

U.S. Department of Commerce Performance Progress Report				2. Award or Grant Number:	23-10-S13023N
				4. EIN:	01-6000001
1. Recipient Name	State of Maine – ConnectME Authority			6. Report Date (MM/DD/YYYY)	04/28/17
3. Street Address	145 State House Station			7. Reporting Period End Date: (MM/DD/YYYY)	03/30/17
5. City, State, Zip Code	Augusta, ME, 04333-0078			8. Final Report	9. Report Frequency
				Yes <input type="checkbox"/>	Quarterly <input checked="" type="checkbox"/>
				No <input checked="" type="checkbox"/>	
10a. Project/Grant Period					
Start Date: (MM/DD/YYYY)	01/01/17	10b. End Date: (MM/DD/YYYY)	03/30/17		
11. List the individual projects in your approved Project Plan					
	Project Type (Capacity Building, SCIP Update,	Project Deliverable Quantity (Number & Indicator Description)	Description of Milestone Category		
1	Stakeholders Engaged	94	<i>Actual number of individuals reached via stakeholder meetings during the quarter</i>		
2	Individuals Sent to Broadband Conferences	0	<i>Actual number of individuals who were sent to third-party broadband conferences using SLIGP grant funds during the quarter</i>		
3	Staff Hired (Full-Time Equivalent)(FTE)	0	<i>Actual number of state personnel FTEs who began supporting SLIGP activities during the quarter (may be a decimal)</i>		
4	Contracts Executed	0	<i>Actual number of contracts executed during the quarter</i>		
5	Governance Meetings	0	<i>Actual number of governance, subcommittee, or working group meetings held during the quarter</i>		
6	Education and Outreach Materials Distributed	461	<i>Actual volume of materials distributed (inclusive of paper and electronic materials) plus hits to any website or social media account supported by SLIGP during the quarter</i>		
7	Subrecipient Agreements Executed	0	<i>Actual number of agreements executed during the quarter</i>		
8	Phase 2 - Coverage	Stage 6	<i>For each Phase 2 milestone category, please provide the status of the activity during the quarter:</i> <ul style="list-style-type: none"> • Stage 1 - Process Development • Stage 2 - Data Collection in Progress • Stage 3 - Collection Complete; Analyzing/Aggregating Data • Stage 4 - Data Submitted to FirstNet • Stage 5 - Continued/Iterative Data Collection • Stage 6 - Submitted Iterative Data to FirstNet 		
9	Phase 2 – Users and Their Operational Areas	Stage 6			
10	Phase 2 – Capacity Planning	Stage 6			
11	Phase 2 – Current Providers/Procurement	Stage 6			
12	Phase 2 – State Plan Decision	NA			
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.					
<p>This quarter no team members attended any broadband conferences. However, many team members were continuing the education and outreach efforts. Those events included: Broadband Day, Hall of Flags; NPSTC; RECCWG In-Person Meeting; ConnectME Authority Monthly Meetings; Northeastern Maine Regional Healthcare Coalition meetings; Qtrly MEMA check in with Director; E911 Advisory Meeting; FirstNet combined committee and board meeting; SLIGP quarterly check in call with FPO; FirstNet special announcement meeting; Region 19 700 MHz; Match conversation with FPO and NIST.</p>					
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.					
None at this time.					

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

The anticipated state budget cycle may change the agency that hosts this grant.

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

None at this time.

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 - Please include all staff that have contributed time to the project. Please do not remove individuals from this table.

Job Title	FTE%	Project (s) Assigned	Change
Program Director, ConnectME Authority	50%	SLIGP - all aspects	Reduction in paid time; increase in match time

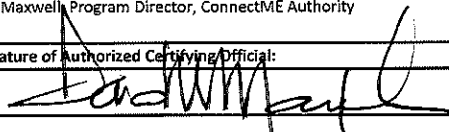
13. Subcontracts (Vendors and/or Subrecipients)

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

Name	Subcontract Purpose	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	Y	Y	10/1/2014	8/31/2018	\$744,815.00	\$0.00

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 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	\$194,700.00	\$44,745.00	\$239,445.00	\$134,362.00	\$33,148.23	\$167,510.23
b. Personnel Fringe Benefits	\$61,950.00	\$0.00	\$61,950.00	\$52,781.82	\$16,574.12	\$69,355.94
c. Travel	\$44,440.00	\$33,586.00	\$78,026.00	\$18,711.85	\$2,946.98	\$21,658.83
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	\$718,824.59	\$43,954.63	\$762,779.22
g. Other	\$0.00	\$182,477.00	\$182,477.00		\$49,903.60	\$49,903.60
h. Indirect	\$0.00	\$0.00	\$0.00		0	\$0.00
i. Total Costs	\$1,045,904.00	\$260,808.00	\$1,306,712.00	\$924,680.26	\$146,527.56	\$1,071,207.82
j. % of Total	80%	20%	100%	86%	14%	100%
15. Certification: I certify to the best of my knowledge and belief that this report is correct and complete for performance of activities for the purpose(s) set forth in the award documents.						
16a. Typed or printed name and title of Authorized Certifying Official:				16c. Telephone (area code, number, and extension)		
David W. Maxwell, Program Director, ConnectME Authority				207-624-9793		
16b. Signature of Authorized Certifying Official:				16d. Email Address:		
 5/19/17				David.W.Maxwell@maine.gov		
				Date:		
				4/28/2017		