

U.S. Department of Commerce		2. Award or Grant Number			
Performance Progress Report		47-10-S13047			
1. Recipient Name		4. EIN			
Tennessee Department of Safety and Homeland Security		62-6001445			
3. Street Address		6. Report Date (MM/DD/YYYY)			
1150 Foster Avenue		01/30/15			
5. City, State, Zip Code		7. Reporting Period End Date:			
Nashville, TN 37243		12/31/14			
10a. Project/Grant Period		10b. End Date: 07/31/2016		8. Final Report	
Start Date: 08/01/2013				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Report Frequency					
X Quarterly					
11. List the individual projects in your approved Project Plan					
#	Project Type (Capacity Building, SCIP Update, Outreach, Training 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 Funding Amount expended
1	Stakeholder Meetings	650			
2	Broadband Conferences	0			
3	Staff Hires	2			
4	Contract Executions	0			
5	Governance Meetings	1			
6	Phase II	0			
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.					
<p>2 SLIGP funded personnel were hired and started in October and December 2014. Held governance planning committee meeting. Planned regional conferences to be held in February and March 2015.</p>					
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 requests are forthcoming.					
11c. Provide any other information that would be useful to NTIA as it assesses this project's progress.					
The governance committee has been created.					

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. 12b. Staffing Table

Job Title	FTE %	Project(s) Assigned	Change
SLIGP Compliance Coordinator	100	SLIGP, Governance, Project Management, Internal Stakeholder Relationships	
Outreach and Education Coordinator	100	Outreach and Education, External Stakeholder Relationships	

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	Project and % Assigned
Buford Goff & Associates	Data Collection, Outreach and Education	Vendor	Y	Y	July 1, 2014	June 30, 2017	1,584,817	590,335	


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

None at this time.

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	336,810	0	336,810	20,372	0	20,372
b. Personnel Fringe Benefits	62,248	0	62,248	4,029	0	4,029
c. Travel	247,522	0	247,522	9,720	0	9,720
d. Equipment	0	0	0	0	0	0
e. Materials/Supplies	64,100	0	64,100	4,826	0	4,826

f. Subcontracts Total	1,584,817	590,335	2,175,152	174,644	43,661	218,304
g. Other	65,843	0	65,843	2,767	0	2,767
h. Total Costs	2,361,340	590,335	2,951,675	216,358	43,661	260,019
i. % of Total	80%	20%	100%	83%	17%	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)		
Ehrin D. Ehlert				615-743-4960		
				16d. Email Address		
				Ehrin.Ehlert@tn.gov		
16b. Signature of Authorized Certifying Official				16e. Date Report Submitted (month, day, year)		
				January 30, 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 Administration, U.S. Department of Commerce (DOC), 1401 Constitution Avenue, N.W., HCHB, Room 7324, Washington, D.C. 20230.