

U.S. Department of Commerce Performance Progress Report				2. Award or Grant Number:	27-10-S13027
				4. EIN:	416007161
1. Recipient	State of Minnesota			6. Report Date (MM/DD/YYYY)	9/6/2016
3. Street Address				7. Reporting Period End Date: (MM/DD/YYYY)	6/30/2016
5. City, State, Zip Code				8. Final Report Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	9. Report Frequency Quarterly <input checked="" type="checkbox"/>
10a. Project/Grant Period					
Start Date:		9/1/2013	10b. End Date: (MM/DD/YYYY)	2/28/2018	
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	597	Actual number of individuals reached via stakeholder meetings during the quarter		
2	Individuals Sent to Broadband Conferences	14	Actual number of individuals who were sent to third-party broadband conferences using SLIGP grant funds during the quarter		
3	Staff Hired (Full-Time Equivalent)(FTE)	0	Actual number of state personnel FTEs who began supporting SLIGP activities during the quarter (may be a decimal)		
4	Contracts Executed	0	Actual number of contracts executed during the quarter		
5	Governance Meetings	46	Actual number of governance, subcommittee, or working group meetings held during the quarter		
6	Education and Outreach Materials Distributed	704 hits on the website 860 Pages of Documents 24600 Social Media Followers	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		
7	Subrecipient Agreements Executed	0	Actual number of agreements executed during the quarter		
8	Phase 2 - Coverage	Stage 5	For each Phase 2 milestone category, please provide the status of the activity during the quarter: <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 5			
10	Phase 2 - Capacity Planning	Stage 5			
11	Phase 2 - Current Providers/Procurement	Stage 5			
12	Phase 2 - State Plan Decision	Stage 5			
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>The challenge has been executing on our contract with Televate. Due to some accounting corrections that were requested to our State Wide Financial System, Finance has delayed completing the Purchase Order and the Amendment of the contract. The Televate consultants are currently not under contract since the active contract ended on 6/30/2016. We have requested assistance from our Budget Officer at NTIA.</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.					
Nothing new to report this quarter.					

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

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

ECN was able to meet with the Red Lake Nation, they agreed to join the regions joint powers agreement, and accepted installation of equipment to their tower. The regions were able to use some of the allocated funding for training on

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.

Fully Staffed.

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
FirstNet Program Manager	100%	FirstNet Program Activities	
Director, ECN	50%	Oversight of all activities	

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/Subrec.)	RFP/RFQ Issued (Y/N)	Contract Executed (Y/N)	Start Date	End Date	Total Federal Funds Allocated	Total Matching Funds Allocated
MnFCP	Comprehensive consultation	Vendor	Y	Y	11/4/2013	6/30/2016	\$1,114,884.00	\$278,271.00
NE ECB	Regional consultation Support	Vendor; Joint Powers Entity	N	Y	4/27/2014	6/30/2016	\$37,288.80	\$9,322.20
NW ECB	Regional consultation Support	Vendor; Joint Powers Entity	N	Y	4/27/2014	6/30/2016	\$37,288.80	\$9,322.20
MESB	Regional consultation Support	Vendor; Joint Powers Entity	N	Y	4/27/2014	6/30/2016	\$37,288.80	\$9,322.20
SE ESB	Regional consultation Support	Vendor; Joint Powers Entity	N	Y	4/27/2014	6/30/2016	\$37,288.80	\$9,322.20
SR ECB	Regional consultation Support	Vendor; Joint Powers Entity	N	Y	4/27/2014	6/30/2016	\$37,288.80	\$9,322.20
SW ECB	Regional consultation Support	Vendor; Joint Powers Entity	N	Y	4/27/2014	6/30/2016	\$37,288.80	\$9,322.20
CM ECB	Regional consultation Support	Vendor; Joint Powers Entity	N	Y	4/27/2014	6/30/2016	\$37,288.80	\$9,322.20

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

None at this time.

14. Budget Worksheet

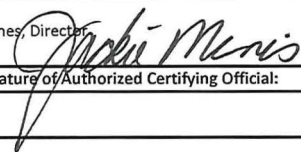
Columns 2, 3 and 4 must match your current project budget for the entire award, which is the SF-424A on file.
Only list matching funds that the Department of Commerce has already approved.

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	\$138,179.00	\$34,545.00	\$172,724.00	\$75,258.62	\$19,863.28	\$95,121.90
b. Personnel Fringe Benefits	\$38,689.00	\$9,672.00	\$48,361.00	\$19,997.73	\$5,301.48	\$25,299.21
c. Travel	\$34,400.00	\$8,600.00	\$43,000.00	\$25,675.93	\$6,483.56	\$32,159.49
d. Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
e. Materials/Supplies	\$16,000.00	\$4,000.00	\$20,000.00	\$3,884.17	\$971.06	\$4,855.23
f. Subcontracts Total	\$2,099,118.00	\$524,779.00	\$2,623,897.00	\$1,000,467.32	\$326,664.26	\$1,327,131.58
g. Other	\$50,540.00	\$12,635.00	\$63,175.00	\$64,306.70	\$15,863.91	\$80,170.61
h. Indirect	\$12,734.00	\$3,184.00	\$15,918.00	\$8,149.75	\$2,037.44	\$10,187.19
i. Total Costs	\$2,389,660.00	\$597,415.00	\$2,987,075.00	\$1,197,740.22	\$377,184.99	\$1,574,925.21
j. % of Total	80%	20%	100%	76%	24%	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:

Jackie Mines, Director



16c. Telephone (area code, number, and extension)

651-201-7550

16d. Email Address:

jackie.mines@state.mn.us

16b. Signature of Authorized Certifying Official:

Date:

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