

U.S. DEPARTMENT OF COMMERCE

Performance Progress Report

2. Award or Grant Number

37-50-M09002N

4. Report Date (MM/DD/YYYY)

06-17-2014

1. Recipient Name

North Carolina Department of Commerce

6. Reporting Period End Date:

06-30-2014

3. Street Address

301 N. Wilmington St., 4301 Mail Service Center,

5. City, State, Zip Code

Raleigh, NC 27601

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

10-01-2009

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

01-31-2015

8. Designated Entity on Behalf of:

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 | Data Collection & Mapping | 1,444,807 | 976,852 | 68% |
| 2 | Capacity Building | State Capacity Building | 733,305 | 605,407 | 83% |
| 3 | Technical Assistance | Technical Assistance | 1,536,679 | 1,279,366 | 83% |
| 4 | Ownership and Adoption | NC Lite Up | 131,168 | 134,213 | |
| 5 | Address File | Address File Improvement Project | 200,000 | 40,283 | 20% |
| 6 | N/A | | | | |
| | | | \$4,045,959 | \$3,036,121 | 75% |

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.

N/A

| 10b. Staffing Table | | | | | | | | | |
|---|----------------------|------------------|-------------------------|---------------------------|------------|-------------------------------|--------------------------------|--|-----|
| Job Title | | | FTE % | Project(s) Assigned | | | Change | | |
| Director, NC Broadband | | | 75 | State Capacity Building | | | No Change | | |
| Director, NC Broadband | | | 10 | Data Collection Mapping | | | No Change | | |
| Senior Director, Research Development | | | 100 | State Capacity Building | | | No Change | | |
| Data Administrator/GIS Specialist | | | 100 | Data Collection & Mapping | | | No Change | | |
| Senior Technical Assistance Director | | | 25 | Data Collection & Mapping | | | No Change | | |
| Senior Technical Assistance Director | | | 75 | Technical Assistance | | | No Change | | |
| Research Associate I | | | 25 | Data Collection & Mapping | | | No Change | | |
| Research Associate I | | | 25 | State Capacity Building | | | No Change | | |
| Research Associate I | | | 50 | Technical Assistance | | | No Change | | |
| Research Associate II | | | 25 | Data Collection & Mapping | | | No Change | | |
| Research Associate II | | | 25 | State Capacity Building | | | No Change | | |
| Research Associate II | | | 50 | Technical Assistance | | | No Change | | |
| Technical Assistance Director (West) | | | 63 | Technical Assistance | | | No Change | | |
| Technical Assistance Director (East) | | | 63 | Technical Assistance | | | No Change | | |
| Technical Assistance Director (Central) | | | 63 | Technical Assistance | | | No Change | | |
| Accountant | | | 33 | Technical Assistance | | | No Change | | |
| Accountant | | | 33 | State Capacity Building | | | No Change | | |
| Accountant | | | 33 | Data Collection & Mapping | | | 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) | |
| Frank Odasz-Lite Up Training | Ownership and Adopti | No | Yes | 01/01/2013 | 05/31/2013 | 14,500 | 0 | Ownership & Adoptio | 100 |

| | | | | | | | | | |
|--|----------------------|----|-----|------------|------------|---------|---------|----------------------|-----|
| NC Center for Geographic Information and Analysis | Address File | No | Yes | 01/01/2012 | 07/31/2014 | 200,000 | 156,271 | Address File | 100 |
| Edward Feser, Facilitator Economic Impact NC Lite Up | Technical Assistance | No | Yes | 10/01/2012 | 03/31/2013 | 6,000 | 0 | Technical Assistance | 100 |
| John Horrigan, Facilitator Economic Impact NC Lite Up | Technical Assistance | No | Yes | 10/01/2012 | 03/31/2013 | 6,000 | 0 | Technical Assistance | 100 |
| Williams Lehr, Facilitator Economic Impact NC Lite Up | Technical Assistance | No | Yes | 10/01/2012 | 03/31/2013 | 6,000 | 0 | Technical Assistance | 100 |
| Jane Patterson, Facilitator Economic Impact NC Lite Up | Technical Assistance | No | Yes | 10/01/2012 | 03/31/2013 | 6,000 | 0 | Technical Assistance | 100 |
| Telecommunication Specialist - Richard Kelly | Technical Assistance | No | Yes | 02/01/2012 | 01/31/2013 | 0 | 83,262 | Technical Assistance | 100 |
| Telecommunication Specialist - Brian Rathbone | Technical Assistance | No | Yes | 01/01/2013 | 09/30/2014 | 168,880 | 0 | Technical Assistance | 100 |
| Telecommunication Specialist - Brian Rathbone | Data Collection | No | Yes | 01/01/2013 | 09/30/2014 | 20,000 | 0 | Data Collection | 100 |

Add Row

Remove Row

11b. Describe any challenges encountered with vendors or subrecipients.

All SubReceipients have been moved to the "Other" line item in our budget per direction from NTIA and as outlined in our most recent budget amendment. Only contractors/vendors are listed in the table above.

| 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 | \$1,461,492 | \$223,291 | \$1,684,783 | \$1,243,244 | \$182,551 | \$1,425,795 |
| Personnel Fringe Benefits | \$424,635 | \$65,532 | \$490,167 | \$375,189 | \$52,949 | \$428,138 |
| Travel | \$138,890 | \$0 | \$138,890 | \$95,749 | \$0 | \$95,749 |
| Equipment | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Materials / Supplies | \$17,335 | \$0 | \$17,335 | \$12,659 | \$0 | \$12,659 |
| Subcontracts Total | \$427,380 | \$239,533 | \$666,913 | \$234,765 | \$240,447 | \$475,212 |
| Construction | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Other | \$1,361,783 | \$452,829 | \$1,814,612 | \$892,549 | \$425,817 | \$1,318,366 |
| Total Direct Costs | \$3,831,515 | \$981,185 | \$4,812,700 | \$2,854,155 | \$901,764 | \$3,755,919 |
| Total Indirect Costs | \$214,444 | \$0 | \$214,444 | \$181,966 | \$0 | \$181,966 |
| Total Costs | \$4,045,959 | \$981,185 | \$5,027,144 | \$3,036,121 | \$901,764 | \$3,937,885 |
| % of Total | 80 | 20 | 100 | 77 | 23 | 100 |
| 13. Hardware / Software | | | | | | |
| 13a. List any hardware/software purchased during this reporting period. | | | | | | |
| n/a | | | | | | |
| 13b. Please note any hardware/software that has yet to be purchased and explain why it has not been purchased. | | | | | | |
| N/A | | | | | | |
| 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

Angie Bailey

Director

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

919-715-0793

15d. Email Address

abailey@ncommerce.com

15b. Signature of Authorized Certifying Official

Submitted Electronically

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

09-23-2014