge Village Dr						
5. City, State, Zip Code Salt Lake City, Utah, 84118						
ct/Grant Period 10						
ite: 11/1/2014 7						
e individual projects in your		None of Concession				
Project Type (Capacity	ount expended Percent of Total Federal	undin				
Building, SCIP Update,	ig period Amount expended					
Outreach, Training etc.)	And the second					
Stakeholder Meeting						
Broadband Conferences						
Staff Hires						
Contract Executions						
Governance Meetings						
Education & Outreach						
Materials						
Phase II	A MARKED DO CHARTER AND SHOP MARKED AND A REAL TO A					
Contract Executions Governance Meetings Education & Outreach Materials Phase II	nallenges or obstacles encountered and mation.	niti				

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.

The project is not fully staffed as described in our baseline expenditure plan. A SWIC position was opened in Q7, with only one qualified applicant. An offer made, but was turned down. UCA will re-open the position in Q8, looking at a broader market.

## 12b. Staffing Table

	Job Title	FTE	%			Change			
Job Title FTE % Project(s) Assigned   Statewide Interoperability Coordinator (SWIC) .9 Oversee SLIGP activities									Currently vacant
SWIC Assistant		1	Assist v	vith SLIGP act	Currently vacant				
SWIC Assistant	Assist v	vith SLIGP act		Currently vacant					
UCA Director .2				ht	Filled				
UCA Operations Manager .1				ht		Filled			
	ts (Vendors and/or Subrec		ale from this	Add Row			etel" in Question 14	£	
Name	Subcontract Purpose	Type	als from this table must equal the "Subcontracts Total" in Question 14f.   RFP/RFQ Contract Start End Date Total Federal Total Matching						Project and % Assigne
,		(Vendor/Subrec.)	Issued	Executed	Date		Funds Allocated	Funds Allocated	
			{Y/N}	(Y/N)					
Accounting Support and Solutions	Financial Management	Vendor	(Y/N) N	(Y/N) N	11/1/14	7/31/16	\$40,320.00		0%
Support and	Financial Management Outreach Coordination	Vendor Vendor			11/1/14	7/31/16	\$40,320.00 \$84,000.00		0%
Support and Solutions	Outreach		N	N	11/1/14	7/31/16			
Support and Solutions Marketing	Outreach Coordination	Vendor	N	N	11/1/14	7/31/16	\$84,000.00		0%

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Fletcher, Heald & Hildreth	Assistance in Project Management	Vendor	N	Y	3/23/15 4	/30/15	\$5,00	00 0%			
				Add Row	Remove R	ow					
13b. Describe any	challenges encountered	l with vendors and	/or subrecip	ients.							
	d SWIC position, UCA Co get modification (estima						sponse to the Second Notice and	Request for Comments issued by			
14. Budget Works	heet					• •					
Columns 2, 3 and	4 must match your curre funds that the Departm				the SF-424A o	n file.					
Project Budget Ele	ement (1) Federal Fu Awarded (	1	d Matching	Total Budget (4)	Federal Expend		Approved Matching Funds Expended (6)	Total Funds Expended (7)			
a. Personnel Salari	ies \$310,45	1.07 \$110	),249.94	\$420,704.01	\$2,64	2.53	\$0	\$2,642.53			
b. Personnel Fring	e Benefits \$148,70	7.50 \$52	,809.72	\$201,517.22	\$529	.03	\$0	\$529.03			
c. Travel	\$139,66	0.00		\$139,660.00	\$0	)		\$0			
d. Equipment											
e. Materials/Suppl	lies \$11,280	.22		\$11,280.22	\$0	)	······································	\$0			
f. Subcontracts To	tal \$238,820	0.00		\$238,820.00	\$1,88	0.00		\$1,880.00			
g. Other	\$35,554	.00 \$157	7,530.00	\$193,084.00	\$3,31	8.40	\$5,393.92	\$8,712.32			
h. Phase II	\$885,90	3.01 \$98,	,867.57	\$984,770.58							
i. Total Costs	\$1,770,37	78.80 \$419	9,457.23	\$2,189,836.03	3 \$8,36	9.97	\$5,393.92	\$13,763.89			
j. % of Total	80.85	• •	9.15%	100%	60.8		39.19%	100%			
documents.				s report is correc				arpose(s) set forth in the award			
16a. Typed or printed name and title of Authorized Certifying Official						16c. Telephone (area code, number, and extension)					
Steven Proctor, UCA Executive Director					801-840-4200						
					16d. Email	Address g	sproctor@uca911.org				
16b. Signature of Authorized Certifying Official					16e. Date Report Submitted (month, day, year) 4/24/2015						

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a currently valid OMB control number. Public reporting burden for this collection of information is estimated to average 10 hours per response for the application process, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Michael Dame, Director, State and Local Implementation Grant Program, Office of Public Safety Communications, National Telecommunications and Information, U.S. Department of Commerce (DOC), 1401 Constitution Avenue, N.W., HCHB, Room 7324, Washington, D.C. 20230.