SLIGP 2.0 Performance Progress Report						2. Award or Grant Number: 4. EIN:	38-10-S18038 45-0309764			
1. Recipient Name	State of North Dakota - Information Technology Department						07/30/2020			
3. Street Address	600 E Boulevard Ave					(MM/DD/YYYY) 7. Reporting Period End Date: (MM/DD/YYYY)	06/30/2019			
5. City, State, Zip Code	Bismarck, ND 58505-0100					8. Final Report Yes □ No ☑	9. Report Frequency Quarterly X			
10a. Project/Grant Period	•									
Start Date: (MM/DD/YYYY)	03/01/2018	10b. End Date: (MM/DD/YYYY)	03/31/2021							
11. List the individual projects in ye	our approved Project Plan									
	Activity Type (Planning, Governance Meetings, etc.)	Was this Activity Performed during the Reporting Quarter? (Yes/No)	Project Deliverable Quantity (Number & Indicator Description)							
Activities/Metrics for All Recipients	during the Reporting Quart	er								
1	Governance Meetings	Yes	2		ance, subcommittee, or working group meetings related to th					
2	Individuals Sent to Broadband Conferences	No	0		uals who were sent to national or regional third-party confer ng SLIGP grant funds during the quarter	ences with a focus ared	or training track			
3	Convened Stakeholder Events	No	0	Actual number of events coordinated - or held using SLIGP grant funds during the quarter, as requested by FirstNet.						
4	Staff Hired (Full-Time Equivalent)(FTE)	No	0.00	Actual number of state personnel FTEs who began supporting SLIGP activities during the quarter (may be a decimal).						
5	Contracts Executed	No	0	Actual number of contracts executed during the quarter.						
6	Subrecipient Agreements Executed	No	0	Actual number of agreements executed during the quarter.						
7	Data Sharing Policies/Agreements Developed	Yes		Yes or No if data sharing policies and/or agreements were developed during this reporting quarter.						
8	Further Identification of Potential Public Safety Users	No		Yes or No if further identification of potential public safety users occurred during this reporting quarter.						
9	Plans for Emergency Communications Technology Transitions	No		Yes or No if plans for future emergecy communications technology transitions occurred during this reporting quarter.						
10	Identified and Planned to Transition PS Apps & Databases	No		Yes or No if public safety applications or databases within the State or territory were identified and transition plans were developed this reporting quarter						
11	Identify Ongoing Coverage Gaps	No		Yes or No if participated in identifying ongoing coveage gaps using SLIGP funds during this reporting quarter.						
12	Data Collection Activities	No		(Opt-In and Opt-Out Post-	SMLA Phase Only) Yes or No if participated in data collection	n activities as requeste	d by FirstNet or			
Activities for Opt-Out States only in		the Reporting Quarter								
13	Stakeholders Engaged			Actual number of individu	ials reached via stakeholder meetings or events during the q	uarter.				
14	Education and Outreach Materials Distributed In- Person			Actual number of materials distributed in-person during this quarter.						
15	Education and Outreach Materials distributed Electronically			Actual volume of hits or impressions to any website, e-newsletter, social media post, or other account supported by SLIGP during the quarter.						

OMB Control No. 0660-0042 Expiration Date: 01/31/2021

11a. Narrative description for each activity reported in Question 11 for this quarter; any challenges or obstacles encountered and mitigation strategies you have employed; planned major activities for the next quarter; and any additional projec
Governance Meetings - North Dakota convened four governance meeting this quarter. Provided updates to the committee members on the status of FirstNet progress within ND at two of the meetings.

Individuals Sent to Broadband Conferences - North Dakota did not participate in broadband conferences under SLIGP 2.0 this quarter

Convened Stakeholder Events - North Dakota did convene no stakeholder events under SLIGP 2.0 this quarter.

Staff Hired -No changes in staffing this quarter

Contracts Executed - North Dakota has an active contract; with a SOW that is being executed upon.

Subrecipient Agreements Executed - North Dakota did not execute any agreements under SLIGP 2.0 this quarter

Data Sharing Policies/Agreements Developed - North Dakota continues the effort to development of policy/agreements for FirstNet usage under SLIGP 2.0 this quarter

Further Identification of Potential Public Safety Users - North Dakota did not identify potential public safety users under SLIGP 2.0 this quarter

Plans for Emergency Communications Technology Transitions - North Dakota did not initiate transitions under SLIGP 2.0 this quarter

Identified and Planned to Transition PS Apps & Databases - North Dakota did not participate in planning for transition under SLIGP 2.0 this quarter

Identify Ongoing Coverage Gaps - North Dakota did not conduct activities to identify coverage gaps under SLIGP 2.0 this quarter

CIO

12a. Staffing Table - Please include all staff that have contributed time to the project with current quarter's utilization. Please only include FTE staff employed by the state not contractors. Please do not remove individuals from this table.						
Job Title	FTE%	Project (s) Assigned				
Program Manager	50	Development of program activites and oversight of Subcontractors				
Project Sponsor	10	Oversight of Program Manager and Subrecipient, steering of project				
CIO	0	Oversight of project, interface with Governor's Office				
Project Management Specialist	10	Management of project management processes				
Procurement Officer	0	Execution of contractual documentation and processes				
Accountant	5	Execution of financial tracking, and reporting practices				

12b. Narrative description of any staffing challenges, vacancies, or changes.

No staff changes this quarter

13. Contractual (Contract and/or Subrecipients)

13a. Contractual Table - Include all contractors. The totals from this table should equal the "Contractual" in Question 14f.

Name	Subcontract Purpose	Type (Contract/Subrec.)	RFP/RFQ Issued (Y/N)	Contract Executed (Y/N)	Start Date	End Date	Total Federal Funds Allocated	Total Matching Funds Allocated
Televate, LLC	SLIGP Support	Vendor	Υ	Υ	10/15/2013	10/14/2020	\$299,670.00	\$0.00

13b. Narrative description any challenges, updates, or changes related to contracts and/or subrecipients.

Major progress on all tasks related to the contractor. With most deliverables received and payments that will show up on the next quarters reports.

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)	NTE Total Federal Funds Approved (2)	NTE Total Matching Funds Approved (3)	NTE Total Budget (4)	Federal Funds Obligated to Date (5)	Matching Funds Approved to Date (6)	Total Budget to Date (7)	Federal Funds Expended (8)	Approved Matching Funds Expended (9)	Total funds Expended (10)
a. Personnel Salaries	\$98,000.00	\$22,960.00	\$120,960.00	\$98,000.00	\$22,960.00	\$120,960.00	\$28,067.62	\$0.00	\$28,067.62
b. Personnel Fringe Benefits	\$35,584.00	\$8,336.00	\$43,920.00	\$35,584.00	\$8,336.00	\$43,920.00	\$10,384.88	\$0.00	\$10,384.88
c. Travel	\$50,062.00	\$0.00	\$50,062.00	\$50,062.00	\$0.00	\$50,062.00	\$997.83	\$0.00	\$997.83
d. Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.02	\$0.00	\$0.02
e. Materials/Supplies	\$0.00	\$3,851.00	\$3,851.00	\$0.00	\$3,851.00	\$3,851.00	\$0.00	\$0.00	\$0.00
f. Contractual	\$286,412.00	\$0.00	\$286,412.00	\$286,412.00	\$0.00	\$286,412.00	\$297,045.00	\$0.00	\$297,045.00
g. Other	\$64,934.00	\$102,120.00	\$167,054.00	\$64,934.00	\$102,120.00	\$167,054.00	\$7,477.10	\$118,240.17	\$125,717.27
h. Indirect	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
i. Total Costs	\$534,992.00	\$137,267.00	\$672,259.00	\$534,992.00	\$137,267.00	\$672,259.00	\$343,972.45	\$118,240.17	\$462,212.62
j. Proportionality Percent	79.58%	20.42%	100.00%	79.58%	20.42%	100.00%	74.42%	25.58%	100.00%
15. Certification: I certify to the bes	st of my knowledge and belief	f that this report is correc	t and complete for pe	rformance of activities for	the purpose(s) set	forth in the awar	d documents.		
16a. Typed or printed name and title of Authorized Certifying Official: 16c. Telephone (area					16c. Telephone (area				
Duane Schell, Program Sponsor					code, number, and extension)	701.328.4360			
16b. Signature of Authorized Certifying Official:					16d. Email Address:	dschell@nd.gov			
Vivane Thell					Date:	07/30/2020			

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