	U.S. DEPARTMENT OF CO	MMERCE	2. Award or Grant Number 72-50-M09040
	Performance Progre	ess Report	4. Report Date (MM/DD/YYYY) 10-05-2012
1. Recipient Name			6. Reporting Period End Date:
Puerto Rico Governor's Office	09-30-2012		
3. Street Address			
P.O. Box 9020082,			
5. City, State, Zip Code San Juan, PR 00902-0082			
7a. Project / Grant Period Start Date: (MM/DD/YYYY)	7b. End Date: (MM/DD/YYYY)	8. Designated Entity on Behalf of:	
12-20-2009	12-19-2014	Puerto Rico	

# 9. List the individual projects in your approved project plan

		L - A L			
	Project Type (Data Collection, Capacity Building, Technical Assistance, etc.)	Project Name (if different from Project Type)	Total Federal Funding Amount expend of this report		Percent of Total Federal Funding amount expended
1	Data Collection	Mapping	2,035,104	1,075,678	53
2	Other	Planning	498,574	362,717	73
3	N/A	N/A	0	0	0
4	N/A	N/A	0	0	0
5	N/A	N/A	0	0	0

## 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.

The project is fully staffed with a vendor personnel. The personnel from the grantee worked as in-kind.

10b. Staffing Table

Job Title					FTE %	Project(s) Assigned	Change	
NA					0	NA	No Change	
	Add Row		Remove R	ow				

# 11. Subcontracts (Vendors and Subrecipients)

11a. Subcontracts Table - Include all subcontractors. The totals from this table equal the "Subcontractor Total" for the Program Budget Worksheet (Q. 12, Column 2, 3, and 4)

Name	Subcontract Purpose	Type (Vendor/Subrec)	RFP Issued (Y/N)	Contract Executed (Y/N)	Start Date	End Date	Total Federal Funds Allocated	Matching		d % Assigned a Collection 75)
Connect Puerto Rico	Data Collection	Vendor	Yes	Yes	04/10/2010	12/14/2014	1,780,094	0	Mapping	78
Connect Puerto Rico	Planning Teams	Vendor	Yes	Yes	04/10/2010	12/14/2014	498,574	0	Planning	22
PR Infrastructure Financing Administration	Other	Vendor	Yes	No	03/01/2010	12/14/2014	244,030	0	Admin	100

Add Row Remove Row

None

## 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	\$97,850	\$97,850	\$0	\$61,246	\$61,246	
Personnel Fringe Benefits	\$0	\$20,000	\$20,000	\$0	\$8,653	\$8,653	
Travel	\$0	\$0	\$0	\$0	\$0	\$0	
Equipment	\$0	\$55,000	\$55,000	\$0	\$15,297	\$15,297	
Materials / Supplies	\$0	\$0	\$0	\$0	\$0	\$0	
Subcontracts Total	\$2,522,698	\$0	\$2,522,698	\$1,438,395	\$46,544	\$1,484,939	
Construction	\$0	\$0	\$0	\$0	\$0	\$0	
Other	\$10,980	\$467,378	\$478,358	\$0	\$192,303	\$192,303	
Total Direct Costs	\$2,533,678	\$640,228	\$3,173,906	\$1,438,395	\$324,043	\$1,762,438	

<sup>11</sup>b. Describe any challenges encountered with vendors or subrecipients.

Project Budget Element	Federal Funds Awarded	Approved Matching Funds	Total Budget	Federal Funds Expended	Approved Matching Funds Expended	Total Funds Expended	
Total Indirect Costs	\$0	\$0	\$0	\$0	\$0	\$0	
Total Costs	\$2,533,678	\$640,228	\$3,173,906	\$1,438,395	\$324,043	\$1,762,438	
% of Total	80	20	100	82	18	100	

### 13. Hardware / Software

13a. List any hardware/software purchased during this reporting period.

None

13b. Please note any hardware/software that has yet to be purchased and explain why it has not been purchased.

None

- 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.

# set forth in the award documents. 15a. Typed or Printed Name and Title of Authorized Certifying Official Maria Pou 15c. Telephone (area code, number, and extension) 787-977-9200 15d. Email Address mpou@fortaleza.gobierno.pr

15b. Signature of Authorized Certifying Official

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

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

Submitted Electronically 12-19-2012