

<b>U.S. DEPARTMENT OF COMMERCE</b>  <b>Performance Progress Report</b>				<b>2. Award or Grant Number</b> 31-50-M09058	
				<b>4. Report Date (MM/DD/YYYY)</b> 07-16-2014	
<b>1. Recipient Name</b> Nebraska Public Service Commission				<b>6. Reporting Period End Date:</b> 06-30-2014	
<b>3. Street Address</b> 300 The Atrium Building, 1200 N Street,					
<b>5. City, State, Zip Code</b> Lincoln, NE 68508					
<b>7a. Project / Grant Period Start Date: (MM/DD/YYYY)</b> 01-01-2010	<b>7b. End Date: (MM/DD/YYYY)</b> 01-31-2015	<b>8. Designated Entity on Behalf of:</b> Nebraska			
<b>9. List the individual projects in your approved project plan</b>					
	<b>Project Type (Data Collection, Capacity Building, Technical Assistance, etc.)</b>	<b>Project Name (if different from Project Type)</b>	<b>Total Federal Funding Amount</b>	<b>Total Federal Funding Amount expended at the end of this reporting period</b>	<b>Percent of Total Federal Funding amount expended</b>
1	Data Collection	Not Applicable	3,171,126	2,276,864	72%
2	Capacity Building	Includes other funding from Original Award	885,417	587,282	66%
3	Technical Assistance	Includes other funding from Original Award	1,193,058	797,677	67%
4	Other	Includes other funding from Original Award	394,177	246,176	62%
5	N/A	Regional Planning/Includes Original Award	0	0	
6	N/A		0	0	
			\$5,643,778	\$3,907,999	69%
<b>10. Personnel</b>  <b>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.</b>  The project is fully staffed.					

10b. Staffing Table									
Job Title				FTE %	Project(s) Assigned			Change	
Executive Director				4	Data Collection			No Change	
Department Director				5	Data Collection/Technical Assistance/Regiona			No Change	
Attorney				5	Data Collection			No Change	
Analyst				15	Data Collection/Technical Assistance/Regiona			No Change	
Economist				5	Data Collection			No Change	
Business Manager				2	Data Collection			No Change	
Accountant				1	Data Collection			No Change	
Accountant				5	Data Collection			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)	
Apex CoVantage	Data Collection	Yes	Yes	01/20/2010	12/31/2011	1,376,716	0	Data Collection	100
BroadMap	Data Collection	Yes	Yes	01/06/2012	12/31/2014	749,847	0	Data Collection	100
BroadMap	Data Collection	No	Yes	07/10/2012	12/31/2014	17,132	0	Data Collection	100
GeoComm	Data Collection	No	Yes	10/18/2010	11/17/2010	11,207	0	Data Collection	100
Mobile Pulse	Data Collection	No	Yes	10/01/2013	10/01/2014	21,000	0	Data Collection	100
Unknown	Data Collection	No	No	12/31/2014	12/31/2014	260,000	0	Outreach	100
Unknown	Data Collection	No	No	12/31/2014	12/31/2014	109,493	0	Future Best Practices	100
Unknown	Data Collection	No	No	12/31/2014	12/31/2014	196,688	0	Additional Data Colle	100

State of Nebraska	Data Collection	No	No	12/31/2014	12/31/2014	19,200	0	GIS Database	100
						Add Row	Remove Row		
<p><b>11b. Describe any challenges encountered with vendors or subrecipients.</b></p> <p>The NPSC has not experienced any particular challenges with its vendors during the reporting period.</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	\$195,549	\$13,995	\$209,544	\$178,198	\$13,995	\$192,193
Personnel Fringe Benefits	\$58,469	\$3,605	\$62,074	\$49,273	\$3,605	\$52,878
Travel	\$26,300	\$0	\$26,300	\$14,503	\$0	\$14,503
Equipment	\$0	\$0	\$0	\$0	\$0	\$0
Materials / Supplies	\$5,525	\$0	\$5,525	\$1,034	\$0	\$1,034
Subcontracts Total	\$2,761,283	\$0	\$2,761,283	\$2,010,346	\$0	\$2,010,346
Construction	\$0	\$0	\$0	\$0	\$0	\$0
Other	\$2,596,652	\$1,828,816	\$4,425,468	\$1,654,645	\$1,717,752	\$3,372,397
Total Direct Costs	\$5,643,778	\$1,846,416	\$7,490,194	\$3,907,999	\$1,735,352	\$5,643,351
Total Indirect Costs	\$0	\$0	\$0	\$0	\$0	\$0
Total Costs	\$5,643,778	\$1,846,416	\$7,490,194	\$3,907,999	\$1,735,352	\$5,643,351
% of Total	75	25	100	69	31	100

  

13. Hardware / Software
<p>13a. List any hardware/software purchased during this reporting period.</p> <p>No hardware/software was purchased during this reporting period.</p>
<p>13b. Please note any hardware/software that has yet to be purchased and explain why it has not been purchased.</p> <p>No hardware/software has yet to be purchased.</p>

  

14. SBI PPR Project Attachment (Skip question 14b if Data Collection is your only project).
<p>14a. Complete a SBI PPR Project Data Collection Attachment and attach it to the PPR.</p> <p>14b. Complete a SBI PPR Attachment for each additional funded project and attach it to the PPR.</p>

**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

Shanicee Knutson

Legal Counsel

15c. Telephone  
(area code, number, and extension)  
(402) 471-3101

15d. Email Address  
shana.knutson@nebraska.gov

15b. Signature of Authorized Certifying Official

Submitted Electronically

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

07-30-2014