

U.S. DEPARTMENT OF COMMERCE

## Performance Progress Report

**2. Award or Grant Number**

28-50-M09063

**4. Report Date (MM/DD/YYYY)**

10-30-2013

**1. Recipient Name**

Office of the Governor, State of Mississippi

**6. Reporting Period End Date:**

09-30-2013

**3. Street Address**

550 High St, Walter Sillers Bldg, Suite 2,

**5. City, State, Zip Code**

Jackson, MS 39201

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

01-01-2010

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

12-31-2014

**8. Designated Entity on Behalf of:**

NA

**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	Capacity Building	NA	356,100	283,714	80%
2	Planning Teams	NA	1,188,647	702,290	59%
3	Technical Assistance	NA	1,228,147	730,954	60%
4	Data Collection	NA	3,049,884	2,148,757	70%
5	Original Planning Grant	NA	1,188,913	857,956	72%
6	N/A	NA			
			\$7,011,691	\$4,723,671	67%

**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.**

NA

10b. Staffing Table									
Job Title				FTE %	Project(s) Assigned		Change		
State Broadband Coordinator				100	Original Planning Grant		No Change		
Broadband Assistant Coordinator / Counsel				50	Original Planning Grant		No Change		
Federal Grants Coordinator				75	Original Planning Grant		No Change		
Comptroller				30	Original Planning 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)	
Broadmap, LLC	Data Collection	Yes	Yes	03/05/2010	12/31/2013	1,959,443	150,071	Data Collection	100
Mississippi State University - Extension Service	Planning Teams	No	Yes	03/24/2011	12/31/2014	1,188,647	313,373	Planning Teams	49
Mississippi State University - Extension Service	Technical Assistance	No	Yes	03/24/2011	12/31/2014	1,228,147	325,701	Technical Assistance	51
Mississippi Broadband Connect Coalition	Capacity Building	No	Yes	12/23/2011	12/31/2014	356,100	280,609	Capacity Building	100
TBD	Data Collection	No	No	01/01/2013	12/31/2014	590,440	85,071	Data Collection	100
					Add Row	Remove Row			
11b. Describe any challenges encountered with vendors or subrecipients.									
None									

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	\$926,147	\$150,820	\$1,076,967	\$660,925	\$138,680	\$799,605
Personnel Fringe Benefits	\$251,266	\$39,737	\$291,003	\$193,145	\$36,367	\$229,512
Travel	\$6,500	\$0	\$6,500	\$1,174	\$0	\$1,174
Equipment	\$0	\$0	\$0	\$0	\$0	\$0
Materials / Supplies	\$5,000	\$250,000	\$255,000	\$2,712	\$250,000	\$252,712
Subcontracts Total	\$5,322,777	\$1,154,825	\$6,477,602	\$3,865,715	\$588,350	\$4,454,065
Construction	\$0	\$0	\$0	\$0	\$0	\$0
Other	\$500,001	\$276,600	\$776,601	\$0	\$246,073	\$246,073
Total Direct Costs	\$7,011,691	\$1,871,982	\$8,883,673	\$4,723,671	\$1,259,470	\$5,983,141
Total Indirect Costs	\$0	\$0	\$0	\$0	\$0	\$0
Total Costs	\$7,011,691	\$1,871,982	\$8,883,673	\$4,723,671	\$1,259,470	\$5,983,141
% of Total	79	21	100	79	21	100

  

13. Hardware / Software
13a. List any hardware/software purchased during this reporting period.  None
13b. Please note any hardware/software that has yet to be purchased and explain why it has not been purchased.  None

  

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

**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

Theresa Abadie

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

601-576-2038 X

15d. Email Address

Theresa.Abadie@governor.ms.gov

15b. Signature of Authorized Certifying Official

Submitted Electronically

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

10-30-2013