

U.S. DEPARTMENT OF COMMERCE

Performance Progress Report

2. Award or Grant Number

12-50-M09034

4. Report Date (MM/DD/YYYY)

03-02-2015

1. Recipient Name

Florida Department of Management Services

6. Reporting Period End Date:

03-31-2015

3. Street Address

4030 Esplanade Way, Suite 180,

5. City, State, Zip Code

Tallahassee, FL 32399

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

12-01-2009

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

01-31-2015

8. Designated Entity on Behalf of:

State of Florida

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	Mapping	4,334,802	3,232,067	75%
2	Technical Assistance	E-rate/Grants	2,416,226	2,111,174	87%
3	Planning Teams	N/A	1,566,000	1,565,928	100%
4	Capacity Building	Library	560,000	559,980	100%
5	N/A				
6	N/A				
			\$8,877,028	\$7,469,149	84%

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.

This is the final report and final quarter. The Director position was the only active position during this quarter and for closeout activities

10b. Staffing Table									
Job Title			FTE %	Project(s) Assigned			Change		
DMS State of Florida Director			100	All			No Change		
DMS State of Florida Mapping Project Manager			0	Mapping			No Change		
DMS State of Florida E-rate Coordinator			0	E-rate/Grants			No Change		
DMS State of Florida E-rate Coordinator			0	E-rate/Grants			No Change		
DMS State of Florida E-rate Coordinator			0	E-rate/Grants			No Change		
DMS State of Florida E-rate Coordinator			0	E-rate/Grants			No Change		
DMS State of Florida Grants Assistance Manager			0	E-rate/Grants			No Change		
DMS Grants Writer			0	E-rate/Grants			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)	
Connected Nation	Data Collection	Yes	Yes	12/27/2010	12/31/2011	1,774,449	11,605	Mapping	100
Regional Planning Council Interim Mapping	Data Collection	No	Yes	01/02/2012	12/03/2012	421,040	0	Mapping	100
BroadMap	Data Collection	Yes	Yes	10/15/2012	11/30/2014	525,148	0	Mapping	100
University of Florida	Planning Teams	Yes	Yes	06/22/2010	06/30/2012	500,000	0	Planning	100
Contracted Grad Students	Technical Assistance	Yes	Yes	02/06/2012	11/30/2014	249,600	80,000	Grants	100
Department of State Libraries	Capacity Building	Yes	Yes	07/19/2011	07/19/2012	560,000	0	Library	100
Paul Consulting (Portal Development)	Planning Teams	Yes	Yes	09/25/2012	10/31/2013	76,000	0	Planning	100
Other	Data Collection	No	No	10/30/2012	01/31/2015	955,132	0	Mapping	100

Regional Planning Council	Planning Teams	Yes	Yes	07/19/2011	10/31/2013	990,000	265,000	Planning	100
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11b. Describe any challenges encountered with vendors or subrecipients.

Amounts reported in section 11a represents the actual total amount paid to our contractors. Our vendors performed according to expectation.

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	\$2,534,876	\$677,397	\$3,212,273	\$2,235,326	\$935,510	\$3,170,836
Personnel Fringe Benefits	\$195,343	\$224,151	\$419,494	\$79,315	\$334,982	\$414,297
Travel	\$83,440	\$0	\$83,440	\$45,240	\$0	\$45,240
Equipment	\$0	\$11,328	\$11,328	\$0	\$0	\$0
Materials / Supplies	\$0	\$5,544	\$5,544	\$0	\$50	\$50
Subcontracts Total	\$6,051,369	\$356,605	\$6,407,974	\$5,108,758	\$184,070	\$5,292,828
Construction	\$0	\$0	\$0	\$0	\$0	\$0
Other	\$12,000	\$1,602,300	\$1,614,300	\$510	\$1,422,714	\$1,423,224
Total Direct Costs	\$8,877,028	\$2,877,325	\$11,754,353	\$7,469,149	\$2,877,326	\$10,346,475
Total Indirect Costs	\$0	\$0	\$0	\$0	\$0	\$0
Total Costs	\$8,877,028	\$2,877,325	\$11,754,353	\$7,469,149	\$2,877,326	\$10,346,475
% of Total	76	24	100	72	28	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

Tammy Williams

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

850-921-6481

15d. Email Address

tammy.williams@dms.myflorida.com

15b. Signature of Authorized Certifying Official

Submitted Electronically

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

06-10-2015