	2. Award Or Grant Number					
	34-50-M09066					
Perform	4. Report Date (MM/DD/YYYY) 10-28-2011					
Recipient Name State of New Jersey	Designated Entity On Behalf Of: NJ Office of Information Technology					
3. Street Address 300 Riverview Plaza,			8. Final Report? Yes	Report Frequency Quarterly		
5. City, State, Zip Code Trenton, NJ 08625-0212	● No	Semi Annual Annual Final				
7. Project / Grant Period Start Date: (MM/DD/YYYY) 02-01-2010	7a. End Date: (MM/DD/YYYY) 01-31-2015	7b. Reporting Period End Date: 09-30-2011	9a. If Other, please describe: N/A			
10. Broadband Mapping	10a. Provider Table					
Number of Providers Identified 0 0 Number of Providers Con 0	ntacted Number of Agreement Reached for Data Sha			er of Sets Verified		
10b. Are you submitting the required PROVIDER DATA by using the Excel spreadsheet provided by the SBDD grants office?						
All data submitted by providers was verified using the first 8 items listed in 10f. Initial efforts ivolving the 9th item - use of FCC data to assess provider and technology have begun.						

10i. If verification activities have not been initiated please provide a projected time line for beginning and completing such activities FCC data - this effort was completed as scheduled this quarter Verification from survey data Geospacial neighborhood analysis Staffing 10j. How many jobs have been created or retained as a result of this project? 2.8 positions were retained as a result of the SBI project. 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 N/A 10m. When fully staffed, how many full-time equivalent (FTE) jobs do you expect to create or retain as a result of this project? N/A 10n. Staffing Table Job Title FTE % Date of Hire Executive Director/Senior Principal Engineer 30 03/03/2010 Principal Engineer 100 03/03/2010 100 03/03/2010 Senior Systems Engineer Principal Engineer 40 03/03/2010 10 03/03/2010 Senior Systems Engineer Add Row Remove Row **Sub Contracts** 10o. Subcontracts Table Contract RFP Issued Name of Subcontractor Purpose of Subcontract Executed Start Date **End Date** Federal Funds In-Kind Funds (Y/N)(Y/N) ACS, formerly "Telcordia Perform data collection Υ 05/25/2010 01/31/2015 3,473,670 420,000 Ν Technologies" and planning activities TBD TBD 01/31/2015 60.304 Ν Ν 163.717 Add Row Remove Row **Funding** 10p. How much Federal funding has been expended as of the end of the last quarter? \$1,327,488 10q. How much Remains? \$3,598,618 10r. How much matching funds have been expended as of the end of last quarter? \$480,123 10s. How much Remains? \$837.450 10t. Budget Worksheet Federal Federal Proposed Total Matching Funds Total Funds Mapping Budget Element Funds **Funds** In-Kind Budget Expended Expended Granted Expended \$840,000 \$358.286 \$1,198,286 \$197.588 \$197.588 Personal Salaries \$54,947 Personnel Fringe Benefits \$292,656 \$128,983 \$421,639 \$0 \$54,947 Travel \$30,927 \$0 \$30,927 \$0 \$0 \$0 Equipment \$0 \$0 \$0 \$0 \$0 \$0

Mapping Budget Element	Federal Funds Granted	Proposed In-Kind	Total Budget	Federal Funds Expended	Matching Funds Expended	Total Funds Expended
Materials / Supplies	\$125,136	\$350,000	\$475,136	\$0	\$35,000	\$35,000
Subcontracts Total	\$3,637,388	\$480,304	\$4,117,692	\$1,327,488	\$192,588	\$1,520,076
Subcontract #1	\$3,473,670	\$420,000	\$3,893,670	\$1,327,488	\$192,588	\$1,520,076
Subcontract #2	\$163,717	\$60,304	\$224,021	\$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	\$4,926,106	\$1,317,573	\$6,243,679	\$1,327,488	\$480,123	\$1,807,611
Total Indirect Costs	\$0	\$0	\$0	\$0	\$0	\$0
Total Costs	\$4,926,106	\$1,317,573	\$6,243,679	\$1,327,488	\$480,123	\$1,807,611
% Of Total	79	21	100	73	27	100

Hardware / Software
10u. Has the project team purchased the software / hardware described in the application?
10v. If yes, please list
Poweredge T110 server \$1229.26, 3Q2010
10w. Please note any software / hardware that has yet to be purchased and explain why it has not been purchased
N/A
10x. Has the project team purchased or used any data sets? No
10y. If yes, please list
USPS AISVIEW DVD \$176.57 3Q2010 ESRI Streetmap \$1047.69 7Q2010
10z. Are there any additional project milestones or information that has not been included?
10aa. If yes, please list
N/A
10bb. Please describe any challenge or obstacle that you have encountered and detail the mitigation strategies the pro-

oject team is employing

Community Anchor Institutions (CAI) identification and outreach continues to be challenging and time-consuming. The response rates are relatively low due to the lack of centralized organizations that may have been able to collect the data for other purposes. The data submission site was enhanced to improve the structure for data submission and further enhancements will occur in the next quarter.

10cc. Please provide any other information that you think would be useful to NTIA as it assesses your Broadband Mapping Project							
n/a							
	_						
11. Broadband Pla	•						
11a. Please describe progr description of each ma	ress made against all g ajor activity / milestone				roject Plan. Be sure	to include a	
The survey done in coop upcoming quarters including digital divide; and econo	de rigorous analysis	of barriers to adop	otion; use of the a	analytic results to s			
11b. Please describe any o	challenge or obstacle th	hat you have encoun	tered and detail the	e mitigation strategie	s the project team is	employing	
N/A							
11c. Does the Project Tea					No No Project Plan h	oforo thoy can	
be implemented	e triese articipateu cria	anges. Flease note t	nat NTIA Will need	to approve changes	to the Froject Flant	elore they can	
m/A							
ln/A							
Funding							
11e. How much Federal funding has been expended as of the end of the last quarter? \$0 11f. How much Remains? \$0							
11g. How much matching f	unds have been exper	nded as of the end of	f last quarter? \$	0 11h	. How much Remain:	s? \$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	
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	

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

\$0

\$0

\$0

\$0

\$0

\$0

\$0

\$0

\$0

\$0

\$0

\$0

Total Indirect Costs

Total Costs

11i. Planning Worksheet						
% Of Total	0	0	0	0	0	0
Additional Plann	ing Information			1		1
	onal project milestones or i	nformation that h	as not been include	d?		
N/A						
11k Diago dogoviho on	v shallanga ar shatasla tha	ut vari bava anaari	untored and datail th	a mitigation atratagia	o the Drainet Toom i	a amplavina
TIK. Flease describe any	y challenge or obstacle tha	it you have encou	intered and detail th	e miligation strategie:	s the Project Teams	s employing
N/A						
	other information that you					at their official
	able, changed the Nam also updated the End D					
	correct amount of 3,473					
	a new row for "TBD" as ract with them we have					
1/31/15. TBD's respec	ctive Federal and In-Kin	d Funds were ir	ncluded which acc	curately reflect the	current status.	
	, we fixed the numerous			l Budget, Total Fur	nds Expended, To	tal Direct Costs an
Total Cost columns an	d rows per SBI Progran	n Office request	t.			
The Subcontracts total	I now reflects the total o	of all subcontrac	ts rows 1-5 with #	1 and #2 being app	olied from the 10o	Subcontracts Tab
data.						
	erial in-kind match of 35					
a 42,000 per quarter fi	ling from the subcontrac	ct which equate	s to the overall 42	0,000 in kind value	e from ACS added	going forward.

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 Shelley Bates	12c. Telephone (area code, number, and extension) X 12d. Email Address					
	shelley.bates@oit.state.nj.us					
12b. Signature of Authorized Certifying Official	12e. Date Report Submitted (Month, Day, Year)					
Submitted Electronically	06-15-2012					