

Appendix: PPR

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|---|--|--|------------------------------|---|--|
| U.S. Department of Commerce Performance Progress Report | | 2. Award or Grant Number | | | |
| | | 4. EIN | | | |
| 1. Recipient Name | | 6. Report Date (MM/DD/YYYY) | | | |
| 3. Street Address | | 7. Reporting Period End Date: | | | |
| 5. City, State, Zip Code | | 8. Final Report <input type="checkbox"/> Yes <input type="checkbox"/> No | | 9. Report Frequency <input type="checkbox"/> Quarterly | |
| 10a. Project/Grant Period Start Date: (MM/DD/YYYY) | 10b. End Date: (MM/DD/YYYY) | | | | |
| 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 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 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. | | | | | |
| 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. | | | | | |
| 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 |
|--|-------|---------------------|--------|
| <div style="display: flex; justify-content: center; gap: 20px;"> Add Row Remove Row </div> | | | |

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 |
|--|---------------------|-----------------------|----------------------|-------------------------|------------|----------|-------------------------------|--------------------------------|------------------------|
| <div style="display: flex; justify-content: center; gap: 20px;"> Add Row Remove Row </div> | | | | | | | | | |

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 | | | | | | |
| b. Personnel Fringe Benefits | | | | | | |
| c. Travel | | | | | | |
| d. Equipment | | | | | | |
| e. Materials/Supplies | | | | | | |
| f. Subcontracts Total | | | | | | |
| g. Other | | | | | | |
| h. Total Costs | | | | | | |
| i. % of Total | | | | | | |

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|--|--|
| 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) |
| | 16d. Email Address |
| 16b. Signature of Authorized Certifying Official | 16e. Date Report Submitted (month, day, year) |

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.