ĺ	Number: 4. EIN:	23-10-S13023N 01-6000001								
1. Recipient Name	State of Maine – ConnectME	6. Report Date (MM/DD/YYYY)	01/30/18							
3. Street Address	145 State House Station	7. Reporting Period End Date: (MM/DD/YYYY)	12/30/17							
5. City, State, Zip Code	Augusta, ME, 04333-0078			8. Final Report Yes NoX	9. Report Frequency Quarterly					
10a. Project/Grant Period										
Start Date: (MM/DD/YYYY)	D1/01/14 I	10b. End Date: (MM/DD/YYYY)	02/28/18							
11. List the individual projects i	in your approved Project Pla	an								
1	Project Ivne II anacity - I	Project Deliverable Quantity (Number & Indicator Description)	Description of Milestone Category							
1 5	Stakeholders Engaged	133	Actual number of individuals reached via stakeholder meetings during the quarter							
1 2 1	Individuals Sent to Broadband Conferences	0	Actual number of individuals who were sent to third-party broadband conferences using SLIGP grant fu	unds during the quart	er					
	Staff Hired (Full-Time Equivalent)(FTE)	0	O Actual number of state personnel FTEs who began supporting SLIGP activities during the quarter (may be a de							
4 (Contracts Executed									
5	Governance Meetings	ernance Meetings 1 Actual number of governance, subcommittee, or working group meetings held during the quarter								
1 6 1	Education and Outreach Materials Distributed	60	bsite or social media	account supported by						
1 1	Subrecipient Agreements Executed	0	Actual number of agreements executed during the quarter							
8 1	Phase 2 - Coverage	Stage 6								
1 9 1	Phase 2 – Users and Their Operational Areas	Stage 6	For each Phase 2 milestone category, please provide the status of the activity during the quarter: Stage 1 - Process Development							
1 111 1	Phase 2 Capacity Planning	Stage 6	Stage 2 - Data Collection in Progress							
. 11 .	Phase 2 – Current Providers/Procurement	Stage 6	Stage 4 - Data Submitted to FirstNet Stage 5 - Continued/Iterative Data Collection							
12	Phase 2 – State Plan Decision	NA								
11a. Describe your progress me for the next quarter; and any ac			e Baseline Report for this project; any challenges or obstacles encountered and mitigation strategies yo	ou have employed; pl	lanned major activities					
This quarter no team members attend Qtiry MEMA check in with Director; E9			rs were continuing the education and outreach efforts. Those events included: In-Person Meetings with FirstNet and the AT& atch conversation with FPO and NIST,	T team; ConnectME Auth	ority Monthly Meetings;					
11b. If the project team anticipal Department of Commerce before		to the approved Baselin	e Report in the next quarter, describe those below. Note that any substantive changes to the Baseline I	Report must be appro	oved by the					
Adjustment for into the Other category for online hosting and invoicing software, adjusted for the entire grant in this budget below. Proportion of match adjusted for 75% personnel to 25% fringe in the match budget categories as well.										

11c. Provide any other inform:	ation that would be useful to	o NTIA as it assesses this	project's progress.						
The ConnectME Authority is un	ndergoing structural and pers	onnel changes but is con	nmitted to fulfilling the	requirements of this gran	t. An applicat	ion for SLIGP 2.0 f	unds will be submitted	by the Maine Office of Ir	nformation Technology,
a bureau within the Departmer	nt of Administrative and Fina	ncial Services.							
11d. Describe any success stor From a program perspective, a	ies or best practices you hav decision by Maine Governor	re identified. Please be a Paul LePage (made on J	is specific as possible. uly 31 and communica	ted on August 4) to particip	ate in the Fir	stNet network is co	onsidered a success, as	are numerous activities	(including governance
body participation and support	ì								
12. Personnel					HT	** •			
12a. If the project is not fully s	tarred, describe how any lac	k of staffing may impact	t the project's time lin	e and when the project wi	il be tully stat	TEG.			
N/A									
12b. Staffing Table - Please in	clude all staff that have cont	tributed time to the proj	ect. Please do not rem	ove individuals from this t	able.				· · · · · · · · · · · · · · · · · · ·
Job Title	FTE%			Project	(s) Assigned				Change
Program Director, ConnectME Authority	100%	SLiGP - all aspects							All as match time.
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		·							
			· · · · · · · · · · · · · · · · · · ·						
13. Subcontracts (Vendors and	/or Subrecipients)	L							L
13a. Subcontracts Table – Inclu		totals from this table mu	ust equal the "Subcont	racts Total" in Question 1	4f.			* * *	
Name	Subcontract Purpose		Type (Vendor/Subject.)	RFP/RFQ Issued (Y/N)	Contract Executed (Y/N)	Start Date	End Date	Total Federal Funds Allocated	Total Matching Funds Allocated
Tilson	FirstNet SLIGP all aspects		Vendor	Υ	Y	10/1/2014	8/31/2018	\$744,815.00	\$0.00
13b. Describe any challenges e	 -ncountered with vendors at	nd/or subrecinients		<u> </u>					L
Do. Describe any crianenges e	medantered that renders di	nayor sabreapieres.				·			
NA									

14. Budget Worksheet						
Columns 2, 3 and 4 must match your current project budget		on file.				
Only list matching funds that the Department of Commerce i	ias already approved.			_		
Project Budget Element (1)	Federal Funds Awarded (2)	Approved Matching Funds (3)	Total Budget (4)	Federal Funds Expended (5)	Approved Matching Funds Expended (6)	· ·
a. Personnel Salaries	\$194,700.00	\$44,745.00	\$239,445.00	\$150,837.54	\$104,860.01	\$255,697.55
b. Personnel Fringe Benefits	\$61,950.00	\$0.00	\$61,950.00	\$52,781.82	\$34,953.34 \$87,735.16	
c. Travel	\$44,440.00	\$33,586.00	\$78,026.00	\$20,390.48	\$3,106.41	\$23,496.89
d. Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
e. Materials/Supplies	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
f. Subcontracts Total	\$744,814.00	\$0.00	\$744,814.00	\$712,711.41	\$43,954.63	\$756,666.04
g. Other	\$0.00	\$182,477.00	\$182,477.00	\$85,904.00	\$61,504.60	\$147,408.60
h. Indirect	\$0.00	\$0.00	\$0.00		0	
i. Total Costs	\$1,045,904.00	\$260,808.00	\$1,306,712.00	06,712.00 \$1,022,625.25		\$1,271,004.24
j. % of Total	80%	20%	100%	80%	20%	100%
15. Certification: I certify to the best of my knowledge and t	elief that this report is correct and compl	ete for performance of activitie	es for the purpose(s) set f	orth in the award documents		
16a. Typed or printed name and title of Authorized Certifyin David W. Maxwell, Program Director, ConnectME Authority	16c. Telephone (area code, number, and extension)	207-624-9793				
16b. Signature of Authorized Certifying Official:	16d. Email Address:	David.W.Maxwell@mai	ne.gov			
- DadWWall	Date:	1/30/2018				