OMB Control No. 0660-0038 Expiration Date: 8/31/2016

U.S. Department of Commerce Performance Progress Report						2. Award or Grant Number: 4. EIN:	24-10-S13024		
							526002033		
1. Recipient Name State of Maryland Department of Information Technology (DoIT)					6. Report Date (MM/DD/YYYY)	07.30.15			
3. Street Address	45 Calvert Street	AE Calvart Street							
3. Street Address	-5 Carvert Street					End Date: (MM/DD/YYYY)	6.30.15		
						8. Final Report	9. Report Frequency		
5. City, State, Zip Code	Apparolis MD 21401					Yes	Quarterly _		
5. City, State, Zip Code	Alliapolis, IVID 21401	······							
						No x			
10a. Project/Grant Period		401 5 10 1							
Start Date: (MM/DD/YYYY)	8/1/2013	10b. End Date:	1/31/2018						
11. List the individual projects	in your approved Project Plac	(MM/DD/YYYY)							
11. List the mulvidual projects	III your approved Project Plan								
		Project Deliverable		I Federal Funding					
	Project Type (Capacity	Quantity (Number &		nt expended at the	Percent of Total Federal Amount expended				
	Building, SCIP Update,	Indicator Description)	Funding Amount end	of this reporting					
				period					
1	Stakeholder Meetings	169 people							
2	Broadband Conferences	9 people	ı						
3	Staff Hires	0							
4	Contract Executions	0							
5	Governance Meetings	0 5 700 website 2000							
		5,700 website page views; 481 Twitter							
6	Education and Outreach	followers; 520 materials							
		distributed							
	Subrecipient Agreement								
7	Executed	0							
8	Phase 2 - Coverage	Stage 2							
	Phase 2 – Users and Their								
9	Operational Areas	Stage 2							
		c. 2							
10	Phase 2 – Capacity Planning	Stage 2							
11	Phase 2 – Current	Stage 2							
11	Providers/Procurement	Stage 2							
12	Phase 2 – State Plan Decision	Stage 1							
		• • •	Baseline Report for this proje	ect; any challenges	or obstacles encountered and mitigation strategies you h	ave employed; planne	ed major activities for		
the next quarter; and any addi	tional project milestones or ii	ntormation.							
Milestone activities:	and lung the Mendend First	Not toom continued to	rk on its milastanas:						
During the months of April, Ma	y, and June the Maryland First	ivet team continued to WO	k on its initestones:						
PPR Quarterly Report									
Tri Quarterly Report									
11b. If the project team anticin	ates requesting any changes	to the approved Baseline	Report in the next quarter of	lescribe those below	v. Note that any substantive changes to the Raseline Ren	ort must be approved	by the Department of		
11b. If the project team anticipates requesting any changes to the approved Baseline Report in the next quarter, describe those below. Note that any substantive changes to the Baseline Report must be approved by the Department of Commerce before implementation.									

None									

11c. Provide any other information that would be useful to NTIA as it assesses this project's progress.										
11d. Describe any success stor	ies or best practices you have	identified. Please be as s	pecific as possible.							
12. Personnel										
12a. If the project is not fully s	taffed, describe how any lack	of staffing may impact th	e project's time line a	and when the project will b	e fully staffed	d.				
12b. Staffing Table										
Job Title	FTE%		Project (s) Assigned							
Assistant Bureau Chief/Chief Information Officer;										
Technology and Information										
Management Command of the		Dana and ibla fan ar and aba	-f -ll CHCD							
Maryland Department of State		Responsible for oversight	Responsible for oversight of all SLIGP work 0							
Police; FirstNet Program										
Manager	25 percent									
DolT AAG	0.025 percent	Serve as Legal Authority f	or State to enter into a	agreements and MOUs with	vendors and	contractors			0	
13. Subcontracts (Vendors and 13a. Subcontracts Table – Inclu		stale from this table must	agual tha "Cubsantra	sts Total" in Question 14f						
13a. Subcontracts Table – Incit	The air subcontractors. The to	rtais iroin tilis table illust	ľ	Cts Total III Question 141.	Contract					
Name	Subcontract	t Purpose	Type (Vendor/Subrec.)	RFP/RFQ Issued (Y/N)	Executed (Y/N)	Start Date	End Date	Total Federal Funds Allocated	Total Matching Funds Allocated	
University of Maryland	Broadband Outreach Administrator		Contractor	N	Y	8.1.13	7.31.16	\$480,000	N/A	
Integrity Consulting	Broadband SME		Contractor	Y	Y	12.9.14	7.31.16	\$313,560	N/A	
University of Maryland	Regional Coordinator Team for 4 interop regions		Contractor	N	2.1.14	2.1.14	7.31.16	\$518,275	N/A	
Allegany County	Regional Coordinator for one region		Contractor	N	10.30.14	10.30.14	7.31.16	\$75,000	N/A	
Salisbury State University	Website Developer and GIS		Contractor	N	Y (Task Order MOU)	6.5.14	7.31.16	\$330,000	N/A	
Motorola	Site Surveys		Vendor	Y	Y	Phase II-TBD	7.31.16	\$0	\$358,240	
All Hazards Consortium	Regional Coordination MACINAC		Contractor*	Y	Y	9.25.14	7.31.16	\$90,750*	N/A	
13b. Describe any challenges encountered with vendors and/or subrecipients.										
None										

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14. Budget Worksheet								
Columns 2, 3 and 4 must match your current project budg		ile.						
Only list matching funds that the Department of Commerce has already approved.								
Project Budget Element (1)	Federal Funds Awarded (2)	Approved Matching Funds (3)	Total Budget (4)	Federal Funds Expended Approved Mat (5) Funds Expende		Total funds Expended (7)		
a. Personnel Salaries	\$0.00	\$108,660.00	\$108,660.00	\$53,889.84 \$53		\$53,889.84		
b. Personnel Fringe Benefits		\$30,240	\$30,240.00		\$9,625.46	\$9,625.46		
c. Travel	\$149,082.00	\$0.00	\$149,082.00	\$21,737.95		\$21,737.95		
d. Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
e. Materials/Supplies	\$13,694.00	\$0.00	\$13,694.00	\$2,681.44		\$2,681.44		
f. Subcontracts Total	\$1,731,835.00	\$358,240.00	\$2,090,075.00	541,524.75		\$541,524.75		
g. Other	\$90,750.00	\$0.00	\$90,750.00	\$30,556.50	\$88,343.11	\$118,899.61		
h. Indirect			\$0.00			\$0.00		
i. Total Costs	\$1,985,361.00	\$497,140.00	\$2,482,501.00	\$596,500.64	\$151,858.41	\$748,359.05		
j. % of Total	80%	20%	100%	80%	20%	100%		
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(s) set forth in the award documents.								
16a. Typed or printed name and title of Authorized Cert	16c. Telephone (area							
Acting MD Single Point of Contact Department of Information Technology					443-622-9637			
16b. Signature of Authorized Certifying Official:	16d. Email Address:	lori.stone@maryland.gov						
Loui Stone					7.30.15			