

U.S. Department of Commerce Performance Progress Report		2. Award or Grant Number 49-10-S13049			
		4. EIN			
1. Recipient Name State of Utah Department of Technology Services		6. Report Date (MM/DD/YYYY) 10/30/2014			
3. Street Address 1 State Office Building Floor 6		7. Reporting Period End Date: 09/30/2014			
5. City, State, Zip Code Salt Lake City, Utah, 84114		8. Final Report <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		9. Report Frequency <input type="checkbox"/> Quarterly	
10a. Project/Grant Period Start Date: 8/1/2013	10b. End Date: 7/31/2016				
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 Meeting	0			
2	Broadband Conferences	0			
3	Staff Hires	0			
4	Contract Executions	0			
5	Governance Meetings	0			
6	Education & Outreach Materials	0			
7	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. There has been no activity for this quarter ended 9/30/14.					
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.					
11c. Provide any other information that would be useful to NTIA as it assesses this project's progress. This is the final report under the original award as the grant will be transferred to the newly formed Utah Communications Authority.					

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. The number of staff members required is still be reviewed.

12b. Staffing Table

Job Title	FTE %	Project(s) Assigned	Change
Statewide Interoperability Coordinator (SWIC)	0%	Oversee SLIGP activated	Became vacant

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
Marketing	Marketing Materials	Vendor	N	N			\$126,000		0%

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

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	\$436,380	\$189,000	\$625,380		\$16,504	\$16,504
b. Personnel Fringe Benefits	\$177,323	\$100,199	\$277,522		\$6,133	\$6,133
c. Travel	\$127,500		\$127,500	\$11,529		\$11,529
d. Equipment						

e. Materials/Supplies	\$8,794		\$8,794			
f. Subcontracts Total	\$126,000		\$126,000			
g. Other	\$15,120	\$156,360	\$171,480	\$327	\$3,465	\$3,792
h. Phase II	\$891,118		\$891,118			
i. Total Costs	\$1,782,235	445,559	\$2,227,794	\$11,856	\$26,102	\$37,958
j. % of Total	80%	20%	100%	31%	69%	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 Steven Proctor, UCA Executive Director	16c. Telephone (area code, number, and extension)
 10.30.2014	16d. Email Address
16b. Signature of Authorized Certifying Official	16e. Date Report Submitted (month, day, year) 10/30/2014

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