			U.S. Department of Commerce Performance Progress Report		27-10-S13027 416007161				
1. Recipient Name	State of Minnesota			4. EIN: 6. Report Date (MM/DD/YYYY)	10/30/2017				
3. Street Address	445 Minnesota St			End Date:	9/30/2017				
5. City, State, Zip Code	St Paul, MN 55101			8. Final Report Yes NoX	9. Report Frequency Quarterly x				
10a. Project/Grant	Period			AND CONTRACTOR					
Start Date: (MM/DD/YYYY)	19/1/2013	10b. End Date: (MM/DD/YYYY)	2/28/2018						
11. List the individ	ual projects in your approved	Project Plan							
	Building SCIP Undate.	Project Deliverable Quantity (Number & Indicator Description)	Description of Milestone Category						
1	Stakeholders Engaged	540	Actual number of individuals reached via stakeholder meetings during the quarter		Property Section and April				
2	Individuals Sent to Broadband Conferences	13	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	Haring a garden					
5	Governance Meetings	27	Actual number of governance, subcommittee, or working group meetings held during the quarter						
6	Education and Outreach Materials Distributed	2100Pages of Documents 16463 hits on the website. Social Media Facebook 3771 people reached. 454 Followers. Twitter reached 3110 people. 118 Followers.	Actual volume of materials distributed (inclusive of paper and electronic materials) plus hits to any website or social media accou	int supported by SLIGF	during the quarter				
7	Subrecipient Agreements - Executed	0	Actual number of agreements executed during the quarter						
8	Phase 2 - Coverage	Stage 6							
9	Phase 2 – Users and Their Operational Areas	Stage 5	For each Phase 2 milestone category, please provide the status of the activity during the quarter:  Stage 1 - Process Development						
10	Phase 2 – Capacity Planning	Stage 5	Stage 2 - Data Collection in Progress     Stage 3 - Collection Complete; Analyzing/Aggregating Data						
11	Phase 2 – Current Providers/Procurement	Stage 5	Stage 4 - Data Submitted to FirstNet     Stage 5 - Continued/Iterative Data Collection						
12	Phase 2 – State Plan Decision	Stage 5	Stage 6 - Submitted Iterative Data to FirstNet						
11a. Describe you	ur progress meeting each maj	or activity/milestone approve	d in the Baseline Report for this project; any challenges or obstacles encountered and mitigation strategies you have employed;	planned major activiti	es for the next quarter;				

## Outreach and Education:

Convergence Tabletop Exercise & Planning Meetings, 60 attendees

JAMX17 in Idaho sent 5 participants

SuperBowl 52 Meetings 2 Meetings in Aug, an Sept

PSCR in San Antonio 8 attendees

MN Regional Leadership Meeting in July - 50 attendees - Melinda presented on FirstNet

Central Region Board Meeting in Breckenridge - Melinda presented on FirstNet, 25 attendees

South Central Region Board Meeting in Mankato - 25 attendees, Melinda presented on FirstNet

Assoc. of MN Emergency Managers - Breezy Point - Jackie and John attended with the booth, materials handed out.

MN State Fire Chiefs conference in Rochester - Melinda attended with the booth, materials handed out.

NE Regional Radio Training - Melinda attended - FirstNet discussion - LMR-LTE integration

MTA conference - Melinda presented on FirstNet

## Governance:

Monthly Interoperable Data Committee Meetings 2 meetings and Three day State Plan evaluation conference

Monthly StateWide Emergency Communications Board Meetings - 2 meetings

Governor's Executive Team Meetings - 2 Meetings

Regional Radio Boards - for Seven Regions (21 meetings)

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

Requested budget modification, Classification categories were re-evaluated from previous quarters to align with the intent of the SLIGP application and budget. Items that were classified in OTHER and TRAVEL should have been documented as part of a contract.

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

Nothing new to report this quarter.

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

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		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	2/28/2018	\$1,541,600.00	\$385,400.00
NE ECB	Regional consultation Support	Vendor; Joint Powers Entity	N	Y	4/27/2014	10/31/2017	\$37,288.80	\$9,322.20
NW ECB	Regional consultation Support	Vendor; Joint Powers Entity	N	. У	4/27/2014	10/31/2017	\$37,288.80	\$9,322.20
MESB	Regional consultation Support	Vendor; Joint Powers Entity	N	Υ	4/27/2014	10/31/2017	\$37,288.80	\$9,322.20
SE ESB	Regional consultation Support	Vendor; Joint Powers Entity	N	Y	4/27/2014	10/31/2017	\$37,288.80	\$9,322.20
SR ECB	Regional consultation Support	Vendor; Joint Powers Entity	N	Y	4/27/2014	10/31/2017	\$37,288.80	\$9,322.20
SW ECB	Regional consultation Support	Vendor; Joint Powers Entity	N	Υ	4/27/2014	10/31/2017	\$37,288.80	\$9,322.20
CM ECB	Regional consultation Support	Vendor; Joint Powers Entity	N	Y	4/27/2014	10/31/2017	\$37,288.80	\$9,322.20
Odyssey, Best Western, and Innovative Presentations	Partial (40%) conference experses	Vendor	Y	Υ	4/1/2015	10/31/2017	\$106,172.40	\$26,543.10

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

nothing for this quarter

14. Budget Worksheet						
Columns 2, 3 and 4 must match your current p	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 Expende (7)
a. Personnel Salaries	\$138,179.00	\$34,545.00	\$172,724.00	\$147,912	\$36,978	\$184,890
b. Personnel Fringe Benefits	\$38,689.00	\$9,672.00	\$48,361.00	\$37,076	\$9,269	\$46,345
c. Travel	\$34,400.00	\$8,600.00	\$43,000.00	\$34,726	\$8,682	\$43,408
d. Equipment	\$0.00	\$0.00	\$0.00	\$0	\$0	\$0
e. Materials/Supplies	\$16,000.00	\$4,000.00	\$20,000.00	\$6,220	\$1,555	\$7,775
f. Subcontracts Total	\$2,099,118.00	\$524,779.00	\$2,623,897.00	\$1,472,045	\$368,011	\$1,840,056
g. Other	\$50,540.00	\$12,635.00	\$63,175.00	\$5,975	\$1,494	\$7,469
h. Indirect	\$12,734.00	\$3,184.00	\$15,918.00	\$14,098	\$3,524	\$17,622
i. Total Costs	\$2,389,660.00	\$597,415.00	\$2,987,075.00	\$1,718,052	\$429,513	\$2,147,565
j. % of Total	80%	20%	100%	80%	20%	100%
15. Certification: I certify to the best of my ki	nowledge and belief that this report is correct and complet	te for performance of activities for	the purpose(s) set forth in the award			
16a. Typed or printed name and title of Auth Jackie Mines, Director	16c. Telephone (area code, number, and extension)	651-201-7550				
16b. Signature of Authorized Certifying Office	16d. Email Address:	jackie.mines@state.mn.us				
	Date: Nov 28 2017 Rev 1					