

U.S. DEPARTMENT OF COMMERCE Performance Progress Report				2. Award or Grant Number 28-50-M09063	
				4. Report Date (MM/DD/YYYY) 01-27-2015	
1. Recipient Name Office of the Governor, State of Mississippi				6. Reporting Period End Date: 12-31-2014	
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) 01-31-2015	8. Designated Entity on Behalf of: N/A			
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	N/A	550,414	516,140	94%
2	Planning Teams	N/A	1,188,647	1,159,038	98%
3	Technical Assistance	N/A	1,228,147	1,206,346	98%
4	Data Collection	N/A	2,855,570	2,303,533	81%
5	Original Planning Grant	N/A	1,188,913	1,101,518	93%
6	N/A	N/A	0	0	
			\$7,011,691	\$6,286,575	90%
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 State Broadband Coordinator position is vacant. However, duties performed by tis position have been assumed by the three remaining positions. This will not impact the project's timeline.					

10b. Staffing Table									
Job Title				FTE %	Project(s) Assigned		Change		
State Broadband Coordinator				0	Original Planning Grant		No Change		
Broadband Assistant Coordinator				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	01/31/2015	2,315,458	65,000	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	01/31/2015	450,414	280,609	Capacity Building	100
Mississippi Telehealth Association	Capacity Building	No	Yes	08/01/2014	01/31/2015	100,000	53,484	Capacity Building	100
TBD	Capacity Building	No	No	03/24/2011	01/31/2015	40,111	0	Capacity Building	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	\$845,925	\$140,669	\$986,594
Personnel Fringe Benefits	\$251,266	\$39,737	\$291,003	\$248,275	\$36,918	\$285,193
Travel	\$6,500	\$0	\$6,500	\$2,709	\$0	\$2,709
Equipment	\$0	\$0	\$0	\$0	\$0	\$0
Materials / Supplies	\$5,000	\$250,000	\$255,000	\$4,609	\$250,000	\$254,609
Subcontracts Total	\$5,322,777	\$1,038,167	\$6,360,944	\$5,185,057	\$972,852	\$6,157,909
Construction	\$0	\$0	\$0	\$0	\$0	\$0
Other	\$500,001	\$393,258	\$893,259	\$0	\$361,668	\$361,668
Total Direct Costs	\$7,011,691	\$1,871,982	\$8,883,673	\$6,286,575	\$1,762,107	\$8,048,682
Total Indirect Costs	\$0	\$0	\$0	\$0	\$0	\$0
Total Costs	\$7,011,691	\$1,871,982	\$8,883,673	\$6,286,575	\$1,762,107	\$8,048,682
% of Total	79	21	100	78	22	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)

03-05-2015