|   | U.S. Department of Commerce  | 2. Award or Grant Nu<br>16-10-S13016 | 2. Award or Grant Number<br>16-10-S13016 |  |  |
|---|------------------------------|--------------------------------------|--|--|--|
| Performance Progress Report                         |                              | 4. EIN<br>82-6000952                 |  |  |  |
| 1. Recipient Name                                   |                              | 6. Report Date (MM/I                 | 6. Report Date (MM/DD/YYYY)              |  |  |
| State of Idaho Military Division                    |                              | 1/30/14                              | 1/30/14                                  |  |  |
| 3. Street Address<br>4040 Guard St, Bldg. 600       |                              | 7. Reporting Period E<br>12/31/2014  | 7. Reporting Period End Date: 12/31/2014 |  |  |
| 5. City, State, Zip Code<br>Boise, ID, 83705        |                              | 8. Final Report  Yes  XX No          | 9. Report Frequency XX Quarterly         |  |  |
| 10a. Project/Grant Period<br>Start Date: 08/01/2013 | 10b. End Date:<br>07/31/2016 |                                      |  |  |  |

11. List the individual projects in your approved Project Plan

|   | Project Type (Capacity<br>Building, SCIP Update,<br>Outreach, Training etc.) | Project Deliverable Quantity<br>(Number & Indicator<br>Description) | Total Federal<br>Funding Amount | Total Federal Funding Amount expended at the end of this reporting period | Percent of Total Federal Funding<br>Amount expended |
|---|--|---|---------------------------------|---|---|
| 1 | Stakeholder Meetings   | 245   |                                 |   |   |
| 2 | Conferences / Workshops  | 1   |                                 |   |   |
| 3 | Contract Executions  | 4   |                                 |   |   |
| 4 | Staff Hires  | 0   |                                 |   |   |
| 5 | Outreach Materials   | 0   |                                 |   |   |
| 6 | Governance   | 1   |                                 |   |   |

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.

- There have been no major obstacles or challenges encountered this quarter and the local strategies employed were based on education and awareness and have enhanced the program and staff objectives.

## Progress this quarter:

### Stakeholder:

- Scheduled and completed OUTREACH visits to 9 Counties during 2 Emergency Management Workshops (Boundary, Bonner, Benewah, Clearwater, Kootenai, Lewis, Nez Perce, Shoshone // 32 in attendance)
- Presentation provided to the Region 3 District Interoperability Governance Board (DIGB) (16 personnel)
- 6 County/City First Responder visits (Owyhee, Twin Falls, Payette, Ada / City of Lewiston, City of Kimberly // 18 Personnel)
- Idaho Technology Summit (October 14-15 // 130 Attendee's)
- Idaho National Laboratory (INL) Wireless Test Range (16 Personnel)

# **Conferences/Workshops:**

- Idaho FirstNet Planning Committee and DHS/OEC Broadband Technical Coverage/Capacity Workshop (BB-BRBNDLTE) held 9 December 2014 (33 in attendance)
- Program Manager attended Oregon and Washington initial consultation meetings

## Contract Executions (see 13a below):

- Temporary employee contract (DePaul) support for Outreach activities
- Val Technologies consulting SLIGP and PSBAG Consulting
- Gloria Totoricaguena Idaho Technology Summit Professional Planning Services
- Baney Corporation Conference Room PSBAG meeting

# Planned activities for the next quarter:

- Idaho FirstNet Planning Committee meeting scheduled for March 2015
- Affiliated Tribes of Northwest Indians (ATNI) representation with Idaho, Oregon, and Washington SLIGP
- International Wireless Communications Expo (IWCE) attendance
- Working with neighboring states for information sharing in regards to outreach planning and governance structures
- Continue Outreach planning opportunities
- Will work with eastern Idaho jurisdictions currently operating LMR systems within Band 14. Facilitate discussions with FirstNet legal team to identify potential funding to
  assist with the migration.
- Prepare for Initial Consultation

#### Milestones:

- Submitted State Consultation Checklist
- Increased level of outreach and outreach products
- Increased Tribal outreach
- Submitted RFP for contracted Outreach solutions, SLIGP website, professional materials and support
- Announced FTE for an Outreach and Data Collection Coordinator

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.

- No substantive changes anticipated this quarter.
- 11c. Provide any other information that would be useful to NTIA as it assesses this project's progress.
  - We will submit Request for Proposal (RFP) and anticipate a contract award for technical support, so we will be requesting a MATCH WAIVER next quarter.

| 11d. Describe | any success stories o | r best practices you | have identified. | . Please be as specific as poss | ible. |
|---------------|-----------------------|----------------------|------------------|---------------------------------|-------|
|---------------|-----------------------|----------------------|------------------|---------------------------------|-------|

- Initial Outreach interactions have been well received and positive. FirstNet is becoming more familiar with the groups we encounter and the information presented is highly accepted as positive and beneficial.

### 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.

- We are currently working on filling the vacant FTE position for an Outreach Program Manager

# 12b. Staffing Table

| Job Title FTE % Project(s) |      | Project(s) Assigned                      | Change |
|----------------------------|------|--|--------|
| Program Manager            | 100% | Program Management                       | N/C    |
| Program Assistant          | 0%   | Outreach and Data Collection Coordinator | N/C    |
| Project Manager            | 100% | Project Management                       | N/C    |

Add Row Remove Row

## 13. Subcontracts (Vendors and/or Subrecipients)

Working with Idaho Department of Administration and Idaho Department of Purchasing for a RFP for Outreach Services. Anticipate contract execution next Quarter.

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

| Name                    | Subcontract<br>Purpose  | Type<br>(Vendor/Subrec.) | RFP/RFQ<br>Issued<br>(Y/N) | Contract<br>Executed<br>(Y/N) | Start Date | End Date | Total Federal<br>Funds<br>Allocated | Total Matching<br>Funds Allocated | Project and % Assigned |
|-------------------------|---|--------------------------|----------------------------|-------------------------------|------------|----------|-------------------------------------|-----------------------------------|------------------------|
| Val Technologies        | SLIGP and PSBAG<br>Consulting                                     | Vendor                   | N                          | Υ                             | 7/1/14     | 8/13/14  | 2580.00                             | 0                                 |                        |
| Gloria<br>Totoricaguena | Idaho Technology<br>Summit -<br>Professional<br>Planning Services | Vendor                   | N                          | Y                             | 10/1/14    | 11/6/14  | 10,000.00                           | 0                                 |                        |
| DePaul                  | Personnel State<br>Contract                                       | Vendor                   | N                          | Y                             | 10/7/14    | N/C      | 4909.00                             | 0                                 |                        |
| Baney<br>Corporation    | Conference Room<br>PSBAG meeting                                  | Vendor                   | N                          | Y                             | 10/29/14   | 12/9/14  | 360.00                              | 0                                 |                        |

| Add Row Remove Row   |                        |                           |                     |                      |                                    |                                |  |  |  |
|--|------------------------|---------------------------|---------------------|----------------------|------------------------------------|--------------------------------|--|--|--|
|  |                        |                           |                     |                      |                                    |                                |  |  |  |
|  |                        |                           |                     |                      |                                    |                                |  |  |  |
|  |                        |                           |                     |                      |                                    |                                |  |  |  |
|  |                        |                           | _                   |                      |                                    |                                |  |  |  |
| 13b. Describe any challenges   | encountered with v     | endors and/or subrecip    | ients.              |                      |                                    |                                |  |  |  |
| Idaha basasan subarrasa  |                        |                           |                     |                      |                                    |                                |  |  |  |
| Idaho has no subgrantees.  |                        |                           |                     |                      |                                    |                                |  |  |  |
|  |                        |                           |                     |                      |                                    |                                |  |  |  |
| 14. Budget Worksheet   | <del>_</del>           |                           |                     |                      |                                    |                                |  |  |  |
| Columns 2, 3 and 4 must mate   | ch vour current proie  | ect budget for the entire | award, which is th  | ne SF-424A on file.  |                                    |                                |  |  |  |
| Only list matching funds that  |                        |                           |                     |                      |                                    |                                |  |  |  |
| '  | •                      |                           | •                   |                      |                                    |                                |  |  |  |
| 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  | \$536,917.00           | \$160,711.00              | \$697,628.00        | 112,834.00           | 5292.00                            | \$118,126.00                   |  |  |  |
| b. Personnel Fringe Benefits   | \$193,290.00           | \$57,856.00               | \$251,146.00        | 44,720.00            | 2977.00                            | \$47,697.00                    |  |  |  |
| c. Travel  | \$153,000.00           | 0.00                      | \$153,000.00        | 23,439.00            | 0.00                               | \$23,439.00                    |  |  |  |
| d. Equipment   | 0.00                   | 0.00                      | 0.00                | 0.00                 | 0.00                               | 0.00                           |  |  |  |
| e. Materials/Supplies  | \$127,132.00           | 0.00                      | \$127,132.00        | 16,100.00            | 0.00                               | \$16,100.00                    |  |  |  |
| f. Subcontracts Total  | \$398,890.00           | 0.00                      | \$398,890.00        | 14,200.00            | 0.00                               | 14,200.00                      |  |  |  |
| g. Other   | \$7992.00              | \$153,994.00              | 161986.00           | 0.00                 | 44,590.00                          | 44,590.00                      |  |  |  |
| h. Indirect  | \$73,021.00            | 0.00                      | 73021.00            | 15,756.00            | 0.00                               | 15,756.00                      |  |  |  |
| i. Total Costs   | \$1,490,242.00         | \$372,561.00              | \$1,862,803.00      | 227,049.00           | 52,859.00                          | 279,908.00                     |  |  |  |
| j. % of Total  | 80%                    | 20%                       | 100%                | 81%                  | 19%                                | 100%                           |  |  |  |
| 15. Certification: I certify to t  | he best of my know     | edge and belief that thi  | s report is correct | and complete for per | formance of activities for the pur | pose(s) set forth in the award |  |  |  |
| documents.   |                        |                           |                     |                      |                                    |                                |  |  |  |
| 16a. Typed or printed name a   | and title of Authorize | ed Certifying Official    |                     | 16c. Telephone (area | code, number, and extension)       |                                |  |  |  |
| 16a. Typed or printed name and title of Authorized Certifying Official 16c. Telephone (area code, number, and extension) |                        |                           |                     |                      |                                    |                                |  |  |  |
| Brad Richy, Brig Gen 208-258-6501  |                        |                           |                     |                      |                                    |                                |  |  |  |
| Director, Idaho Bureau of Hor  | meland Security        |                           | 16d. Email Address  | brichy@bhs.idaho.gov |                                    |                                |  |  |  |
|  |                        |                           |                     |                      |                                    |                                |  |  |  |
|  |                        |                           |                     |                      |                                    |                                |  |  |  |
| 16b. Signature of Authorized   | Certifying Official    |                           |                     |                      | omitted (month, day, year)         |                                |  |  |  |
| -R (   |                        | ` )                       | 1                   | 10/30/2014           |                                    |                                |  |  |  |
| R  |                        |                           |                     | Resubmit 14 Nov 2014 |                                    |                                |  |  |  |

| l e e e e e e e e e e e e e e e e e e e |             |                 |
|---|-------------|-----------------|
| 1                                       |             |                 |
| 1                                       |             |                 |
|   |             |                 |
|   |             |                 |
| <u></u>                                 |             |                 |
|   | <del></del> | <br><del></del> |

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.