

U.S. DEPARTMENT OF COMMERCE Performance Progress Report				2. Award or Grant Number 40-50-M09059	
				4. Report Date (MM/DD/YYYY) 01-30-2015	
1. Recipient Name State of Oklahoma				6. Reporting Period End Date: 12-31-2014	
3. Street Address 2300 N Lincoln Boulevard,					
5. City, State, Zip Code Oklahoma City, OK 73105-4801					
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	Data Collection	SBDD - State of Oklahoma	3,815,185	3,577,791	94%
2	N/A				
3	N/A				
4	N/A				
5	N/A				
6	N/A				
			\$3,815,185	\$3,577,791	94%
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	
No Grantee Employee Salary funded by this Federal Grant Money				0		N/A		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)	
The Sanborn Map Company	Data Collection	Yes	Yes	01/18/2010	12/31/2014	2,829,863	154,460	Data Collection	100
University of Oklahoma Center for Spatial Analysis	Data Collection	Yes	Yes	05/01/2010	12/31/2014	611,445	0	Data Collection/Valid	100
					Add Row		Remove Row		
11b. Describe any challenges encountered with vendors or subrecipients.									
There have been no challenges encountered with either vendor.									

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	\$80,000	\$80,000	\$0	\$81,048	\$81,048
Personnel Fringe Benefits	\$0	\$32,000	\$32,000	\$0	\$32,419	\$32,419
Travel	\$0	\$0	\$0	\$0	\$0	\$0
Equipment	\$0	\$0	\$0	\$0	\$0	\$0
Materials / Supplies	\$0	\$0	\$0	\$0	\$0	\$0
Subcontracts Total	\$3,441,308	\$154,460	\$3,595,768	\$3,415,791	\$154,460	\$3,570,251
Construction	\$0	\$0	\$0	\$0	\$0	\$0
Other	\$373,877	\$840,413	\$1,214,290	\$162,000	\$806,113	\$968,113
Total Direct Costs	\$3,815,185	\$1,106,873	\$4,922,058	\$3,577,791	\$1,074,040	\$4,651,831
Total Indirect Costs	\$0	\$0	\$0	\$0	\$0	\$0
Total Costs	\$3,815,185	\$1,106,873	\$4,922,058	\$3,577,791	\$1,074,040	\$4,651,831
% of Total	78	22	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

Allison McMichael

Administrative Officer

15c. Telephone
(area code, number, and extension)
(405) 521-6753

15d. Email Address
Allison.mcmichael@omes.ok.gov

15b. Signature of Authorized Certifying Official

Submitted Electronically

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

01-30-2015