

<b>U.S. DEPARTMENT OF COMMERCE</b>  <b>Performance Progress Report</b>				<b>2. Award or Grant Number</b> 41-50-M09042	
				<b>4. Report Date (MM/DD/YYYY)</b> 07-26-2013	
<b>1. Recipient Name</b> Public Utility Commission of Oregon				<b>6. Reporting Period End Date:</b> 06-30-2013	
<b>3. Street Address</b> 550 Capitol Street NE, Suite 215,					
<b>5. City, State, Zip Code</b> Salem, OR 97301-2567					
<b>7a. Project / Grant Period Start Date: (MM/DD/YYYY)</b> 12-20-2009	<b>7b. End Date: (MM/DD/YYYY)</b> 12-19-2014	<b>8. Designated Entity on Behalf of:</b> N/A			
<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	Data Collection and Planning	3,878,178	2,567,623	66%
2	Application Usage and Development	N/A	396,133	84,733	21%
3	Capacity Building	N/A	263,991	147,143	56%
4	Technical Assistance	N/A	1,120,000	492,413	44%
5	N/A	N/A	0	0	
6	N/A	N/A	0	0	
			\$5,658,302	\$3,291,912	58%
<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>  All current projects are fully staffed at the sub-recipient level.					

10b. Staffing Table									
Job Title				FTE %		Project(s) Assigned		Change	
N/A				0		N/A		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)	
One Economy	Data Collection	Yes	Yes	02/18/2010	01/01/2013	1,859,053	0	Mapping	100
Department of Administrative Services, Enterprise Information Strategy and Policy division	Data Collection	No	Yes	09/26/2011	03/31/2015	54,665	0	Mapping	100
TBD	Original Planning Gran	No	No	09/16/2013	07/31/2014	152,969	0	Initial Planning	100
					Add Row		Remove Row		
11b. Describe any challenges encountered with vendors or subrecipients.									
N/A									

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	\$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	\$2,066,687	\$0	\$2,066,687	\$1,906,720	\$0	\$1,906,720
Construction	\$0	\$0	\$0	\$0	\$0	\$0
Other	\$3,591,615	\$1,469,247	\$5,060,862	\$1,385,192	\$954,846	\$2,340,038
Total Direct Costs	\$5,658,302	\$1,469,247	\$7,127,549	\$3,291,912	\$954,846	\$4,246,758
Total Indirect Costs	\$0	\$0	\$0	\$0	\$0	\$0
Total Costs	\$5,658,302	\$1,469,247	\$7,127,549	\$3,291,912	\$954,846	\$4,246,758
% of Total	79	21	100	78	22	100

  

<b>13. Hardware / Software</b> 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.  Licensing of 3rd party data sets will be required early 2014.

  

<b>14. SBI PPR Project Attachment (Skip question 14b if Data Collection is your only project).</b>  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.
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**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

Shelley Jones

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

15d. Email Address

Shelley.E.Jones@state.or.us

15b. Signature of Authorized Certifying Official

Submitted Electronically

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

08-20-2013