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		U.S	. Department of Commerce	2. Award or Grant Number: 23-10-S13023N			
		Pe	rformance Progress Report			4. EIN: 01-6000001	
1. Recipien	t Name: State of Maine	– Conne	ctME Authority			6. Report Date: 7/26/2015	
3. Street A	ddress: 78 State House	Station		7. Reporting Period End Date: 6/30/2015			
5. City, Sta	te, Zip Code: Augusta, N	⁄ΙΕ, 0433	3-0078			8. Final Report  Yes X No	9. Report Frequency X Quarterly
10a. Projec	ct/Grant Period	10b. En	d Date: 08/31/2016				
Start Date: 01/01/2014							
11. List the	e individual projects in y	our appr	oved Project Plan				
	Project Type (Capacity		Project Deliverable Quantity	Total Federal	Total Federal Funding Amount expended		Percent of Total Federal Funding
	Building, SCIP Update,		(Number & Indicator	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 Meetings		11	0	0		0
3	Broadband Conferences		13	0	0		0
4	4 Staff Hires (FTEs)		0	0	0		0
5	5 Contract Executions		0	0	0		0
6	6 Education and Outreach Materials		500	0	0		0

11a. Describe your progress meeting each major activity/milestone approved in the Baseline Report for this project; any challenges or obstacles encountered and mitigation strategies you have employed; planned major activities for the next quarter; and any additional project milestones or information.

The state consultation was held on May 20, 2015, it was attended by various public safety and technology representatives for the state. The FirstNetME team meets weekly to work through upcoming tasks and assign planning and project work. Team members have attended various conferences: specifically the Broadband Communities Summit, National Association of State EMS Officials, the Maine Partners in Emergency Preparedness Conference, APCO Public Safety Broadband Summit, Tribal Telecom 2015 MMA Municipal Technology Conference, Hall of Flags Broadband day, Maine Chiefs of Police Association 2015 summer meeting, Board of EMS meeting, NENA annual Conference and Training. At these events staff handed out FirstNetME materials and talked with the attendees. The next MICC governance meeting, New England regional meeting and other events are being planned for the coming quarter.

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.

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11c. Provide any other information that would be useful to NTIA as it assesses this project's progress.

Education and outreach has accelerated and 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	Υ	Υ	10/01/	08/31/	\$428,310	\$0	
				(contracted	2014	2016			
				executed					
				during Q6					
				reporting					
				period)					

Add Row

Remove Row

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

NA

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4. Budget Worksheet								
Columns 2, 3 and 4 must mat	ch your current proj	ect budget for the entire	award, which is th	he SF-424A on file.				
Only list matching funds that		_						
Project Budget Element (1)	Federal Funds Awarded (2)	Approved Matching Funds (3)	Total Budget (4)	Federal Funds Expended (5)	Approved Matching Funds Expended (6)	Total Funds Expended (7)		
. Personnel Salaries	116850	31290	148140	28800	4126	32926		
. Personnel Fringe Benefits	65894	13455	79349	0	1252	1252		
. Travel	57800	31680	89480	10061	2947	13008		
. Equipment	0	0	0	0	0	0		
Materials/Supplies	7800	0	7800	731	0	731		
Subcontracts Total	775075	0	775075	109494	0	109494		
. Other	2337	184383	186720	0	0	0		
. Indirect	20148	0	20148	0	0	0		
Total Costs	1045904	260808	1306712	149087	8325	157411		
% of Total	80%	20%	100%	95%	5%	100%		
5. Certification: I certify to t ocuments. 6a. Typed or printed name a			s report is correct		formance of activities for the purp a code, number, and extension)	oose(s) set forth in the award		
isa Leahy, Associate Executi	ve Director, Connec	tME Authority		207-592-0668  16d. Email Address				
			Lisa.leahy@maine.gov					
6b. Signature of Authorized	Certifying Official		16e. Date Report Submitted (month, day, year)					
Luna Leahy)			July 26, 2015					

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