

U.S. Department of Commerce Performance Progress Report				2. Award or Grant Number:	38-10-S13038
				4. EIN:	45-0309764
1. Recipient Name	State of North Dakota, Information Technology Department			6. Report Date (MM/DD/YYYY)	7/30/2016
3. Street Address	600 East Boulevard Ave, Dept. 117			7. Reporting Period End Date: (MM/DD/YYYY)	6/30/2016
5. City, State, Zip Code	Bismarck, ND, 58503			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: (MM/DD/YYYY)	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	107	Actual number of individuals reached via stakeholder meetings during the quarter		
2	Individuals Sent to Broadband Conferences	4	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	4	Actual number of governance, subcommittee, or working group meetings held during the quarter		
6	Education and Outreach Materials Distributed	1137	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	6	For each Phase 2 milestone category, please provide the status of the activity during the quarter: • 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	6			
10	Phase 2 – Capacity Planning	6			
11	Phase 2 – Current Providers/Procurement	6			
12	Phase 2 – State Plan Decision	3			
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. Stakeholder meetings - Presented with the FirstNet regional coordinator to 65 members at the quarterly SPOC and Crisis Statewide meeting on May 12, 2016; Program manager also conducted 20 site visit meetings with 42 local and county stakeholders responsible for public safety communications across the state Broadband Conferences - 3 attendees participated in the FirstNet SPOC meeting in April 2016; 1 attendee attended the Public Safety Communications Research meeting in June 2016 Staff Hired - We continue to use the part-time services of a program manager, accountant, CIO, CEO, Project Sponsor, Project Management Specialist, and a Procurement Office.					
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.					

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

The program is pursuing new outreach opportunities with the development of a training video for the public safety community to expand understanding the benefits of the program. Once complete the program will also seek certification of the video for training purposes in order to ensure exposure to the broadest audience of public safety stakeholders in the state.

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

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 - 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 Manager	50	Development of program activities and oversight of Subcontractors	No Change
Project Sponsor	9	Oversight of Program Manager and Subrecipient, steering of project	No Change
CIO	0	Oversight of project, interface with Governor's Office	No Change
CFO	0	Oversight of financial planning, tracking, and reporting practices	No Change
Accountant	0	Execution of financial tracking, and reporting practices	No Change
Project Management Specialist	14	Management of project management processes	No Change
Procurement Officer	0	Develop, Implement, and oversight of contract for subrecipient services	No Change

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
Televate, LLC	SLIGP Support	Vendor	Y	Y	10/15/2013	12/31/2018	\$769,076	\$0.00
Agency MABU	Design report	Vendor	N	Y	4/1/2014	5/1/2014	\$373.53	\$0.00

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

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	\$167,100.00	\$26,220.00	\$193,320.00	\$119,109.11	\$41,593.48	\$160,702.59
b. Personnel Fringe Benefits	\$55,143.00	\$8,653.00	\$63,796.00	\$42,041.96	\$18,142.55	\$60,184.51
c. Travel	\$92,433.00	\$7,321.00	\$99,754.00	\$42,688.03	\$795.96	\$43,483.99
d. Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
e. Materials/Supplies	\$5,572.00	\$2,800.00	\$8,372.00	\$8.00	\$0.00	\$8.00
f. Subcontracts Total	\$819,227.00	\$0.00	\$819,227.00	\$486,751.44	\$0.00	\$486,751.44
g. Other	\$28,500.00	\$247,000.00	\$275,500.00	\$7,272.71	\$277,641.45	\$284,914.16
h. Indirect	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
i. Total Costs	\$1,167,975.00	\$291,994.00	\$1,459,969.00	\$697,871.25	\$338,173.43	\$1,036,044.68
j. % of Total	80%	20%	100%	67%	33%	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)	701.328.4360	
Duane Schell, Program Sponsor				16d. Email Address:	dschell@nd.gov	
16b. Signature of Authorized Certifying Official:				Date:	6/29/2016	
						