U.S. DEPARTMENT OF COMMERCE							2. Award Or Grant Number 34-50-M09066				
Performance Progress Report								4. Report Date (MM/DD/YYYY) 10-07-2010			
Recipient Name     State of New Jersey								6. Designated Entity On Behalf Of: NJ Office of Information Technology			
3. Street Address 300 Riverview Plaz	·						8. Final Rep	Yes Quarterly Semi Annual			
5. City, State, Zip Co Trenton, NJ 08625						_	● No		<ul><li>○ Annual</li><li>○ Final</li></ul>		
7. Project / Grant P Start Date: (MM/ 02-01-2010		7a. End D 01-31-	Date: (MM/DD/YYYY) -2015		Reporting Period End (MM/DD/YYYY) -30-2010	d Date:	9a. If Other, please describe: N/A				
10. Broadband 10a. Provider Table		J					L				
Number of Providers Identified 52	Number of Providers Co 52		Number of Agreemer Reached for Data Sh		Number of Partial Data Sets Received	Numbe Comple	er of Number of ete Data Sets Data Sets Verified 3				
10i. If verification activities have not been initiated please provide a projected time line for beginning and completing such activities n/a											
Staffing 10j. How many jobs	have been cre	ated or r	etained as a result of th	nis pro	oject?						
As of the June 30, 2010 2.8 FTE positions were retained											

		ntly fully staffed? • Yes how any lack of staffing m		roject's	s time line	and \	when th	e proje	ect will be	fully st	affec	I	
N/A													
10m	. When fully staffed,	how many full-time equiva	alent (FTE) jobs	do you	u expect to	crea	ate or re	tain as	a result	of this p	roje	ct?	
2.8 F	TEs retained												
10n.	Staffing Table												
		Job Title		F	TE %		Date	of Hire	e				
	Executive Direct	or/Senior Principal Engi	neer	30		03/0	)1/2010	)					
	Principal Engine	er		100		03/0	)1/2010	)					
Senior Systems Engineer				100		03/0	)1/2010	)					
				Ac	dd Row		Ren	nove	Row				
	b Contracts Subcontracts Table												
			RFP Issued (Y/N)		Contract ecuted (Y/I	N)	Start D	ate	End	Date	ı	ederal Funds	In-Kind Funds
Telcordia Perform data collection and y planning activities			Y		Y	05/25/2010 05/25/		2012 \$1,998,293		\$0			
								Add R	low		Rem	ove Row	
Fur	nding												
10p.	10p. How much Federal funding has been expended as of the end of the last quarter? \$0 10q. How much Remains? \$1,998,293												
10r.	10r. How much matching funds have been expended as of the end of last quarter? \$13,311 10s. How much Remains? \$486,261							\$486,261					
10t.	10t. Budget Worksheet												

Mapping Budget Element	Federal Funds Granted	Proposed In-Kind	Total Budget	Federal Funds Expended	Matching Funds Expended	Total Funds Expended
Personal Salaries	\$0	\$499,573	\$0	\$0	\$13,311	\$13,311
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	100	0	0	2	0

Hardware / Software
10u. Has the project team purchased the software / hardware described in the application? Yes No
10v. If yes, please list
n/a
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? Yes No  10y. If yes, please list
n/a
10z. Are there any additional project milestones or information that has not been included?
n/a
10bb. Please describe any challenge or obstacle that you have encountered and detail the mitigation strategies the project team is employing
n/a
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
During this time period, the primary focus was on Broadband Mapping and not Planning.
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? \$0

11f. How much Remains? \$1,998,293

11g. How much matching funds have been expended as of the end of last quarter?

\$13,311

11h. How much Remains? \$486,281

11i. Planning Worksheet

Planning Budget Element	Federal Funds Granted	Proposed In-Kind	Total Budget	Federal Funds Expended	Matching Funds Expended	Total Funds Expended	
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

11I. 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)  X						
Shelley Bates							
	12d. Email Address						
	shelley.bates@oit.state.nj.us						
12b. Signature of Authorized Certifying Official	12e. Date Report Submitted (Month, Day, Year)						
Submitted Electronically	10-18-2010						
	Performance Progress Report OMB Approval Number: 0860-0034 Expiration Date: 08/31/2010						