

Appendix II: Revised PPR (Proposed) Department of Commerce Performance Progress Report			2. Award or Grant Number
			4. Report Date (MM/DD/YYYY)
1. Recipient Name			6. Designated Entity on Behalf Of:
3. Street Address			
5. City, State, Zip Code			
7. Project/Grant Period Start Date: (MM/DD/YYYY)	7a. End Date: (MM/DD/YYYY)	7b. Reporting Period End Date:	
10. Broadband Availability Data and Maps			
10a. Have you encountered challenges with any providers that indicate they may refuse to participate in this project? <input type="radio"/> Yes <input type="radio"/> No			
10b. If so, describe the discussions to date with each of these providers and the current status			
10c. Describe any additional project milestones that have been accomplished over this reporting period, including, for example, updates to state broadband maps and websites, outreach activities, etc.			
10d. Please provide any other information that you think would be useful to NTIA as it assesses your broadband data collection, validation and publication activities over this reporting period.			
11. Broadband Planning and State Leadership			
11a. Please list your individual projects in your approved project plan			
Project #	Project Name	Total Federal Funding Amount	Expended Federal Funds as of the end of this reporting period
1			
2			
3			
4			
5			
11b. List each project included in 11a. and provide the following information: your progress and the current status of each major activity/milestone approved in the detailed Project Plan; 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.			
11c. If the project team anticipates any changes to the approved project plan, describe these below. Note that any substantive changes to the project plan must be approved by NTIA before implementation.			
11d. Please provide any other information that you think would be useful to NTIA as it assesses the projects listed in question 11a.			
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 %	Date of Hire (Please specify if position has been eliminated)	
<input type="button" value="Add Row"/>		<input type="button" value="Remove Row"/>	

13. Subcontracts (Vendors and Subrecipients)								
Subcontracts Table - This table should include all subcontractors. The totals from this table should be included in the "Subcontractor Total" for the Budget Worksheet (Question 14).								
Name of Subcontractor	Purpose of subcontractor	RFP Issued (Y/N)	Contract Executed (Y/N)	Start Date	End Date	Federal Funds	Matching Funds	
<div style="display: flex; justify-content: center; gap: 20px;"> Add Row Remove Row </div>								
13b. Describe any challenges encountered with vendors or subrecipients.								
14. Budget Worksheet								
Columns 2, 3 and 4 will match your current project budget for your entire award. Columns 2, 3 and 4 will match the most current SF-424A on file. In Column 6, include only matching funds that have already been approved.								
Project Budget Element (1)	Federal Funds Granted (2)	Proposed Matching Funds (3)	Total Budget (4)	Federal Funds Expended (5)	Matching Funds Expended (6)	Total Funds Expended (7)		
Personal Salaries								
Personnel Fringe Benefits								
Travel								
Equipment								
Materials/Supplies								
Subcontracts Total								
Construction								
Other								
Total Direct Costs								
Total Indirect Costs								
Total Costs								
% of Total								
Hardware/Software								
15a. List any hardware/software purchased during this reporting period.								
15b. Please note any software/hardware that has yet to be purchased and explain why it has not been purchased.								

12. 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 set forth in the award documents.	
12a. Typed or printed name and title of authorized certifying official	12c. Telephone (area code, number, and extension)
	12d. Email Address
12b. Signature of Authorized Certifying Official	12e. Date Report Submitted (month, day, year)