

U.S. DEPARTMENT OF COMMERCE

Performance Progress Report

2. Award or Grant Number

40-50-M09059

4. Report Date (MM/DD/YYYY)

01-25-2013

1. Recipient Name

State of Oklahoma

6. Reporting Period End Date:

12-31-2012

3. Street Address

2300 N Lincoln Boulevard,

5. City, State, Zip Code

Oklahoma City, OK 73105-4801

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

01-01-2010

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

12-31-2014

8. Designated Entity on Behalf of:

N/A

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 | SBDD - State of Oklahoma | 3,815,185 | 2,291,951 | 60% |
| 2 | N/A | N/A | 0 | 0 | |
| 3 | N/A | N/A | 0 | 0 | |
| 4 | N/A | N/A | 0 | 0 | |
| 5 | N/A | N/A | 0 | 0 | |
| 6 | N/A | N/A | 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.

N/A

| | | | | | | | | | | | |
|---|--|---------------------|------------------|-------------------------|------------|---------------------|-------------------------------|--------------------------------|--|-----|--|
| 10b. Staffing Table | | | | | | | | | | | |
| Job Title | | | | FTE % | | Project(s) Assigned | | Change | | | |
| Broadband Mapping Project Coordinator | | | | 50 | | 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) | | |
| The Sanborn Map Company | | Data Collection | Yes | Yes | 01/18/2010 | 12/31/2014 | 2,829,863 | 154,463 | Data Collection | 100 | |
| | | | | | | Add Row | | Remove Row | | | |
| 11b. Describe any challenges encountered with vendors or subrecipients. | | | | | | | | | | | |
| <p>There have been no challenges encountered with the Sanborn Map Company.</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 | \$340,750 | \$383,773 | \$724,523 | \$178,648 | \$69,695 | \$248,343 |
| Personnel Fringe Benefits | \$102,300 | \$144,869 | \$247,169 | \$83,109 | \$27,878 | \$110,987 |
| Travel | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Equipment | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Materials / Supplies | \$97,006 | \$0 | \$97,006 | \$3,746 | \$0 | \$3,746 |
| Subcontracts Total | \$2,829,863 | \$154,463 | \$2,984,326 | \$1,864,448 | \$144,063 | \$2,008,511 |
| Construction | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Other | \$445,266 | \$423,768 | \$869,034 | \$162,000 | \$423,768 | \$585,768 |
| Total Direct Costs | \$3,815,185 | \$1,106,873 | \$4,922,058 | \$2,291,951 | \$665,404 | \$2,957,355 |
| Total Indirect Costs | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Total Costs | \$3,815,185 | \$1,106,873 | \$4,922,058 | \$2,291,951 | \$665,404 | \$2,957,355 |
| % of Total | 78 | 22 | 100 | 78 | 22 | 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

Allison McMichael

Administrative Officer

15c. Telephone
(area code, number, and extension)
(405) 521-6753

15d. Email Address
Allison.mcmichael@omes.ok.gov

15b. Signature of Authorized Certifying Official

Submitted Electronically

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

01-25-2013