

U.S. DEPARTMENT OF COMMERCE

Performance Progress Report

2. Award Or Grant Number
21-50-M09061

4. Report Date (MM/DD/YYYY)
10-21-2010

1. Recipient Name
Commonwealth of Kentucky

6. Designated Entity On Behalf Of:
N/A

3. Street Address
700 Capitol Avenue,

8. Final Report?
 Yes
 No

9. Report Frequency
 Quarterly
 Semi Annual
 Annual
 Final

5. City, State, Zip Code
Frankfort, KY 40601-3410

7. Project / Grant Period
Start Date: (MM/DD/YYYY)
01-01-2010

7a. End Date: (MM/DD/YYYY)
12-31-2014

8. Reporting Period End Date:
(MM/DD/YYYY)
09-30-2010

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
112	112	22	2	67	57

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

For Provider List, Please see accompanying Excel document: KY_SBDD_QuarterlyProgress_Sept2010_FINAL.xls

For Narrative, Please see accompanying Word document: KY_SBDD_QuarterlyProgress_Sept2010_FINAL.doc

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

Please see accompanying Word document: KY_SBDD_QuarterlyProgress_Sept2010_FINAL.doc

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

Please see accompanying Word document: KY_SBDD_QuarterlyProgress_Sept2010_FINAL.doc

10g. Have you initiated verification activities? Yes No

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

Please see accompanying Word document: KY_SBDD_QuarterlyProgress_Sept2010_FINAL.doc

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?

7.54

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?

7.54

10n. Staffing Table

Job Title	FTE %	Date of Hire
Administrative Assistant	2	02/01/2010
Assistant Project Manager	4	02/01/2010
CADD Technician	11	02/01/2010
Civil Engineer	53	02/01/2010
GIS Associate	42	02/01/2010
GIS Specialist	76	02/01/2010
GIS Technician	7	02/01/2010
Mapping Supervisor	3	02/01/2010
Senior Software Developer	16	02/01/2010
Support Technician	11	02/01/2010
Technical Consultant	1	02/01/2010
Technical Manager	51	02/01/2010
Telecommunications Analyst (Validation)	60	06/15/2010
Survey/Data Collection Analyst (Validation)	32	06/15/2010
Project Manager (Validation Team)	38	06/15/2010

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
Michael Baker Jr., Inc	Data Collection/ Validation Services	Y	Y	02/01/2010	01/31/2011	\$981,077	\$0
Murray State University	Validation Services	N	Y	06/15/2010	03/31/2011	\$400,000	\$0

Add Row Remove Row

Funding

10p. How much Federal funding has been expended as of the end of the last quarter? **\$857,321** 10q. How much Remains? **\$4,445,158**

10r. How much matching funds have been expended as of the end of last quarter? **\$153,137** 10s. How much Remains? **\$1,173,051**

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	\$2,748,127	\$798,048	\$3,546,175	\$420,096	\$46,461	\$586,573
Personnel Fringe Benefits	\$110,920	\$96,826	\$207,746	\$0	\$2,573	\$2,573
Travel	\$182,000	\$6,000	\$188,000	\$0	\$0	\$0
Equipment	\$18,500	\$16,956	\$35,456	\$8,500	\$0	\$17,146
Materials / Supplies	\$50,000	\$0	\$50,000	\$0	\$0	\$0
Subcontracts Total	\$2,067,521	\$0	\$2,067,521	\$409,354	\$0	\$409,354
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	\$89,069	\$408,358	\$497,427	\$19,371	\$104,103	\$138,936
Total Direct Costs	\$5,266,137	\$1,326,188	\$6,592,325	\$857,321	\$153,137	\$1,010,458
Total Indirect Costs	\$36,342	\$0	\$36,342	\$0	\$0	\$0
Total Costs	\$5,302,479	\$1,326,188	\$6,592,325	\$857,321	\$153,137	\$1,010,458
% Of Total	80	20	100	85	15	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

Please see the description of validation activities above for a list of the purchased datasets and their use. This includes InfoUSA and American Roamer data.

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

N/A

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

N/A

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

N/A

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

Through the quarter ending September 30, the Commonwealth had anticipated developing an updated project plan and budget for the planning budget. Due to internal changes, the initiation of a new Office of Broadband Development and anticipation of the supplemental awards, it was deemed appropriate to wait until this quarter to submit an updated plan. It is anticipated that this money will be used to assist with the startup and initiation of the new administrative broadband office. The development of the new broadband office in the Commonwealth represents a key aspect of our proposal submitted in June and a more detailed statement of work will be reflected in a revised planning narrative to be submitted in the next 30 days

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

Planning Budget Element	Federal Funds Granted	Proposed In-Kind	Total Budget	Federal Funds Expended	Matching Funds Expended	Total Funds Expended
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
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?

No

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

n/A

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

Steve Landers

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

12d. Email Address

steve.landerson@ky.gov

12b. Signature of Authorized Certifying Official

Submitted Electronically

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

10-29-2010

Performance Progress Report
OMB Approval Number: 0660-0034
Expiration Date: 08/31/2010