

**U.S. DEPARTMENT OF COMMERCE**

**Performance Progress Report**

2. Award Or Grant Number

41-50-M09042

4. Report Date (MM/DD/YYYY)

10-24-2011

1. Recipient Name

Public Utility Commission of Oregon

6. Designated Entity On Behalf Of:

Oregon

3. Street Address

550 Capitol Street NE, Suite 215,

8. Final Report?

Yes

No

9. Report Frequency

Quarterly

Semi Annual

Annual

Final

5. City, State, Zip Code

Salem, OR 97301-2567

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

12-20-2009

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

12-19-2014

7b. Reporting Period End Date:

09-30-2011

9a. If Other, please describe:

N/A

**10. Broadband Mapping**

10a. Provider Table

Number of Providers Identified	Number of Providers Contacted	Number of Agreements Reached for Data Sharing	Number of Partial Data Sets Received	Number of Complete Data Sets	Number of Data Sets Verified
0	0	0	0	0	0

10b. Are you submitting the required PROVIDER DATA by using the Excel spreadsheet provided by the SBDD grants office?  Yes  No

10c. Have you encountered challenges with any providers that indicate they may refuse to participate in this project?  Yes  No

10d. If so, describe the discussions to date with each of these providers and the current status

Did not pursue data collection from providers that were earlier determined to be non-responsive or non-cooperative based upon previous data collection attempts.

10e. If you are collecting data through other means (e.g. data extraction, extrapolation, etc), please describe your progress to date and the relevant activities to be undertaken in the future

N/A

10f. Please describe the verification activities you plan to implement

Crowd-Sourcing: Description:

• Results from map user initiated speed tests will be database, including location and feedback on accuracy of data displayed (be it technology type, provider, address location, etc.) and shared with providers during review of their attribution and coverage area.

Due Date: For use in reviewing and verifying provider data and attribution in all future data submissions.

10g. Have you initiated verification activities?  Yes  No

10h. If yes, please describe the status of your activities

Provider Portal Data Validation: 49 Providers reviewed their footprints for accuracy using the provider portal for the fall data submission. 75 sets of provider/technology footprints were verified using 3rd party source material (Media Prints, Pitney Bowes, Comsearch and American Roamer).

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 created or retained as a result of this project?

2.74

10k. Is the project currently fully staffed?  Yes  No

10l. If no, please explain how any lack of staffing may impact the project's time line and when the project will be fully staffed

N/A

10m. When fully staffed, how many full-time equivalent (FTE) jobs do you expect to create or retain as a result of this project?

2.74

10n. Staffing Table

Job Title	FTE %	Date of Hire
Program Manager - Mapping	18	02/18/2010
Technical Project Manager - Mapping	5	02/18/2010
Database Administrator - Mapping	5	02/18/2010
GIS Systems and Mapping Engineer - Mapping	6	02/18/2010
Database and Requirements Engineer - Mapping	5	02/18/2010
Sr. Director of Program Management and Quality	5	02/18/2010
Sr. Web Designer - Mapping	5	02/18/2010
Sr. GIS Analysis - Mapping	25	02/18/2010
Data Sourcing Manager - Mapping	30	04/01/2011
Quality Control Specialist	10	04/01/2011
Director of Finance and Administration - Mapping	5	04/01/2011
Sr. Direct of Finance And Administration - Mapping	5	04/01/2011
Program Manager - Planning	75	07/01/2010
Operation Manager - Planning	75	07/01/2010

Add Row

Remove Row

**Sub Contracts**

10o. Subcontracts Table

Name of Subcontractor	Purpose of Subcontract	RFP Issued (Y/N)	Contract Executed (Y/N)	Start Date	End Date	Federal Funds	In-Kind Funds
One Economy Cooperation	Primary contractor for Mapping and Planning	Y	Y	02/18/2010	01/01/2016	1,445,303	0

Add Row

Remove Row

**Funding**

10p. How much Federal funding has been expended as of the end of the last quarter? \$1,445,303      10q. How much Remains? \$4,212,999

10r. How much matching funds have been expended as of the end of last quarter? \$481,853      10s. How much Remains? \$987,394

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	\$420,558	\$813,975	\$1,234,533	\$0	\$286,549	\$286,549
Personnel Fringe Benefits	\$207,125	\$205,643	\$412,768	\$0	\$0	\$0
Travel	\$58,870	\$7,500	\$66,370	\$0	\$0	\$0

Mapping Budget Element	Federal Funds Granted	Proposed In-Kind	Total Budget	Federal Funds Expended	Matching Funds Expended	Total Funds Expended
Equipment	\$288,436	\$750	\$289,186	\$0	\$0	\$0
Materials / Supplies	\$80,420	\$6,675	\$87,095	\$0	\$0	\$0
Subcontracts Total	\$4,006,802	\$150,000	\$4,156,802	\$1,445,303	\$0	\$1,445,303
Subcontract #1	\$2,059,177	\$0	\$2,059,177	\$1,445,303	\$0	\$1,445,303
Subcontract #2	\$1,947,625	\$150,000	\$2,097,625	\$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	\$476,091	\$284,704	\$760,795	\$0	\$195,304	\$195,304
Total Direct Costs	\$5,538,302	\$1,469,247	\$7,007,549	\$1,445,303	\$481,853	\$1,927,156
Total Indirect Costs	\$120,000	\$0	\$120,000	\$0	\$0	\$0
Total Costs	\$5,658,302	\$1,469,247	\$7,127,549	\$1,445,303	\$481,853	\$1,927,156
% Of Total	79	21	100	75	25	100

### 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

In addition to the previously reported data sets purchased, the following was purchased this quarter: NAVTEQ: Street Map including Address Point Data - \$79,433

10z. Are there any additional project milestones or information that has not been included?  Yes  No

10aa. If yes, please list

N/A

10bb. Please describe any challenge or obstacle that you have encountered and detail the mitigation strategies the project team is employing

Users of the statewide broadband map have indicated that service appears to be overstated in many areas do to inclusion of data from business only providers. The team will be testing several different functions that may be used within the map to address this concern.

10cc. Please provide any other information that you think would be useful to NTIA as it assesses your Broadband Mapping Project

Population density and speeds available have been added as display options within the statewide broadband map. Tribal lands and individual provider coverage have been added as search options.

## 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

Survey: Telephone questionnaire on broadband adoption and use. Due Date: June 2011; banners, tabulations and results complete. Written analysis still due.

Community Broadband Summits: Hold 15 summits across state. Due Date: July 6, 2011; summits complete, statistic collected, draft of results completed. Documentation of key findings and feedback still due.

Map Survey: Add select survey results to statewide map. Due Date: 10/30/11

Comprehensive Report: Report to include 18 different points of data on broadband in Oregon. Due Date: 11/01/11

Digital Blueprint: Report based on comprehensive report and includes clear plans to increase broadband adoption. Due Date: 12/01/11

Follow-up Survey: Create a survey on topics identified for further investigation. Due Date: 1/31/12.

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? \$0

11g. How much matching funds have been expended as of the end of last quarter? \$0

11h. How much Remains? \$0

### 11i. Planning Worksheet

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

11i. Planning Worksheet

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

11l. Please provide any other information that you think would be useful to NTIA as it assesses your Broadband Mapping Project

Projects approved under supplemental grant and continued mapping are being contracted with sub-recipients prior to work beginning.

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

Shelley Jones

12c. Telephone  
(area code, number, and extension)

12d. Email Address

Shelley.E.Jones@state.or.us

12b. Signature of Authorized Certifying Official

Submitted Electronically

12e. Date Report Submitted  
(Month, Day, Year)

11-07-2011