Performance Progress Keport       4. Report Date (MM/DDYYYY) 07-27-2011         1. Recipient Name       0. Designated Entity On Behalf Of: Oregon         3. Street Address       6. Designated Entity On Behalf Of: Oregon         3. Street Address       8. Final Report?         5. City, State, Zip Code       8. Final Report?         Solghol Street NE, Suite 215.       9. Report Frequency         7. Froject (Grant Period State Date: (MM/DDYYYY)       7a.         12-20-2009       12-19-2014         10. Broadband Mapping       10a. Provider Table         Number of Providers Identified       Number of Providers Contacted       Number of Partial         0       0       0       0         10b. Are you submitting the required PROVIDER DATA by using the Excel spreadsheet provided by the SBDD grants office? Citys (in No 10d. Have you encountered challenges with any providers that indicate they may reluse to participate in this project? (in Yes (in No 10d. Have you encountered challenges with any providers that indicate they may reluse to participate in this project? (in Yes (in No 10d. Have you encountered challenges with any providers that indicate they may reluse to participate in this project? (in Yes (in No 10d. Have you encountered challenges with any providers that indicate they may reluse to participate in the collection of data for the spring deliverable.         Status for all providers listed "not providing data", each will be contacted for data being collected for the fall 2011 deliverable.         Name - Challenge Description	Performance Progress Report					2. Award Or Grant Number 41-50-M09042				
Public Utility Commission of Oregon       Oregon         3. Street Address       a. Final Report?         550 Capitol Street NE, Suite 215,       Ouarterly         5. City, State, Zip Code       Sam Date: (MM/DD/YYYY)         3. Broad Part Period       Ta.         Sate Date: (MM/DD/YYYY)       Ta.         12-20-2009       Ta.         End Date: (MM/DD/YYYY)       Ta.         To. Broadband       Mapping         10. Broadband       Number of Provider Table         Number of Providers Contacted Reached for Data Sating Data Sets Received O Data Sets Verified O O O       Ourepter Data Sets Verified O O         10. Are you encountered challenges with any providers that indicate they may refuse to participate in this project? (*Yes • No         10. Have you encountered challenges with any providers that indicate they may refuse to participate in the collection of data for the spring deliverable.         Name - Challenge Description       Sate Sets Contacted for Max equiver. Date Sets Nom is when contacted for data being collected for the fall 2011 deliverable.         Name - Challenge Description       Sate Set Set Set Set Set Set Set Set Set S										
550 Capitol Street NE, Suite 215,       Ouarderly         5. City, State, Zip Code       No       Semi Annual         Salem, OR 97301-2567       No       Final         7. Project / Grant Period       Ta.       Ta.       Th.         State Date: (MM/DD/YYY)       Ind Date: (MM/DD/YYY)       Part Date: (MM/DD/YYY)       Part Date: (MM/DD/YYY)         12-20-2009       10a. Provider Table       Number of Agreements       Number of Providers Contacted       Number of Agreements       Number of Complete Data Sets       Data Sets Received       O       Data Sets Verified       Data Sets Verified       Data Sets Verified       Data Sets Verified       O		of Oregon					-			
5. City, State, Zip Code       Image: State Code       Image: Code       Image: Code         Salem, OR 97301-2567       Image: Code       <		te 215,						Yes Quarterly Semi Annual		
Start Date: (MM/DD/YYYY)       End Date: (MM/DD/YYYY)       Reporting Period End Date:       N/A         12:20-2009       12:19-2014       06-30-2011       N/A         10. Broadband Mapping       10a. Provider Table       06-30-2011       N/A         Number of Providers Identified       Number of Providers Contacted       Number of Agreements Reached for Data Sharing       Number of Partial Data Sets Received       Number of Complete Data Sets       Number of Data Sets Verified         0       0       0       0       0       0       0       Data Sets Verified       Data Sets Verified         0       0       0       0       0       0       0       Data Sets Verified       Data Sets Verified       Data Sets Verified       0       Data Sets Verified       0	Salem, OR 97301-2567								Annual	
Number of Providers Identified       Number of Providers Contacted       Number of Agreements Reached for Data Shring       Number of Partial Data Sets Received       Number of Complete Data Sets       Number of Data Sets Verified         0 <td>Start Date: (MM/DD/YYY</td> <th>Y) End [</th> <th></th> <td>Re</td> <th>eporting Period End Date:</th> <td></td> <td colspan="3"></td>	Start Date: (MM/DD/YYY	Y) End [		Re	eporting Period End Date:					
Providers Identified       Providers Contacted       Reached for Data Sharing       Data Sets Received       Complete Data Sets       Data Sets Verified         0       0       0       0       0       0       0       0         10b. Are you submitting the required PROVIDER DATA by using the Excel spreadsheet provided by the SBDD grants office? (Yes • No       10c. Have you encountered challenges with any providers that indicate they may refuse to participate in this project? • Yes • No         10d. If so, describe the discussions to date with each of these providers and the current status       This is mostly a carry-over list from last quarter. Date shown is when contacted to participate in the collection of data for the spring deliverable.         Name - Challengo Description       BLUE MT TV CABLE CO - Will not take calls or discuss, won't participate; 3/18         COGENT COMMUNICATIONS GROUP - Emails go unanswered after initial contact       Contact         COMSPAN COMMUNICATIONS - Wants fiscal compensation to supply data         EASTERN OREGON NET, INC (EONI) - Wants fiscal compensation to supply data         MEXTGEN INTERNET SYSTEMS, INC Emails go unanswered after initial contact; 3/18         WINDWAVE TECHNOLOGIES, INC Wants fiscal compensation to supply data; 1/10         AIR SPEED LLC - Emails go unanswered after initial contact; 1/10         EAGLE TELEPHONE SYSTEM, INC Emails go unanswered after initial contact; 1/10         EAGLE TELEPHONE SYSTEM, SINC - Emails go unanswered after initial contact; 1/10 <td>10. Broadband Mapp</td> <th>oing</th> <th>10a. Provider Table</th> <td></td> <th></th> <td></td> <th></th> <th></th> <th></th>	10. Broadband Mapp	oing	10a. Provider Table							
<ul> <li>10c. Have you encountered challenges with any providers that indicate they may refuse to participate in this project? Yes No</li> <li>10d. If so, describe the discussions to date with each of these providers and the current status</li> <li>This is mostly a carry-over list from last quarter. Date shown is when contacted to participate in the collection of data for the spring deliverable.</li> <li>Status for all providers listed "not providing data"; each will be contacted for data being collected for the fall 2011 deliverable.</li> <li>Name - Challenge Description</li> <li>BLUE MT TV CABLE CO - Will not take calls or discuss, won't participate; 3/18</li> <li>COGENT COMMUNICATIONS GROUP - Emails go unanswered after initial contact</li> <li>COMSPAN COMMUNICATIONS - Wants fiscal compensation to supply data</li> <li>EASTERN OREGON NET, INC (EONI) - Wants fiscal compensation to supply data</li> <li>MERITEL GROUP INC - Will not take calls or discuss, won't participate</li> <li>NEXTGEN INTERNET SYSTEMS, INC Emails go unanswered after initial contact; 3/18</li> <li>WINDWAVE TECHNOLOGIES, INC Wants fiscal compensation to supply data; 1/10</li> <li>AIR SPEED LLC - Emails go unanswered after initial contact; 1/10</li> <li>BENDTEL INC - Emails go unanswered after initial contact; 1/10</li> <li>BEAGLE TELEPHONE SYSTEM, INC Emails go unanswered after initial contact; 1/10</li> <li>EAGLE CAP.NET LLC - Emails go unanswered after initial contact; 12/12</li> <li>NEXTNET TELECOM INC - Emails go unanswered after initial contact; 12/12</li> <li>NEXTNET TELECOM INC - Emails go unanswered after initial contact; 12/12</li> <li>PREFERRED CONNECTIONS INC NW - Emails go unanswered after initial contact; 12/12</li> <li>PREFERRED CONNECTIONS INC NW - Emails go unanswered after initial contact; 12/12</li> <li>PREFERRED CONNECTIONS INC NW - Emails go unanswered after initial contact; 12/12</li> <li>PREFERRED CONNECTIONS INC NW - Emails go unanswered after initial contact</li> <li>TILLAMOOK - COASTCOM, INC - Emails go unanswe</li></ul>	Providers Identified Provide	ers Contacted	Reached for Data Sha	aring	Data Sets Received	Comple	ete Data Sets Data Sets Verified			
<ul> <li>Yellow Knife Wireless - Interested - Provides no data; 2/8</li> <li>10e. If you are collecting data through other means (e.g. data extraction, extrapolation, etc), please describe your progress to date and the relevant activities to be undertaken in the future</li> <li>N/A</li> <li>10f. Please describe the verification activities you plan to implement</li> <li>Crowd-Sourcing</li> </ul>	10c. Have you encountered of 10d. If so, describe the discuss This is mostly a carry-over I deliverable. Status for all providers lister Name - Challenge Descripti BLUE MT TV CABLE CO - COGENT COMMUNICATION COMSPAN COMMUNICATION COMSPAN COMMUNICATION COMSPAN COMMUNICATION COMSPAN COMMUNICATION COMSPAN COMMUNICATION EASTERN OREGON NET, MERITEL GROUP INC - W NEXTGEN INTERNET SYS WINDWAVE TECHNOLOG AIR SPEED LLC - Emails go EAGLE TELEPHONE SYS EAGLECAP.NET LLC - Emails DREGON-IDAHO UTILITIE PREFERRED CONNECTION SILVER STAR TELECOM INC - OREGON-IDAHO UTILITIE PREFERRED CONNECTION SILVER STAR TELECOM INC - OREGON-IDAHO UTILITIE PREFERRED CONNECTION SILVER STAR TELECOM INC - OREGON-IDAHO UTILITIE PREFERRED CONNECTION SILVER STAR TELECOM INC - OREGON - IDAHO UTILITIE PREFERRED CONNECTION SILVER STAR TELECOM INC - IIILAMOOK - COASTCOM TILLAMOOK - COASTCOM TILLAMOOK - IDAHO UNC - EMAILS ON VERTEX GROUP INC - EMAILS ON VERTEX GROUP INC - EMAILS ON VERTEX ON UNC - EMAILS ON VERTEX TO DE UNC - EMAILS ON VERTEX ON UNC - EMAILS ON	challenges with ssions to date list from last d "not provid ion Will not take DNS GROUF FIONS - War INC (EONI) fill not take ca STEMS, INC go unanswered tem, INC go unanswered - Emails go una SINC - Emails go SINC - Emails SINC - Emails Cons INC - Emails A, INC - Emails dotes on this co mails go unal unanswered a erested - Prov a through other en in the future	h any providers that india with each of these provi quarter. Date shown ding data"; each will be e calls or discuss, wor P - Emails go unanswe the fiscal compensation - Wants fiscal compen- alls or discuss, won't C - Emails go unanswer Wants fiscal compen- red after initial contact; Emails go unanswered after initial contact; Emails go unanswered answered after initial co- tact after initial contact unanswered after initial co- tact after ails go unanswered after after initial contact vides no data; 2/8 r means (e.g. data extract e	cate iders is w e co n't p were on to ensa parti ered sation sati	they may refuse to par s and the current status when contacted to par ontacted for data beir participate; 3/18 ad after initial contact o supply data ation to supply data ticipate d after initial contact; 1/ after initial contact; 1/ act; 12/14 ter initial contact; 12/2 contact; 12/22 initial contact; 12/12 ad after initial contact; 12/12	rticipate in articipate ng collect 3/18 10 /10 12 2 ; 12/12	this project? in the collected for the fa	• Yes etion of c all 2011	∩No data for the spring deliverable.	

Description: Once released, the statewide mapping portal is designed to perform user initiated speed tests and to database the results, including location. It will also provide user feedback on accuracy of data displayed be it technology type, provider, address location, etc. Accumulated results could assist the dialog when reviewing with provider their attribution and coverage area. Due Date: For use in reviewing provider data and attribution for the Fall 2011 submission. Accumulated results could assist the dialog when reviewing with provider their attribution and coverage area. Due Date: For use in reviewing provider data and attribution for the Fall 2011 submission. 10g. Have you initiated verification activities? •Yes ONo 10h. If yes, please describe the status of your activities Provider Portal Data Validation: Providers have been contacted to review their footprints for accuracy and the need for updates using the Portal. Due date September 1, 2011. 10i. If verification activities have not been initiated please provide a projected time line for beginning and completing such activities 3rd Party Verification Description: 3rd party source material (Media Prints, Pitney Bowes, Comsearch and American Roamer). Status: Will be used to verify the Spring data submitted that had not been previously verified using 3rd party source material Due Date: August 15, 2011 and used to verify updated data provided for the fall deliverable. Due date: September 15, 2011. Staffing 10j. How many jobs have been created or retained as a result of this project? 2.74 10k. Is the project currently fully staffed? • Yes • No 10I. 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? 2.74 10n. Staffing Table Job Title FTE % Date of Hire Program Manager - Mapping 18 02/18/2010 Technical Project Manager - Mapping 5 02/18/2010 Database Administrator - Mapping 5 02/18/2010 GIS Systems and Mapping Engineer - Mapping 6 02/18/2010 5 02/18/2010 Database and Requirements Engineer - Mapping Sr. Director of Program Management and Quality 5 02/18/2010 02/18/2010 Sr. Web Designer - Mapping 5 Sr. GIS Analysis 25 02/18/2010 04/01/2011 Data Sourcing Manager 30 **Quality Control Specialist** 10 04/01/2011 Director of Finance and Administration 5 04/01/2011

Sr. Director of Finance and Administration

04/01/2011

07/01/2010

5

75

Operations Manager -	Planning							75	07/01/2010
		Add Row		Remove F		/			
Sub Contracts	_								
10o. Subcontracts Table									
Name of Subcontractor	Purpose of Subcontract	RFP Issued (Y/N)	Contract Executed (Y/N)	Start Date		End Date	Federal Fu	nds	In-Kind Funds
One Economy LLC	Primary contractor for Mapping and Planning	Y	Y	02/18/201	10 0	01/01/2016	1,220,930		
						Add F	Row	R	emove Row
Funding									
10p. How much Federal	funding has been expend	ed as of the end	of the last	quarter? \$	\$1,220,9	030 10q.	How much R	Remain	s? \$4,437,372
10r. How much matching	g funds have been expend	led as of the end	l of last qua	rter?	\$459,803	3 10s.	How much R	emain	s? \$1,009,444
10t. Budget Worksheet									
Mapping Budget Eleme	Federal nt Funds Granted	Proposed In-Kind		Total Budget		ederal <sup>-</sup> unds pended	Matching Funds Expended		Total Funds Expended
Personal Salaries	\$420,558	\$813,975	\$1,2	\$1,234,533		\$0	\$264,499		\$264,499
Personnel Fringe Benefi	ts \$207,125	\$205,643	\$41	2,768		\$0	\$0		\$0
Travel	\$58,870	\$7,500	\$6	6,370		\$0	\$0		\$0
Equipment	\$288,436	\$750	\$289,186			\$0	\$0		\$0
Materials / Supplies \$80,420		\$6,675	\$87,095		\$0		\$0		\$0
Subcontracts Total \$4,006,802		\$150,000	\$4,156,802		\$1,220,930		\$0		\$1,220,930
Subcontract #1 \$2,108,302		\$0	\$2,108,302		\$1,220,930		\$0		\$1,220,930
Subcontract #2 \$1,898,500		\$150,000	\$2,048,500		\$0		\$0		\$0
Subcontract #3 \$0		\$0	\$0		\$0		\$0		\$0
Subcontract #4	Subcontract #4 \$0			\$0	\$0		\$0		\$0
Subcontract #5	\$0	\$0		\$0		\$0	\$0		\$0
Construction \$0		\$0	\$0		\$0		\$0		\$0
Other	\$476,091	\$284,704	\$76	60,795		\$0	\$195,304		\$195,304
Total Direct Costs	\$5,538,302	\$1,469,247	\$7,0	07,549	\$1,220,930		\$459,803		\$1,680,733
Total Indirect Costs	\$120,000	\$0	\$12	20,000		\$0	\$0		\$0
Total Costs	\$5,658,302	\$1,469,247	\$7,1	27,549	\$1,220,930		\$459,803		\$1,680,733
% Of Total 79		21		100		73	27		100

## Hardware / Software

10u. Has the project team purchased the software / hardware described in the application? ●Yes ○No 10v. If yes, please list

HB ProLiant DL380 G6 server, SQL Server 2008

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? OYes ONo

10y. If yes, please list

2nd year licensing for: Spectrum Holdings for Wireless Providers \$1,758 Geographic Boundary Data For All Cable Systems \$600 Wireless Marketed Coverage Patterns \$8,829 Exchange Info Plus (wire center/exchanges) \$4,773

10z. Are there any additional project milestones or information that has not been included? (•)Yes (No

10aa. If yes, please list

Provider Portal training sessions are continuing. Additional interactive map features are being developed to collect more crowdsourcing data for verification purposes.

10bb. Please describe any challenge or obstacle that you have encountered and detail the mitigation strategies the project team is employing

Users of the statewide broadband map have indicated that service appears to be overstated in many areas do to inclusion of data from business only providers. The team will be testing several different functions that may be used within the map to address this concern. Non-responsive/Non-cooperative Providers - Grantee's contractor requests escalation with these providers for the fall deliverable if attempts to engage in July 2011 are not successful.

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 Planning

11a. Please describe progress made against all goals, objectives, and milestones detailed in the approved Project Plan. Be sure to include a description of each major activity / milestone that you plan to complete and your current status

Survey:

\*Complete Survey results with written analysis. Due Date 6/30/11; not completed

Community Broadband Summits:

\*Deployment details. Due Date 4/30/11; All details completed 4/30/11.

\*Hold 15 Summits between May 31 and July 6, 2011; completed 14 Summits by June 30, 2011

11b. Please describe any challenge or obstacle that you have encountered and detail the mitigation strategies the project team is employing

N/A

11c. Does the Project Team anticipate any changes to the project plan for Broadband Planning? (Yes • No

11d. If yes, please describe these anticipated changes. Please note that NTIA will need to approve changes to the Project Plan before they can be implemented

N/A

## Funding

11e. How much Federal funding has been expended as of the end of the last quarter?		11f. How much Remains?	\$0
11g. How much matching funds have been expended as of the end of last quarter?	\$0	11h. How much Remains?	\$0
11i. Planning Worksheet			

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	
Total Indirect Costs	\$0	\$0	\$0	\$0	\$0	\$0	
Total Costs	\$0	\$0	\$0	\$0	\$0	\$0	
% Of Total	0	0	0	0	0	0	

## **Additional Planning Information**

11j. Are there any additional project milestones or information that has not been included?

N/A

11k. Please describe any challenge or obstacle that you have encountered and detail the mitigation strategies the Project Team is employing

N/A

11. Please provide any other information that you think would be useful to NTIA as it assesses your Broadband Mapping Project

N/A

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	12c. Telephone (area code, number, and extension)				
Shelley Jones					
	12d. Email Address				
	Shelley.E.Jones@state.or.us				
12b. Signature of Authorized Certifying Official	12e. Date Report Submitted (Month, Day, Year)				
Submitted Electronically	08-17-2011				