

U.S. DEPARTMENT OF COMMERCE

Performance Progress Report

2. Award or Grant Number

12-50-M09034

4. Report Date (MM/DD/YYYY)

07-29-2013

1. Recipient Name

Florida Department of Management Services

6. Reporting Period End Date:

06-30-2013

3. Street Address

4030 Esplanade Way, Suite 180,

5. City, State, Zip Code

Tallahassee, FL 32399

**7a. Project / Grant Period
Start Date: (MM/DD/YYYY)**

12-01-2009

7b. End Date: (MM/DD/YYYY)

11-30-2014

8. Designated Entity on Behalf of:

The State of Florida

9. List the individual projects in your approved project plan

	Project Type (Data Collection, Capacity Building, Technical Assistance, etc.)	Project Name (if different from Project Type)	Total Federal Funding Amount	Total Federal Funding Amount expended at the end of this reporting period	Percent of Total Federal Funding amount expended
1	Data Collection	Mapping	4,334,802	2,584,634	60%
2	Technical Assistance	E-rate/Grants	2,416,226	1,075,010	44%
3	Planning Teams	N/A	1,566,000	1,492,358	95%
4	Capacity Building	Library	560,000	559,980	100%
5	N/A				
6	N/A				
			\$8,877,028	\$5,711,982	64%

10. Personnel

10a. If the project is not fully staffed, describe how any lack of staffing may impact the project's timeline and when the project will be fully staffed.

The Department filled the last open E-rate Analyst position at the end of the quarter. There is one grants analyst position open. The Department is actively seeking to hire a qualified individual. Until that time, the current staff are taking on extra responsibility and working extra hours to ensure the success of the project.

10b. Staffing Table									
Job Title				FTE %	Project(s) Assigned			Change	
DMS State of Florida Director				100	All			No Change	
DMS State of Florida Mapping Project Manager				100	Mapping			No Change	
DMS State of Florida E-rate Coordinator				100	Technical Assistance - E-rate/Grant			No Change	
DMS State of Florida E-rate Coordinator				100	Technical Assistance - E-rate/Grant			No Change	
DMS State of Florida E-rate Coordinator				100	Technical Assistance - E-rate/Grant			No Change	
DMS State of Florida Grants Assistance Manager				100	Technical Assistance - E-rate/Grant			No Change	
DMS Grants Writer				100	Technical Assistance - E-rate/Grant			No Change	
				Add Row				Remove Row	
11. Subcontracts									
11a. Subcontracts Table - Include all subcontractors. The totals from this table equal the "Subcontracts Total" from the Program Budget Worksheet (Q. 12, Column 2, 3, and 4)									
Name	Subcontract Purpose	RFP Issued (Y/N)	Contract Executed (Y/N)	Start Date	End Date	Total Federal Funds Allocated	Total Matching Funds Allocated	Project and % Assigned (Example: Data Collection 75)	
Connected Nation	Data Collection	Yes	Yes	12/27/2010	12/31/2011	1,774,449	11,605	Mapping	100
Regional Planning Council Interim Mapping	Data Collection	No	Yes	01/02/2012	12/03/2012	421,040	0	Mapping	100
Broadmap (Current Mapping Contractor)	Data Collection	Yes	Yes	10/15/2012	11/30/2014	525,148	0	Mapping	100
University of Florida	Planning Teams	Yes	Yes	06/22/2010	06/30/2012	500,000	0	Planning	100
Contracted Grad Students	Technical Assistance	Yes	Yes	02/08/2012	11/30/2014	249,600	80,000	Grants	100
Department of State Libraries	Capacity Building	Yes	Yes	07/19/2011	07/19/2012	560,000	0	Library	100
Paul Consulting (Portal Development)	Planning Teams	Yes	Yes	09/25/2012	09/30/2013	76,000	0	Planning	100
Other	Data Collection	No	No	10/30/2012	11/30/2014	955,132	0	Mapping	100
Regional Planning Council	Planning Teams	Yes	Yes	07/19/2011	10/31/2013	990,000	265,000	Planning	100

Add Row	Remove Row
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11b. Describe any challenges encountered with vendors or subrecipients.

Shortly after our April 1, 2013, data submission to the NTIA, we found out that BroadMap's entire staff working on our project left the company. New staff was brought in to learn the processes and the specifics of the Florida contract. We now know that many of the processes that the former team was using did not work correctly. We have worked with the vendor to ensure that our grant deliverables are met as well as their contract obligations. In doing so, we put an official corrective action plan in place to ensure that any past due deliverables were executed in a timely manner. We are also working with the vendor to ensure that the new team is ready to handle all of the processes that were corrected in order to submit quality updated data in October 2013.

12. Budget worksheet						
Columns 2, 3, and 4 will match your current project budget for your entire award, which is the SF-424A on file. Only list matching funds that the Department of Commerce has already approved.						
Project Budget Element	Federal Funds Awarded	Approved Matching Funds	Total Budget	Federal Funds Expended	Approved Matching Funds Expended	Total Funds Expended
Personnel Salaries	\$2,534,876	\$677,397	\$3,212,273	\$1,334,525	\$110,460	\$1,444,985
Personnel Fringe Benefits	\$195,343	\$224,151	\$419,494	\$24,439	\$53,886	\$78,325
Travel	\$83,440	\$0	\$83,440	\$28,290	\$0	\$28,290
Equipment	\$0	\$11,328	\$11,328	\$0	\$0	\$0
Materials / Supplies	\$0	\$5,544	\$5,544	\$0	\$50	\$50
Subcontracts Total	\$6,051,369	\$356,605	\$6,407,974	\$4,324,217	\$510,764	\$4,834,981
Construction	\$0	\$0	\$0	\$0	\$0	\$0
Other	\$12,000	\$1,602,300	\$1,614,300	\$510	\$1,065,628	\$1,066,138
Total Direct Costs	\$8,877,028	\$2,877,325	\$11,754,353	\$5,711,981	\$1,740,788	\$7,452,769
Total Indirect Costs	\$0	\$0	\$0	\$0	\$0	\$0
Total Costs	\$8,877,028	\$2,877,325	\$11,754,353	\$5,711,981	\$1,740,788	\$7,452,769
% of Total	76	24	100	77	23	100

13. Hardware / Software
<p>13a. List any hardware/software purchased during this reporting period.</p> <p>N/A</p>
<p>13b. Please note any hardware/software that has yet to be purchased and explain why it has not been purchased.</p> <p>N/A</p>

14. SBI PPR Project Attachment (Skip question 14b if Data Collection is your only project).
<p>14a. Complete a SBI PPR Project Data Collection Attachment and attach it to the PPR.</p> <p>14b. Complete a SBI PPR Attachment for each additional funded project and attach it to the PPR.</p>

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 set forth in the award documents.

15a. Typed or Printed Name and Title of Authorized Certifying Official

Tabitha Hunter

15c. Telephone
(area code, number, and extension)

15d. Email Address

Tabitha.hunter@dms.MyFlorida.com

15b. Signature of Authorized Certifying Official

Submitted Electronically

15e. Date Report Submitted
(MM/DD/YYYY)

08-08-2013