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

		U.S	. Department of Commerce	2. Award or Grant Number: 23-10-S13023N					
		Ре	rformance Progress Report			4. EIN: 01-6000001			
1. Recipien	t Name: State of Maine	e – Conne	ectME Authority			6. Report Date: 5/22/2015			
3. Street Ac	ddress: 78 State House	Station				7. Reporting Period End Da	te: 3/31/2015		
5. City, Stat	te, Zip Code: Augusta, N	ME, 0433	3-0078		8. Final Report	9. Report Frequency X Quarterly			
-	t/Grant Period e: 01/01/2014	10b. En	d Date: 08/31/2016						
	individual projects in y	our appr	oved Project Plan						
	Project Type (Capacity		Project Deliverable Quantity	Total Federal	Total Fodoral	Euroding Amount expended	Percent of Total Federal Funding		
	Building, SCIP Update,		(Number & Indicator		Total Federal Funding Amount expended at the end of this reporting period		_		
				Funding Amount	at the end of	this reporting period	Amount expended		
-	Outreach, Training etc		Description)						
1	Stakeholder Meetings		500	0	0		0		
2	Working Group Meetin	-	4	0	0		0		
3	Broadband Conference	es	11	0	0		0		
4	Staff Hires (FTEs)		0	0	0		0		
5	Contract Executions		0	0	0		0		
6	Education and Outread	ch	500	0	0		0		
	Materials								
strategies y The first go FirstNetME chapter of l	you have employed; pla overnance meeting with team meets weekly to NENA and the annual M	nned ma the MIC work thr 1EMA cor	major activity/milestone approv jor activities for the next quarter C was held on April 28 th , 2015. It rough upcoming tasks and assign nference. At both events staff m e have allowed the team to hand	r; and any additional p was well attended an planning and project anned a booth and ha	oroject mileston od sparked grea work. Team m nded out Firstl	nes or information. At insight into the next phases nembers have attended two co NetME materials and talked v	onferences: specifically the local vith the attendees. A logo,		
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 None at this time. A match waiver may be needed, as the true kick off of the project took longer than anticipated.									
11c. Provide any other information that would be useful to NTIA as it assesses this project's progress.									
Education a	and outreach has accele	erated an	d is ongoing.						

11d. Describe any success stories or best practices you have identified. Please be as specific as possible.

The FirstNetME team has created and is using the logo and several marketing materials for handouts and booth setups at events.

12. Personnel

12a. If the project is not fully staffed, describe how any lack of staffing may impact the project's time line and when the project will be fully staffed.

NA

12b. Staffing Table

Job Title	FTE %	Project(s) Assigned	Change
Associate Executive Director, ConnectME Authority	.5	Initiated (no reported hours per the quarterly report)	None
Program Director, ConnectME Authority	.1	Initiated (no reported hours per the quarterly report)	None

Add Row

Remove Row

13. Subcontracts (Vendors and/or Subrecipients)

13a. Subcontracts Table – Include all subcontractors. The totals from this table must equal the "Subcontracts Total" in Question 14f.

Name	Subcontract Purpose	Туре	RFP/RFQ	Contract	Start	End	Total Federal	Total Matching	Project and % Assigned
		(Vendor/Subrec.)	Issued	Executed	Date	Date	Funds Allocated	Funds Allocated	
			(Y/N)	(Y/N)					
Tilson	FirstNet SLIGP Phase 1	Vendor	Y	Y	10/01/	08/31/	\$428,310	\$0	
				(contracted	2014	2016			
				executed					
				during Q6					
				reporting					
				period)					
				Add Row	Remov	e Row			
	anu challangaa anaauntara								

13b. Describe any challenges encountered with vendors and/or subrecipients.

NA

14. Budget Worksheet

Columns 2, 3 and 4 must match your current project budget for the entire award, which is the SF-424A on file. Only list matching funds that the Department of Commerce has already approved.

Project Budget Element (1)	Federal Funds	Approved Matching	Total Budget	Federal Funds	Approved Matching Funds	Total Funds Expended (7)
	Awarded (2)	Funds (3)	(4)	Expended (5)	Expended (6)	
a. Personnel Salaries	116850	31290	148140	20000	2911	22911
b. Personnel Fringe Benefits	65894	13455	79349	0	1252	1252
c. Travel	57800	31680	89480	2095	2947	5042
d. Equipment	0	0	0	0	0	0
e. Materials/Supplies	7800	0	7800	731	0	731
f. Subcontracts Total	775075	0	775075	95164	0	95164
g. Other	2337	184383	186720	0	0	0
h. Indirect	20148	0	20148	0	0	0
i. Total Costs	1045904	260808	1306712	117990	7110	125100
j. % of Total	80%	20%	100%	94%	6%	100%
documents.						
	and title of Authorize	ed Certifying Official		16c. Telephone (area	a code, number, and extension)	
16a. Typed or printed name a					a code, number, and extension)	
16a. Typed or printed name a				207-592-0668	a code, number, and extension)	
16a. Typed or printed name a					a code, number, and extension)	
16a. Typed or printed name a				207-592-0668 16d. Email Address		
documents. 16a. Typed or printed name a Lisa Leahy, Associate Executiv 16b. Signature of Authorized	ve Director, Connect			207-592-0668 16d. Email Address Lisa.leahy@maine.go		
16a. Typed or printed name a Lisa Leahy, Associate Executiv	ve Director, Connect			207-592-0668 16d. Email Address Lisa.leahy@maine.go	v	
16a. Typed or printed name a Lisa Leahy, Associate Executio 16b. Signature of Authorized	ve Director, Connect			207-592-0668 16d. Email Address Lisa.leahy@maine.go	v	
16a. Typed or printed name a Lisa Leahy, Associate Executio 16b. Signature of Authorized	ve Director, Connect			207-592-0668 16d. Email Address Lisa.leahy@maine.go 16e. Date Report Sub	v	
16a. Typed or printed name a Lisa Leahy, Associate Executiv	ve Director, Connect			207-592-0668 16d. Email Address Lisa.leahy@maine.go 16e. Date Report Sub	v	

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a currently valid OMB control number. Public reporting burden for this collection of information is estimated to average 10 hours per response for the application process, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Michael Dame, Director, State and Local Implementation Grant Program, Office of Public Safety Communications, National Telecommunications and Information Administration, U.S. Department of Commerce (DOC), 1401 Constitution Avenue, N.W., HCHB, Room 7324, Washington, D.C. 20230.

Page 3 of 4