

U.S. DEPARTMENT OF COMMERCE Performance Progress Report				2. Award or Grant Number 34-50-M09066	
1. Recipient Name State of New Jersey				4. Report Date (MM/DD/YYYY) 04-02-2013	
3. Street Address 300 Riverview Plaza,					
5. City, State, Zip Code Trenton, NJ 08625-0212					
7a. Project / Grant Period Start Date: (MM/DD/YYYY) 02-01-2010	7b. End Date: (MM/DD/YYYY) 01-31-2015	8. Designated Entity on Behalf of: NJ Office of Information Technology			
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	N/A	3,473,670	2,606,875	75%
2	Capacity Building	N/A	1,027,368	480,081	47%
3	Technical Assistance	N/A	425,068	130,367	31%
4	N/A	N/A	0	0	
5	N/A	N/A	0	0	
6	N/A	N/A	0	0	
			\$4,926,106	\$3,217,323	65%
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. Project is fully staffed.					

10b. Staffing Table									
Job Title				FTE %		Project(s) Assigned		Change	
n/a				0		n/a		New to Project	
			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)	
Applied Communication Sciences	Data Collection	Yes	Yes	05/25/2010	01/31/2015	3,473,670	420,000	Data Collection	100
North Highland	Capacity Building	Yes	Yes	05/29/2012	01/31/2015	1,027,368	0	Capacity Building	100
North Highland	Technical Assistance	Yes	Yes	05/29/2012	01/31/2015	414,019	0	Technical Assistance	100
					Add Row		Remove Row		
11b. Describe any challenges encountered with vendors or subrecipients.									
N/A									

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	\$0	\$305,134	\$305,134	\$0	\$213,773	\$213,773
Personnel Fringe Benefits	\$0	\$115,820	\$115,820	\$0	\$80,036	\$80,036
Travel	\$11,049	\$10,304	\$21,353	\$2,750	\$0	\$2,750
Equipment	\$0	\$0	\$0	\$0	\$0	\$0
Materials / Supplies	\$0	\$416,315	\$416,315	\$0	\$350,000	\$350,000
Subcontracts Total	\$4,915,057	\$420,000	\$5,335,057	\$3,214,573	\$256,417	\$3,470,990
Construction	\$0	\$0	\$0	\$0	\$0	\$0
Other	\$0	\$50,000	\$50,000	\$0	\$0	\$0
Total Direct Costs	\$4,926,106	\$1,317,573	\$6,243,679	\$3,217,323	\$900,226	\$4,117,549
Total Indirect Costs	\$0	\$0	\$0	\$0	\$0	\$0
Total Costs	\$4,926,106	\$1,317,573	\$6,243,679	\$3,217,323	\$900,226	\$4,117,549
% of Total	79	21	100	78	22	100

13. Hardware / Software
<p>13a. List any hardware/software purchased during this reporting period.</p> <p>No new purchases.</p>
<p>13b. Please note any hardware/software that has yet to be purchased and explain why it has not been purchased.</p> <p>Renewal of ESRI ArcGIS Server and Desktop licenses (\$53,072). Licenses expired on 6/30/12 and we have been working through issues related to transfer of internal licenses with Telcordia licensing and ESRI Account Executive.</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

William Drew

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

X

15d. Email Address

William.Drew@oit.state.nj.us

15b. Signature of Authorized Certifying Official

Submitted Electronically

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

04-23-2013