**U.S. Department of Commerce**

**Performance Progress Report**

1. **Recipient Name**
   State of Montana, Department of Administration

2. **Award or Grant Number**
   30-10-513030

3. **Street Address**
   PO Box 200113, 124 No. Roberts Street, Mitchell Building

4. **EIN**
   810302402

5. **City, State, Zip Code**
   Helena, MT 59620

6. **Report Date (MM/DD/YYYY)**

7. **Reporting Period End Date**: 09/30/2014—Revised

8. **Final Report**
   - Yes
   - No

9. **Report Frequency**
   - Quarterly

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### 11. List the individual projects in your approved Project Plan

<table>
<thead>
<tr>
<th>Project Type (Capacity Building, SCIP Update, Outreach, Training etc.)</th>
<th>Project Deliverable Quantity (Number &amp; Indicator Description)</th>
<th>Total Federal Funding Amount</th>
<th>Total Federal Funding Amount expended at the end of this reporting period</th>
<th>Percent of Total Federal Funding Amount expended</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Stakeholder Meetings</td>
<td>300 (stakeholders)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Broadband Conference</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Staffing</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Contract Executions</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Governance Meetings</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Education and Outreach</td>
<td>500 (materials distributed)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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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.

This quarter saw an increase in education and outreach activity. Presentations about the initial consultation meeting were made July 8, August 12 and September 9, 2014. Also, the SPOC and staff presented to the Montana State Fire Chief’s Association Board of Directors on August 6, 2014; and, to the Montana Sheriffs and Peace Officers Association on September 18 at their state meeting at Kalispell, Montana. These reports and information can be found at: [http://sitsd.mt.gov/policy/councils/sigb/default.mcpx](http://sitsd.mt.gov/policy/councils/sigb/default.mcpx)

Staff also met with state procurement to discuss the elements of an RFP for meeting and data collection services. The RFP is under development.

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.

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n/a
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.

The Governance structure is yielding benefits to SLIGP progress. By having local representation from statewide associations of fire, police, emergency medical, as well as state justice, transportation and military affairs, and, non-voting telecommunications representatives, the parties are talking and working together. This has resulted in a successful Initial Consultation Meeting held at the end of October, 2014.

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.

12b. Staffing Table

<table>
<thead>
<tr>
<th>Job Title</th>
<th>FTE %</th>
<th>Project(s) Assigned</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>SLIGP Start-up Manager (Inkind)</td>
<td>100%</td>
<td>Work with Governance Board, including reports to SIGB upon request; prepare PPR; organize OR and Ed with public safety associations and communities; prepare statements of work for subcontracts.</td>
<td>No Change</td>
</tr>
<tr>
<td>SPOC (Inkind)</td>
<td>5%</td>
<td>Single Point of Contact meeting and conference attendance; Bureau Chief supervision</td>
<td>No Change</td>
</tr>
<tr>
<td>PSCB Bureau Chief (Inkind)</td>
<td>20%</td>
<td>Bureau Chief meeting and conference attendance, SLIGP supervision</td>
<td>No Change</td>
</tr>
<tr>
<td>PSCB Bureau Fiscal Manager (Inkind)</td>
<td>3%</td>
<td>Liaison with state accounting, fiscal reporting, procurement</td>
<td>No Change</td>
</tr>
<tr>
<td>Administrative Assistant to SIGB (federal)</td>
<td>50%</td>
<td>Maintain SIGB and SLIGP websites, SIGB attendance records, meeting minutes, meeting scheduling and set-up, travel claims processing from SIGB members, and, answer SIGB member requests.</td>
<td>No Change</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Name</th>
<th>Subcontract Purpose</th>
<th>Type (Vendor/Subrec.)</th>
<th>RFP/RFQ Issued (Y/N)</th>
<th>Contract Executed (Y/N)</th>
<th>Start Date</th>
<th>End Date</th>
<th>Total Federal Funds Allocated</th>
<th>Total Matching Funds Allocated</th>
<th>Project and % Assigned</th>
</tr>
</thead>
<tbody>
<tr>
<td>Needs Assessment</td>
<td></td>
<td>Vendor</td>
<td>N</td>
<td>N</td>
<td></td>
<td></td>
<td>410,931 (inclusive)</td>
<td>102,733 (inclusive)</td>
<td></td>
</tr>
<tr>
<td>Meeting Facilitation</td>
<td></td>
<td>Vendor</td>
<td>N</td>
<td>N</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Legal</td>
<td></td>
<td>Vendor</td>
<td>N</td>
<td>N</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Technical</td>
<td></td>
<td>Vendor</td>
<td>N</td>
<td>N</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Website</td>
<td></td>
<td>Vendor</td>
<td>N</td>
<td>N</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3b. Describe any challenges encountered with vendors and/or subrecipients.

N/A
### 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.

<table>
<thead>
<tr>
<th>Project Budget Element [1]</th>
<th>Federal Funds Awarded (2)</th>
<th>Approved Matching Funds (3)</th>
<th>Total Budget (4)</th>
<th>Federal Funds Expended (5)</th>
<th>Approved Matching Funds Expended (6)</th>
<th>Total Funds Expended (7)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Personnel Salaries</td>
<td>250,000</td>
<td>330,272</td>
<td>580,272</td>
<td>12,015</td>
<td>85,102</td>
<td>97,117</td>
</tr>
<tr>
<td>b. Personnel Fringe Benefits</td>
<td>56,850</td>
<td>75,104</td>
<td>131,954</td>
<td>2,394</td>
<td>22,622</td>
<td>25,016</td>
</tr>
<tr>
<td>c. Travel</td>
<td>181,026</td>
<td>14,157</td>
<td>195,183</td>
<td>9,037</td>
<td>13,743</td>
<td>22,780</td>
</tr>
<tr>
<td>d. Equipment</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>e. Materials/Supplies</td>
<td>9,400</td>
<td>1,832</td>
<td>11,232</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>f. Subcontracts Total</td>
<td>410,931</td>
<td>0</td>
<td>410,931</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>g. Other</td>
<td>908,208</td>
<td>32,739</td>
<td>940,947</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>h. Total Costs</td>
<td>1,816,415</td>
<td>454,104</td>
<td>2,270,519</td>
<td>23,446</td>
<td>121,467</td>
<td>144,913</td>
</tr>
<tr>
<td>i. % of Total</td>
<td>80%</td>
<td>20%</td>
<td>100%</td>
<td>16%</td>
<td>84%</td>
<td>100%</td>
</tr>
</tbody>
</table>

### 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

Quinn Ness, Chief
Public Safety Communications Bureau

16b. Signature of Authorized Certifying Official

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

406-444-6134

16d. Email Address Qness@mt.gov

16e. Date Report Submitted (month, day, year)

10/31/14; Revised 11/20/14

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.
**FEDERAL FINANCIAL REPORT**

1. Federal Agency and Organizational Element to Which Report is Submitted
   U.S. Department of Commerce

2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment)
   30-10-S13030

3. Recipient Organization (Name and complete address including Zip code)
   State of Montana, Department of Administration; P.O. Box 200113; 124 N. Roberts Street; Mitchell Building; Helena, MT 59620

4a. DUNS Number
    138164833

4b. EIN
    610302402

5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment)

6. Report Type
   - Quarterly
   - Semi-Annual
   - Annual
   - Final

7. Basis of Accounting
   - Cash
   - Accrual

8. Reporting Period End Date (Month, Day, Year)
   07/31/2016

9a. Project/Grant Period (Month, Day, Year)
    From: 06/01/2013
    To: 07/31/2016
    03/30/2014

10. Transactions
    (Use lines 5 and 6 for single or combined multiple grant reporting)

    **Federal Cash (To report multiple grants separately, also use FFR Attachment):**
    a. Cash Receipts
       $21,078.74
    b. Cash Disbursements
       $23,445.61
    c. Cash on Hand (line a minus b)
       $(3,366.87)

    **Federal Expenditures and Unobligated Balance:**
    d. Total Federal funds authorized
       $1,816,645.00
    e. Federal share of expenditures
       $234,456.91
    f. Federal share of unliquidated obligations
       $0.00
    g. Total Federal share (sum of lines e and f)
       $234,456.91
    h. Unobligated balance of Federal funds (line d minus g)
       $1,582,188.09

    **Recipient Share:**
    i. Total recipient share required
       $454,104.00
    j. Recipient share of expenditures
       $121,467.05
    k. Remaining recipient share to be provided (line i minus j)
       $332,636.95

    **Program Income:**
    l. Total Federal share of program income earned
       $0.00
    m. Program income expended in accordance with the deduction alternative
       $0.00
    n. Program income expended in accordance with the addition alternative
       $0.00
    o. Unexpended program income (line l minus line m or line n)
       $0.00

11. Indirect Expense

    |--------|--------|---------------|--------|------------------|-----------------|
    |        |        |               |        |                  |                 |
    |        |        |               |        |                  |                 |

    **Totals:**
    a. Type: 0
    b. Rate: 0
    c. Period From: 0
    d. Base: 0
    e. Amount Charged: 0
    f. Federal Share: 0

12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:

13. Certification: By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and intent set forth in the award documents. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 16, Section 1001)

   a. Typed or Printed Name and Title of Authorized Certifying Official
      Quinn Ness, Public Safety Communications Bureau Chief

   b. Signature of Authorized Certifying Official
      [Signature]

   c. Telephone (Area code, number, and extension)
      (406) 444-6134

   d. Email Address
      qness@mt.gov

   e. Date Report Submitted (Month, Day, Year)
      [Month - 31 - A]