

U.S. Department of Commerce Performance Progress Report			2. Award or Grant Number:	20-10-513020	
			4. EIN:	48-6029925	
1. Recipient Name	KANSAS OFFICE OF INFORMATION AND TECHNOLOGY SERVICES		6. Report Date (MM/DD/YYYY)	10/13/2015	
3. Street Address	LONDON STATE OFFICE BUILDING, 900 SW JACKSON STREET, SUITE 751 SOUTH		7. Reporting Period End Date: (MM/DD/YYYY)	09/30/2015	
5. City, State, Zip Code	TOPEKA, KS 66612		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)	08/01/2013	10b. End Date: (MM/DD/YYYY)	01/31/2018		
11. List the individual projects in your approved Project Plan					
	Project Type (Capacity Building, SCIP Update,	Project Deliverable Quantity (Number & Indicator Description)	Total Federal Funding Amount	Total Federal Amount expended at the end of this reporting period	Percent of Total Federal Amount expended
1	Stakeholder Meetings	740			
2	Broadband Conferences	0			
3	Staff Hires	0			
4	Contract Executions	1 - KUCR			
5	Governance Meetings	2			
6	Education and Outreach	15			
7	Subrecipient Agreement Executed				
8	Phase 2 - Coverage	Stage 4			
9	Phase 2 – Users and Their Operational Areas	Stage 4			
10	Phase 2 – Capacity Planning	Stage 3			
11	Phase 2 – Current Providers/Procurement	Stage 4			
12	Phase 2 – State Plan Decision	Stage 2			
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.					
Worked on data collection for the entire quarter and made submission by the September 30 deadline.					
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.					

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

Continued data collection at the local level could be difficult if additional surveys are requested.

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

Our surveys allowed the public safety community to respond in multiple ways, electronic, mail, phone, direct contact, which allowed us to gather information above our expectations.

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	0.54	Provide oversight of all SLIGP project activities	No Change
OEC Trainer	0.00	Dissemination of SLIGP information to general public	Left project
OEC Trainer	0.00	Dissemination of SLIGP information to general public	Left project
Outreach Coordinator	1.0	Education and outreach of PSBN to general public	No Change
Outreach Coordinator	1.0	Education and outreach of PSBN to general public	No Change
Grant Administrator	1.0	Administer SLIGP grant	No Change

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
KUCR	GIS, data processing, mapping	Vendor	N	y	7/21/2015	8/31/2015	\$32,155.00	\$0.00
TBD	Data Collection	Vendor	N	N	UNK	UNK	\$546,687.00	\$0.00

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

<b>14. Budget Worksheet</b>						
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	\$713,030.00	\$253,483.00	\$966,513.00	\$261,324.96	\$143,633.20	\$404,958.16
b. Personnel Fringe Benefits	\$288,203.00	\$100,667.00	\$388,870.00	\$101,337.44	\$52,972.91	\$154,310.35
c. Travel	\$189,624.00	\$25,204.00	\$214,828.00	\$48,722.56	\$14,856.99	\$63,579.55
d. Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
e. Materials/Supplies	\$16,371.00	\$0.00	\$16,371.00	\$11,922.61	\$0.00	\$11,922.61
f. Subcontracts Total	\$578,842.00	\$0.00	\$578,842.00	\$3,215.50	\$0.00	\$3,215.50
g. Other	\$14,720.00	\$70,844.00	\$85,564.00	\$8,559.53	\$50,333.60	\$58,893.13
h. Indirect	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
i. Total Costs	\$1,800,790.00	\$450,198.00	\$2,250,988.00	\$435,082.60	\$261,796.70	\$696,879.30
j. % of Total	80%	20%	100%	62%	38%	100%
<b>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.</b>						
<b>16a. Typed or printed name and title of Authorized Certifying Official:</b>				<b>16c. Telephone (area code, number, and extension)</b>		<b>785 296-6079</b>
<b>STEVEN GREEN, FINANCE DIRECTOR</b>				<b>16d. Email Address:</b>		<b>steven.green@ks.gov</b>
<b>16b. Signature of Authorized Certifying Official:</b>				<b>Date:</b>		<b>10/15/15</b>

