

<b>U.S. Department of Commerce Performance Progress Report</b>				<b>2. Award or Grant Number:</b>	29-10-S13029
				<b>4. EIN:</b>	44-5000987
<b>1. Recipient Name</b>	Missouri Department of Public Safety			<b>6. Report Date (MM/DD/YYYY)</b>	4/30/2018
<b>3. Street Address</b>	1101 Riverside Drive, Lewis and Clark State Office Building, 4th Floor			<b>7. Reporting Period End Date: (MM/DD/YYYY)</b>	2/28/2018
<b>5. City, State, Zip Code</b>	Jefferson City, MO 65102			<b>8. Final Report</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<b>9. Report Frequency</b> Quarterly <input checked="" type="checkbox"/>
<b>10a. Project/Grant Period</b>					
<b>Start Date: (MM/DD/YYYY)</b>	7/1/2013	<b>10b. End Date: (MM/DD/YYYY)</b>	2/28/2018		
<b>11. List the individual projects in your approved Project Plan</b>					
	<b>Project Type (Capacity Building, SCIP Update,</b>	<b>Project Deliverable Quantity (Number &amp; Indicator Description)</b>	<b>Description of Milestone Category</b>		
1	Stakeholders Engaged	0	<i>Actual number of individuals reached via stakeholder meetings during the quarter</i>		
2	Individuals Sent to Broadband Conferences	0	<i>Actual number of individuals who were sent to third-party broadband conferences using SLIGP grant funds during the quarter</i>		
3	Staff Hired (Full-Time Equivalent)(FTE)	0	<i>Actual number of state personnel FTEs who began supporting SLIGP activities during the quarter (may be a decimal)</i>		
4	Contracts Executed	0	<i>Actual number of contracts executed during the quarter</i>		
5	Governance Meetings	0	<i>Actual number of governance, subcommittee, or working group meetings held during the quarter</i>		
6	Education and Outreach Materials Distributed	0	<i>Actual volume of materials distributed (inclusive of paper and electronic materials) plus hits to any website or social media account supported by SLIGP during the quarter</i>		
7	Subrecipient Agreements Executed	N/A	<i>Actual number of agreements executed during the quarter</i>		
8	Phase 2 - Coverage	Stage 5	<i>For each Phase 2 milestone category, please provide the status of the activity during the quarter:</i> <ul style="list-style-type: none"> <li>• Stage 1 - Process Development</li> <li>• Stage 2 - Data Collection in Progress</li> <li>• Stage 3 - Collection Complete; Analyzing/Aggregating Data</li> <li>• Stage 4 - Data Submitted to FirstNet</li> <li>• Stage 5 - Continued/Iterative Data Collection</li> <li>• Stage 6 - Submitted Iterative Data to FirstNet</li> </ul>		
9	Phase 2 – Users and Their Operational Areas	Stage 5			
10	Phase 2 – Capacity Planning	Stage 5			
11	Phase 2 – Current Providers/Procurement	Stage 4			
12	Phase 2 – State Plan Decision	Completed			
<b>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.</b>					
N/A					
<b>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. We are aware the Personnel Salaries in the budget is over the original budgeted amount. This will be fixed at the closeout of the grant.</b>					
No Changes					

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

No additional changes.

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

N/A

**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.**

N/A

**12b. Staffing Table - Please include all staff that have contributed time to the project. Please do not remove individuals from this table.**

Job Title	FTE%	Project (s) Assigned	Change
Director / SWIC / SPOC	0.5	Provide oversight and coordination for the SLIGP project	Cont. work on SLIGP
Assistant Director	0.5	Provide technical support and oversight to SLIGP project	Cont. work on SLIGP
Project Manager	1.00	Responsible for accomplishing objectives by planning and evaluating project activities	Cont. work on SLIGP
Ass't. Project Manager	1.00	Coordinate project activities to ensure cost, schedule, and quality standards are met	Cont. work on SLIGP
Project Specialist	1.00	Provide project management support to deliver projects within budget and deadlines	Cont. work on SLIGP
Project Specialist (Ass't)	1.00	Provide project management support to deliver projects within budget and deadlines	Cont. work on SLIGP
Educ./ Outreach Coord.	1.00	Responsible for coordination and implementation of public safety broadband program	CONT. work on SLIGP
Grant Specialist	1.00	Administers the grant for lifecycle process and coordinates implementation with the SWIC	Cont. work on SLIGP
Part-time Attorney	0.25	Responsible for negotiating, writing, and executing agreements and contracts	Cont. work on SLIGP
Full time Office support	1	Administrative support for the public safety broadband initiative	Cont. work on SLIGP

**13. Subcontracts (Vendors and/or Subrecipients) N/A**

**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
MACOG	Regional Stakeholder Meetings	Contract	Y	Y	1/1/2014	6/30/2015	\$285,000.00	\$0.00
MCP	SCIP Update, Content Development	Contract	N	Y	10/1/2014	6/30/2015	\$0.00	\$162,857.00
TBD	Phase II Support	Contract	N	N	TBD	TBD	\$537,042.00	\$120,796.00

**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	\$1,265,033.00	\$237,370.00	\$1,502,403.00	\$1,282,494.00	\$237,370.00	\$1,519,864.00
b. Personnel Fringe Benefits	\$490,900.00	\$82,932.00	\$573,832.00	\$486,749.00	\$82,932.00	\$569,681.00
c. Travel	\$82,295.00	\$29,904.00	\$112,199.00	\$63,793.00	\$29,904.00	\$93,697.00
d. Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
e. Materials/Supplies	\$0.00	\$66,128.00	\$66,128.00	\$0.00	\$66,128.00	\$66,128.00
f. Subcontracts Total	\$139,323.00	\$78,054.00	\$217,377.00	\$139,323.00	\$78,054.00	\$217,377.00
g. Other	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
h. Indirect	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
i. Total Costs	\$1,977,551.00	\$494,388.00	\$2,471,939.00	\$1,972,359.00	\$494,388.00	\$2,466,747.00
j. % of Total	80%	20%	100%	98%	20%	118%

**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:**

Joni McCarter, Grants Supervisor

**16c. Telephone (area code, number, and extension)**

573-526-9020

**16b. Signature of Authorized Certifying Official:**

Joni McCarter, Grants Supervisor

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