

U.S. DEPARTMENT OF COMMERCE

## Performance Progress Report

**2. Award or Grant Number**

33-50-M09048

**4. Report Date (MM/DD/YYYY)**

01-06-2015

**1. Recipient Name**

University of New Hampshire

**6. Reporting Period End Date:**

12-31-2014

**3. Street Address**

8 College Road, Morse Hall,

**5. City, State, Zip Code**

Durham, NH 03824

**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:**

New Hampshire

**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	Data Collection	2,741,220	2,618,383	96%
2	Address File	Address File	410,054	310,591	76%
3	Capacity Building	Capacity Building	791,848	785,553	99%
4	Technical Assistance	Technical Assistance	950,470	892,845	94%
5	Planning Teams	Planning Teams	1,219,746	1,003,079	82%
6	N/A				
			\$6,113,338	\$5,610,451	92%

**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		
Project Director			75	Data Collection			No Change		
Co-Project Director			2	Technical Assistance			No Change		
Co-Project Director			2	Capacity Building			No Change		
Co-Project Director			2	Planning			No Change		
Planning Project Manager			8	Technical Assistance			No Change		
Planning Project Manager			79	Capacity Building			No Change		
Planning Project Manager			5	Planning			No Change		
GSDLN Planning Project Manager			18	Technical Assistance			No Change		
Mapping Project Coordinator			53	Data Collection			No Change		
Mapping Project Coordinator			54	Data Collection			No Change		
Capacity Building Coordinator			49	Capacity Building			No Change		
Capacity Building Coordinator			70	Capacity Building			No Change		
Cooperative Extension Planning			61	Planning			No Change		
Cooperative Extension Planning			66	Planning			No Change		
GIS Analyst			47	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)	
Southwest Region Planning Commission	Data Collection	No	Yes	01/01/2010	12/31/2014	959,881	490,469	Data Collection	100
Southwest Region Planning Commission	Planning Teams	No	Yes	01/01/2010	12/31/2014	1,033,672	238,333	Planning Teams	100
Upper Valley Lake Sunapee Regional Planning Commission	Data Collection	No	Yes	01/01/2012	12/31/2014	30,000	0	Data Collection	100

Nashua Regional Planning Commission	Address File	No	Yes	01/01/2011	12/31/2013	344,523	20,000	Address File	100
NH Office of Energy and Planning	Planning Teams	No	Yes	01/01/2011	12/31/2014	101,100	25,234	Planning Team	61
NH Office of Energy and Planning	Technical Assistance	No	Yes	01/01/2011	12/31/2014	64,366	16,133	Technical Assistance	39
NH Department of Resources and Economic Development	Capacity Building	No	Yes	01/01/2011	12/31/2014	95,727	107,276	Capacity Building	100
Northern Community Investment Corporation	Capacity Building	No	No	06/01/2013	12/31/2014	140,963	39,000	Technical Assistance	100

Add Row

Remove Row

**11b. Describe any challenges encountered with vendors or subrecipients.**

N/A

<b>12. Budget worksheet</b>						
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.						
<b>Project Budget Element</b>	<b>Federal Funds Awarded</b>	<b>Approved Matching Funds</b>	<b>Total Budget</b>	<b>Federal Funds Expended</b>	<b>Approved Matching Funds Expended</b>	<b>Total Funds Expended</b>
<b>Personnel Salaries</b>	\$1,547,080	\$101,470	\$1,648,550	\$1,552,851	\$119,751	\$1,672,602
<b>Personnel Fringe Benefits</b>	\$484,440	\$45,512	\$529,952	\$495,594	\$52,943	\$548,537
<b>Travel</b>	\$30,695	\$0	\$30,695	\$41,438	\$0	\$41,438
<b>Equipment</b>	\$19,808	\$0	\$19,808	\$19,801	\$0	\$19,801
<b>Materials / Supplies</b>	\$353,360	\$0	\$353,360	\$336,752	\$0	\$336,752
<b>Subcontracts Total</b>	\$2,770,232	\$936,445	\$3,706,677	\$2,331,041	\$677,708	\$3,008,749
<b>Construction</b>	\$0	\$0	\$0	\$0	\$0	\$0
<b>Other</b>	\$46,500	\$266,529	\$313,029	\$0	\$436,528	\$436,528
<b>Total Direct Costs</b>	\$5,252,115	\$1,349,956	\$6,602,071	\$4,777,477	\$1,286,930	\$6,064,407
<b>Total Indirect Costs</b>	\$861,223	\$189,032	\$1,050,255	\$832,974	\$193,550	\$1,026,524
<b>Total Costs</b>	\$6,113,338	\$1,538,988	\$7,652,326	\$5,610,451	\$1,480,480	\$7,090,931
<b>% of Total</b>	80	20	100	79	21	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.						
N/A						
<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.						

**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

Fay Rubin

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

15d. Email Address

Fay.rubin@unh.edu

15b. Signature of Authorized Certifying Official

Submitted Electronically

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

01-30-2015