U.S. DEPARTMENT OF COMMERCE							2. Award Or Grant Number 21-50-M09061 4. Report Date (MM/DD/YYYY) 07-24-2012			
Performance Progress Report										
1. Recipient Name							6. Designate	ed Entity	On Behalf Of:	
Commonwealth of Kentucky							N/A			
3. Street Address							8. Final Rep	8. Final Report? 9. Report Frequency		
700 Capitol Avenue,							Yes • Quarterly		,	
5. City, State, Zip C	Code						Semi Annu		Semi Annual	
Frankfort, KY 406	01-3410								○ Annual○ Final	
7. Project / Grant		7a.		7t			9a. If Other, please describe:			
Start Date: (MM	I/DD/YYYY)		Date: (MM/DD/YYYY)	1	eporting Period End Date:		N/A			
01-01-2010		12-31	-2014	06	-30-2012					
10. Broadband	Mapping		10a. Provider Table							
Number of	Number of		Number of Agreement	ts	Number of Partial	Numbe	r of Number of			
Providers Identified	Providers Co	ntacted	Reached for Data Sha	aring			ete Data Sets Data S		ets Verified	
0	0		0		0	0		0		
10b. Are you submi	tting the require	d PROV	IDER DATA by using th	ne Ex	ccel spreadsheet provid	ded by the	SBDD grants	s office?	○Yes •No	
10c. Have you enco	ountered challer	nges with	n any providers that indi	cate	they may refuse to par	rticipate in	this project?	Yes	○No	
10d. If so, describe	the discussions	to date	with each of these provi	iders	and the current status	8				
	Our contractor, Michael Baker Inc., has provided information on the status and challenges experienced with each of the providers. For more details, please refer to the 2012 Q2 Supplemental Answers Document.								of the providers.	
10e. If you are collecting data through other means (e.g. data extraction, extrapolation, etc), please describe your progress to date and the relevant activities to be undertaken in the future								date and the relevant		
Our contractor, Michael Baker Inc., has provided additional data sets, along with the progress and activities in collecting the data. For more details, please refer to the 2012 Q2 Supplemental Answers Document.								llecting the data. For		
10f. Please describe the verification activities you plan to implement										
For more details, please refer to the 2012 Q2 Supplemental Answers Document										
10g. Have you initia	ated verification	activities	s? •Yes No							
10h. If yes, please describe the status of your activities										
For more details, please refer to the 2012 Q2 Supplemental Answers Document.										
10i. If verification activities have not been initiated please provide a projected time line for beginning and completing such activities										
N/A										
Staffing										
10j. How many jobs have been created or retained as a result of this project?										
4.82										
10k. Is the project c	10k. Is the project currently fully staffed? Yes No									

10l. If no, please explain how any lack of staffing may impact the project's time line and when the project will be fully staffed We believe that full staffing was achieved during the 3rd Quarter 2010. At this time, university team validators have concluded their involvement. Temporary staff hired by our mapping contractor, Michael Baker Inc., is no longer being utilized. Our vendors and subrecipients will be utilized on the needs of the project.

10m. When fully staffed, how many full-time equivalent (FTE) jobs do you expect to create or retain as a result of this project?

Does not apply

10n. Staffing Table

Job Title	FTE %	Date of Hire
Project Manager (KY ADD)	90	12/08/2011
Administrative Assistant (BAKER)	1	02/01/2010
Administrative Assistant (BAKER)	1	02/01/2010
CADD Technician (BAKER	8	02/01/2010
Civil Engineer (BAKER)	66	02/01/2010
Civil Engineer (BAKER)	15	02/01/2010
GIS Associate (BAKER)	36	02/01/2010
GIS Associate (BAKER)	9	02/01/2010
GIS Specialist (BAKER)	37	02/01/2010
GIS Specialist I (BAKER)	24	02/01/2010
GIS Specialist II (BAKER)	90	02/01/2010
GIS Technician (BAKER)	4	02/01/2010
Technical Consultant (BAKER)	33	02/01/2010
Technical Consultant (BAKER)	9	02/01/2010
Technical Manager (BAKER)	25	02/01/2010
Technical Manager (BAKER)	32	02/01/2010
Technical Specialist (BAKER)	2	02/01/2010

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Sub Contracts

10o. Subcontracts Table

Name of Subcontractor	ne of Subcontractor Purpose of Subcontract		Contract Executed (Y/N)	Start Date	End Date	Federal Funds	In-Kind Funds
Michael Baker Inc	Baker Inc Data Collection/ Validation Services		Υ	02/01/2010	12/31/2014	3,674,747	0
Murray State University Validation Services		N	Y	06/15/2010	06/30/2011	399,762	0
Kentucky Area Development Districts	Develop/Manage Regional Planning groups	N	Υ	12/08/2011	12/31/2014	450,000	0
Council on Post Secondary Education	Develop/Manage Regional Planning groups	N	N	11/01/2011	12/31/2014	150,000	0
					Add R	ow	Remove Row

Funding 10p. How much Federal funding has been expended as of the end of the last guarter? \$2,295,786 \$3,006,931 10g. How much Remains? 10r. How much matching funds have been expended as of the end of last quarter? \$664,769 10s. How much Remains? \$661,419 10t. Budget Worksheet Federal Federal Matching Funds **Total Funds** Proposed Total Mapping Budget Element Funds **Funds** In-Kind Budget Expended Expended Granted Expended Personal Salaries \$56,943 \$798.048 \$337,538 \$337.538 \$854,991 \$0 Personnel Fringe Benefits \$19,038 \$96,826 \$115,864 \$0 \$69,050 \$69,050 Travel \$0 \$6,000 \$6,000 \$0 \$3,707 \$3,707 Equipment \$0 \$16,956 \$16,956 \$0 \$0 \$0 Materials / Supplies \$0 \$0 \$0 \$0 \$7,163 \$7,163 \$4,674,509 \$2,295,786 \$2,295,786 Subcontracts Total \$4.674.509 \$0 \$0 \$1,858,524 Subcontract #1 \$3,674,747 \$0 \$3,674,747 \$1,858,524 \$0 Subcontract #2 \$399,762 \$0 \$399,762 \$399,762 \$0 \$399,762 Subcontract #3 \$37,500 \$450,000 \$0 \$450.000 \$37.500 \$0 Subcontract #4 \$150,000 \$0 \$0 \$150,000 \$0 \$0 Subcontract #5 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 Construction \$0 Other \$552,227 \$960,585 \$247,311 \$247,311 \$408,358 **Total Direct Costs** \$5,302,717 \$1,326,188 \$6,628,905 \$2,295,786 \$664,769 \$2,960,555 **Total Indirect Costs** \$0 \$0 \$0 \$0 \$0 \$0 **Total Costs** \$5,302,717 \$1,326,188 \$6,628,905 \$2,295,786 \$664,769 \$2,960,555 % Of Total 80 20 100 78 22 100 Hardware / Software 10u. Has the project team purchased the software / hardware described in the application? 10v. If yes, please list N/A 10w. Please note any software / hardware that has yet to be purchased and explain why it has not been purchased N/A

No additional data sets have been purchased since the last reporting period for the quarter ending 03/31/2012. But, the independently developed Internet Connectivity dataset described below, formerly acquired from Strategic Networks Group (SNG), is now being acquired from the firm directly developing the data, Broadband Market Analysis (BMA). The project continues to use the following third

10y. If yes, please list

party data sets:									
Broadband Market Analysis (BMA) Internet Connectivity at Census Block Level: Independently developed data set to be used as a source for verification of wireline provider service areas.									
	erican Roamer Wireless Market Intelligence Data: Commercially available data set used as an independent source to verify mation submitted by Providers of wireless broadband service.								
Oz. Are there any additional project milestones or information that has not been included? Yes No Oaa. If yes, please list									
N/A									
Obb. Please describe any challenge or obstacle that you have encountered and detail the mitigation strategies the project team is employing									
The Commonwealth continues to encounter challenges and obstacles with the collection of data from community anchor institutions (CAI). We have identified appropriate stakeholders in the various areas however responses to queries and requests for data have been sporadic and undependable. We continue to work with our subcontractors to develop tools to make it as easy as possible for entities to supply us with the requested information. However, we have not found the key to motivating these entities to comply. We will continue to work closely with our stakeholders and subcontractors to develop other methods and identify resources for obtaining information from our CAIs.									
10cc. Please provide any c	other information that yo	ou think would be us	eful to NTIA as it as	ssesses your Broadb	and Mapping Projec	:t			
For more details, please	refer to the 2012 Q2	2 Supplemental Ar	nswers Documen	t.					
11. Broadband Planning									
11a. Please describe progress made against all goals, objectives, and milestones detailed in the approved Project Plan. Be sure to include a description of each major activity / milestone that you plan to complete and your current status									
For more details, please refer to the 2012 Q2 Supplemental Answers Document.									
11b. Please describe any challenge or obstacle that you have encountered and detail the mitigation strategies the project team is employing									
N/A									
11c. Does the Project Team anticipate any changes to the project plan for Broadband Planning? Yes No									
11d. If yes, please describe these anticipated changes. Please note that NTIA will need to approve changes to the Project Plan before they can be implemented									
N/A									
Funding									
11e. How much Federal funding has been expended as of the end of the last quarter? \$0									
11g. How much matching funds have been expended as of the end of last quarter? \$0 11h. How much Remains? \$0									
11i. Planning Worksheet									
Personal Salaries	\$0	\$0	\$0	\$0	\$0	\$0			
Personnel Fringe Benefits	\$0	\$0	\$0	\$0	\$0	\$0			
Travel	\$0	\$0	\$0	\$0	\$0	\$0			

Performance Progress Report OMB Approval Number: 0660-0034 Expiration Date: 12/31/2013

11i. Planning Worksheet						
Equipment	\$0	\$0	\$0	\$0	\$0	\$0
Materials / Supplies	\$0	\$0	\$0	\$0	\$0	\$0
Subcontracts Total	\$0	\$0	\$0	\$0	\$0	\$0
Subcontract #1	\$0	\$0	\$0	\$0	\$0	\$0
Subcontract #2	\$0	\$0	\$0	\$0	\$0	\$0
Subcontract #3	\$0	\$0	\$0	\$0	\$0	\$0
Subcontract #4	\$0	\$0	\$0	\$0	\$0	\$0
Subcontract #5	\$0	\$0	\$0	\$0	\$0	\$0
Construction	\$0	\$0	\$0	\$0	\$0	\$0
Other	\$0	\$0	\$0	\$0	\$0	\$0
Total Direct Costs	\$0	\$0	\$0	\$0	\$0	\$0
Total Indirect Costs	\$0	\$0	\$0	\$0	\$0	\$0
Total Costs	\$0	\$0	\$0	\$0	\$0	\$0
% Of Total	0	0	0	0	0	0

Additional Planning Information

11j. Are there any additional project milestones or information that has not been included?

No

11k. Please describe any challenge or obstacle that you have encountered and detail the mitigation strategies the Project Team is employing

N/A

11I. Please provide any other information that you think would be useful to NTIA as it assesses your Broadband Mapping Project

N/A

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)					
Dana Case						
	12d. Email Address					
	dana.case@ky.gov					
12b. Signature of Authorized Certifying Official	12e. Date Report Submitted (Month, Day, Year)					
Submitted Electronically	07-30-2012					