

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: (MM/DD/YYYY)		
5. City, State, Zip Code				8. Final Report Yes <input type="checkbox"/> No <input type="checkbox"/>	9. Report Frequency Quarterly <input type="checkbox"/>	
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,	Project Deliverable Quantity (Number & Indicator Description)	Description of Milestone Category			
1	Stakeholders Engaged		Actual number of individuals reached via stakeholder meetings during the quarter			
2	Individuals Sent to Broadband Conferences		Actual number of individuals who were sent to third-party broadband conferences using SLIGP grant funds during the quarter			
3	Staff Hired (Full-Time Equivalent)(FTE)		Actual number of state personnel FTEs who began supporting SLIGP activities during the quarter (may be a decimal)			
4	Contracts Executed		Actual number of contracts executed during the quarter			
5	Governance Meetings		Actual number of governance, subcommittee, or working group meetings held during the quarter			
6	Education and Outreach Materials Distributed		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			
7	Subrecipient Agreements Executed		Actual number of agreements executed during the quarter			
8	Phase 2 - Coverage		For each Phase 2 milestone category, please provide the status of the activity during the quarter: <input type="checkbox"/> Stage 1 - Process Development <input type="checkbox"/> Stage 2 - Data Collection in Progress <input type="checkbox"/> Stage 3 - Collection Complete; Analyzing/Aggregating Data <input type="checkbox"/> Stage 4 - Data Submitted to FirstNet <input type="checkbox"/> Stage 5 - Continued/Iterative Data Collection <input type="checkbox"/> Stage 6 - Submitted Iterative Data to FirstNet			
9	Phase 2 - Users and Their Operational Areas					
10	Phase 2 - Capacity Planning					
11	Phase 2 - Current Providers/Procurement					
12	Phase 2 - State Plan Decision					
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 - 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

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

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			\$0.00			\$0.00
b. Personnel Fringe Benefits			\$0.00			\$0.00
c. Travel			\$0.00			\$0.00
d. Equipment			\$0.00			\$0.00
e. Materials/Supplies			\$0.00			\$0.00
f. Subcontracts Total			\$0.00			\$0.00
g. Other			\$0.00			\$0.00
h. Indirect			\$0.00			\$0.00
i. Total Costs	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
j. % of Total	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

**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.**

<b>16a. Typed or printed name and title of Authorized Certifying Official:</b>		<b>16c. Telephone (area code, number, and extension)</b>
<b>16b. Signature of Authorized Certifying Official:</b>		<b>16d. Email Address:</b>
		<b>Date:</b>