

**U.S. DEPARTMENT OF COMMERCE**

**Performance Progress Report**

2. Award Or Grant Number

41-50-M09042

4. Report Date (MM/DD/YYYY)

01-24-2011

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:

12-31-2010

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
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

Providers identified below as not responding or not cooperating were not contacted in 4th quarter 2010. This is a carry-over list from 3rd quarter and excludes those removed as non-providers.

Status for all providers listed "not providing data"; each will be contacted in 2011.

Name - Challenge Description

- BLUE MT TV CABLE CO - Will not take calls or discuss, won't participate
- COGENT COMMUNICATIONS GROUP - Emails go unanswered after initial contact
- COMPAN COMMUNICATIONS - Wants fiscal compensation to supply data
- EASTERN OREGON NET, INC (EONI) - Wants fiscal compensation to supply data
- MERITEL GROUP INC - Will not take calls or discuss, won't participate
- NEXTGEN INTERNET SYSTEMS, INC. - Emails go unanswered after initial contact
- WINDWAVE TECHNOLOGIES, INC. - Wants fiscal compensation to supply data
- AIR SPEED LLC - Emails go unanswered after initial contact
- BENDTEL INC - Emails go unanswered after initial contact
- EAGLE TELEPHONE SYSTEM, INC. - Emails go unanswered after initial contact
- EAGLECAP.NET LLC - Emails go unanswered after initial contact
- HUNTER COMMUNICATIONS INC - Emails go unanswered after initial contact
- NEXTNET TELECOM INC - Emails go unanswered after initial contact
- OREGON-IDAHO UTILITIES INC - Emails go unanswered after initial contact
- PREFERRED CONNECTIONS INC NW - Emails go unanswered after initial contact
- SILVER STAR TELECOM LLC - Emails go unanswered after initial contact
- TILLAMOOK - COASTCOM, INC - Emails go unanswered after initial contact
- VERTEX GROUP INC - Emails go unanswered after initial contact
- X5 PDX LLC - Emails go unanswered after initial contact

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

Provider Data Validation

Description:

- Review ingested data output of coverage areas with New providers and providers that provided coverage Updates using the Provider Portal or through other means.
- Review existing coverage areas with the twenty providers that did not validate their data prior to the October 2010 submission regardless of whether or not they are providing updates.

Due Date March 12, 2011

3rd Party Verification

Description:

- Compare collected and processed provider Updated coverage data against 3rd party source material; review discrepancies with providers.
- Compare coverage data collected and processed from New providers against 3rd party source material; review discrepancies with providers.
- Review with providers discrepancy results gained from 3rd Party verification of previously submitted coverage data which were not reviewed in the 4th quarter.

Due Date March 20, 2011

Confidence Indicator (CI)

Description:

- Process by which the collection, ingestion, provider validation and 3rd party verification actions are evaluated and scored for a total confidence rating of accuracy and completeness of provider data which affect the NTIA submission, statewide map integrity and state planning efforts.
- This CI process will encourage and support provider feedback dialog, state review and overall confidence in statewide mapping data per region and technology.

Due Date June 30, 2011

10g. Have you initiated verification activities?  Yes  No

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

3rd Party Verification

Description:

- 57 provider's coverage data, for all technology types, was compared to the appropriate 3rd party source material (Media Prints, Pitney Bowes, Comsearch and American Roamer) in 4th quarter.

Status: This completed the 3rd party verification of all provider's coverage data submitted in the October 1, 2010 deliverable although the results were not shared with providers.

10i. If verification activities have not been initiated please provide a projected time line for beginning and completing such activities

Crowd-Sourcing

Description:

- Once released, the statewide mapping portal is designed to perform user initiated speed tests and to database the results, including location. It will also provide user feedback on accuracy of data displayed be it technology type, provider, address location, etc. Accumulated results could assist the dialog when reviewing with provider their attribution and coverage area.

Due Date: For use in reviewing attribution for the Fall 2011 submission.

**Staffing**

10j. How many jobs have been created or retained as a result of this project?

3.48

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

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

3.48

10n. Staffing Table

Job Title	FTE %	Date of Hire

Program Manager - Mapping	12	02/18/2010
Senior Quality Control Manager - Mapping	15	02/18/2010
Technical Project Manager - Mapping	5	02/18/2010
Database Administrator - Mapping	5	02/18/2010
Cartographic Specialist - Mapping	12	02/18/2010
Data Specialist - Mapping	80	02/18/2010
Business Analyst - Mapping	12	02/18/2010
Geo-coding and Conflation Engineer - Mapping	6	02/18/2010
GIS Systems and Mapping Engineer - Mapping	6	02/18/2010
Applications and Tools Engineer - Mapping	5	02/18/2010
Database and Requirements Engineer - Mapping	10	02/18/2010
Sr. Web Designer - Mapping	5	02/18/2010
External Affairs Manager - Mapping	25	02/18/2010
Program Manager - Planning	75	07/01/2010
Operations Manager - Planning	75	07/01/2010

**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 LLC	Primary contractor for Mapping and Planning	Y	Y	02/18/2010	01/01/2016	2,108,302	527,093

**Funding**

10p. How much Federal funding has been expended as of the end of the last quarter? \$463,024      10q. How much Remains? \$5,195,278

10r. How much matching funds have been expended as of the end of last quarter? \$296,565      10s. How much Remains? \$1,172,682

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	\$174,499	\$174,499
Personnel Fringe Benefits	\$207,125	\$205,643	\$412,768	\$0	\$0	\$0
Travel	\$58,870	\$7,500	\$66,370	\$0	\$0	\$0
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	\$0	\$0	\$0
Subcontract #1	\$4,006,802	\$150,000	\$4,156,802	\$463,024	\$0	\$463,024
Subcontract #2	\$0	\$0	\$0	\$0	\$0	\$0

Mapping Budget Element	Federal Funds Granted	Proposed In-Kind	Total Budget	Federal Funds Expended	Matching Funds Expended	Total Funds Expended
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	\$122,066	\$122,066
Total Direct Costs	\$5,538,302	\$1,469,247	\$7,007,549	\$463,024	\$296,565	\$759,589
Total Indirect Costs	\$120,000	\$0	\$120,000	\$0	\$0	\$0
Total Costs	\$5,658,302	\$1,469,247	\$7,127,549	\$463,024	\$296,565	\$759,589
% Of Total	80	20	100	61	39	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

N/A

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

10aa. If yes, please list

Statewide Broadband Map:

\*Completed requirements document draft and alpha working model

\*Internal Beta version due January 2011

\*Public Beta version due February after NTIA review.

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

One provider NDA still outstanding. Renewed efforts to resolve contested language should result in execution so provider data is not missing from the map.

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

\* Broadband Survey: sample .3% HH statewide with telephone survey (75% landline/25% cell) completed 11/24. Results due in January.

\* Community Broadband Summits (CBS) formerly town hall meetings: Hold 15 CBS throughout the state - scheduled for June/July 2011 time frame - locations have been identified using preliminary mapping data; Summit agenda and communications plans to be completed in February.

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
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

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)

02-18-2011