U.S. Department of Commerce Performance Progress Report					30-10-S13030 810302402			
1. Recipient Name	State of Montana, Department of Administration							
3. Street Address	PO Box 200113, 124 No. Rob	7. Reporting Period End Date: (MM/DD/YYYY)	7/29/2015					
5. City, State, Zip Code	Helena, Montana 59620	8. Final Report Yes No _x	9. Report Frequency Quarterly x					
10a. Project/Grant Period			And the second of the second o	Company of the control of the contro				
8/1/2013		10b. End Date: 01/31/2018						
11. List the individual projects	1. List the individual projects in your approved Project Plan							
	Project Type (Capacity Building, SCIP Update,	Project Deliverable Quantity (Number & Indicator Description)			:			
1	Stakeholder Meetings	75						
2	Broadband Conferences	4						
3	Staff Hires	0						
4	Contract Executions	0						
5	Governance Meetings	3						
6	Education and Outreach	160						
7	Subrecipient Agreement Executed	0						
8	Phase 2 - Coverage	Stage 1 Process Development						
1 9 1	Phase 2 – Users and Their	Stage 1 Process						
	Operational Areas	Development						
10	Phase 2 – Capacity Planning	Development						
11	Phase 2 – Current	Stage 1 Process						
	Providers/Procurement	Development						
17	Phase 2 – State Plan	Stage 1 Process						
	Decision	Development	: Baseline Report for this project; any challenges or obstacles encountered and mitigation strategles you h	ave employed: plance	d major activities for			
the next quarter; and any addit			busines report for this projects, any entirenges of obstacles encountered and integration strategies you in	ave employed, planise	a major activities for			
			the PSE's on the Board were asked to inform and collect information from their members. This included a re	quest to take the MDS	located at			
-		· · · · · · · · · · · · · · · · · · ·	-Safety-Home-Page/SIGB-2015-Materials The SPOC and SLIGP grant manager attended the SPOC meeting or	•				
	•		e informative. The people in attendence at the SIGB meetings and the materials distributed are reported in					
	•	•	ager had multiple converstations with OEC and was granted access to the MDS results. SLIGP held a meeting					
purpose of the meeting was to a	sk the Tribes for information	about their PSE's. In atten	dence were the Blackfeet, Rocky Boy, Fort Belnap, Fort Peck and Crow. Not in attendence were the Salish Ko	otenai and the Northe	rn Cheyenne. Tribal			
• •	ates requesting any changes		Report in the next quarter, describe those below. Note that any substantive changes to the Baseline Rep					

11c. Provide any other inform	nation that would be useful to	NTIA as it assesses this p	roject's progress.						<u>-</u>
11d. Describe any success stor	ries or best practices you hav	e identified. Please be as	specific as possible.						
12. Personnel		_							
12a. If the project is not fully	staffed, describe how any lac	k of staffing may impact to	he project's time line :	and when the project will h	e fully staffer	d.			
man in the project is not rany.	starred, describe month and	a control of the cont	p. oject o tane tale t	with the project will be	e rany sasme.				
12b. Staffing Table									
Job Title	FTE%							-	Change
SLIGP Project MGT (Inkind)	100%	Work with and prepar	Work with and prepare presentations for SIGB; quarterly reports; supervise OR Coordinator; data collection for FN; prepare RFP, Contracts, MOU's; No Change						
SPOC (Inkind)	5%		ingle Point of Contact, Contract Officer, Supervises Bureau Chief and SLIGP Program Manager No Change						
PSCB Bureau Chief (Inkind)	20%								No Change
PSCB Fiscal MGT (Ink)	3%		······································						No Change
	-		ontact with meeting facilitator: Schedule regional, state and local tribal meetings; develon contacts with local and tribal PSF's: Distribute EN materials;						
OR Coordinator (Fed)	100%	maintain website conter	naintain website content with AA; Support SPOC, Bureau Chief and Project Manager.						No Change
AA to SIGB (Fed)	50%	Maintain SIGB and SLIGP Web Sites; keep SIGB attendence records, minutes, scheduling, meeting set-up, travel claims processing from SIGB Members; and,						No Change	
13. Subcontracts (Vendors and									
13a. Subcontracts Table – Incl	ude all subcontractors. The t	otals from this table must	t equal the "Subcontra	cts Total" in Question 14f.					
Name	Subcontract Purpose		Type (Vendor/Subrec.)	RFP/RFQ Issued (Y/N)	Contract Executed (Y/N)	Start Date	End Date	Total Federal Funds Allocated	Total Matching Funds Allocated
Montana State Library	Generate Baseline Data Ma	Generate Baseline Data Maps		No	N			\$17,172.00	
Meeting Facilitator	Arrange a series of 18 regional meetings x 3 and 7 tribal meetings x 3		Vendor	Yes	N			Subject to bid	
13b. Describe any challenges e	encountered with vendors an	d/or subrecipients.							
The 0400	to take of the land word over								
The MOA was acturally signed	in July after legal review.	•							
									

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)
a. Personnel Salaries	\$250,000.00	\$330,272.00	\$580,272.00	\$60,959.00	\$140,859.00	\$201,818.00
b. Personnel Fringe Benefits	\$56,850.00	\$75,104.00	\$131,954.00	\$14,019.00	\$35,672.00	\$49,691.00
c. Travel	\$181,026.00	\$14,157.00	\$195,183.00	\$24,441.00	\$13,744.00	\$38,185.00
d. Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
e. Materials/Supplies	\$9,400.00	\$1,832.00	\$11,232.00	\$31,032.00	\$1,832.00	\$32,864.00
f. Subcontracts Total	\$410,931.00	\$32,739.00	\$443,670.00	\$0.00	\$0.00	\$0.00
g. Other	\$908,208.00		\$908,208.00	\$0.00	\$0.00	\$0.00
h. Indirect	\$0.00		\$0.00			\$0.00
i. Total Costs	\$1,816,415.00	\$454,104.00	\$2,270,519.00	\$130,451.00	\$192,107.00	\$322,558.00
j. % of Total	80%	20%	100%	40%	60%	100%
15. Certification: I certify to the best of my knowle	dge and belief that this report is correct and complete	for performance of activities for	or the purpose(s) set forth	n the award documents.		1 19 912
16a. Typed or printed name and title of Authorized Certifying Official: Quinn Ness Bureau Chief					406-444-6134	
16a. Typed or printed name and title of Authorized	l Certifying Official:		or the purpose(s) set forth	16c. Telephone (area	406-444-6134 Qness@mt.gov	<u> </u>