

U.S. DEPARTMENT OF COMMERCE

Performance Progress Report

2. Award or Grant Number

41-50-M09042

4. Report Date (MM/DD/YYYY)

02-08-2013

1. Recipient Name

Public Utility Commission of Oregon

6. Reporting Period End Date:

03-31-2013

3. Street Address

550 Capitol Street NE, Suite 215,

5. City, State, Zip Code

Salem, OR 97301-2567

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

12-20-2009

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

12-19-2014

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 | Data Collection and Planning | 3,878,178 | 2,460,537 | 63% |
| 2 | Application Usage and Development | N/A | 396,133 | 84,733 | 21% |
| 3 | Capacity Building | N/A | 263,991 | 91,910 | 35% |
| 4 | Technical Assistance | N/A | 1,120,000 | 416,821 | 37% |
| 5 | N/A | N/A | 0 | 0 | |
| 6 | N/A | N/A | 0 | 0 | |
| | | | \$5,658,302 | \$3,054,001 | 54% |

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.

All projects are fully staffed at the sub-recipient/vendor level except for a consultant position that has yet to be filled.

| | | | | | | | | | | |
|--|------------------------|------------------|-------------------------|------------|------------|-------------------------------|--------------------------------|--|-----|--|
| 10b. Staffing Table | | | | | | | | | | |
| Job Title | | | | FTE % | | Project(s) Assigned | | Change | | |
| N/A | | | | 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) | | |
| One Economy | Data Collection | Yes | Yes | 02/18/2010 | 01/01/2013 | 1,859,053 | 0 | Mapping | 100 | |
| Department of Administrative Services, Enterprise Information Strategy and Policy Division | Data Collection | No | Yes | 09/26/2011 | 03/31/2015 | 54,665 | 0 | Mapping | 100 | |
| TBD | Original Planning Gran | No | No | 06/28/2013 | 05/31/2014 | 152,969 | 0 | Initial Planning | 100 | |
| | | | | | Add Row | | Remove Row | | | |
| 11b. Describe any challenges encountered with vendors or subrecipients. | | | | | | | | | | |
| <p>The sub-recipient Association of Oregon Counties has discussed with PUC how it may select a resource to perform the consulting service the Application Usage and Development project requires. No responses were forthcoming from the original RFP solicitation which has delayed the project. This delay is currently not jeopardizing timely completion of the project.</p> | | | | | | | | | | |

| 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 | \$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 | \$2,066,687 | \$0 | \$2,066,687 | \$1,906,721 | \$0 | \$1,906,721 |
| Construction | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Other | \$3,591,615 | \$1,469,247 | \$5,060,862 | \$1,147,280 | \$903,093 | \$2,050,373 |
| Total Direct Costs | \$5,658,302 | \$1,469,247 | \$7,127,549 | \$3,054,001 | \$903,093 | \$3,957,094 |
| Total Indirect Costs | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Total Costs | \$5,658,302 | \$1,469,247 | \$7,127,549 | \$3,054,001 | \$903,093 | \$3,957,094 |
| % of Total | 79 | 21 | 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 |

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| 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

Shelley Jones

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

15d. Email Address

Shelley.E.Jones@state.or.us

15b. Signature of Authorized Certifying Official

Submitted Electronically

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

05-21-2013