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| 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) 7/30/2014 | | | |
| 3. Street Address 600 East Boulevard Avenue, Dept. 117 | | 7. Reporting Period End Date: 6/30/2014 | | | |
| 5. City, State, Zip Code Bismarck ND 58103 | | 8. Final Report <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 9. Report Frequency <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly | | |
| 10a. Project/Grant Period Start Date: (MM/DD/YYYY) 09/01/2013 | 10b. End Date: (MM/DD/YYYY) 08/31/2016 | | | | |
| 11. List the individual projects in your approved Project Plan | | | | | |
| | Project Type (Capacity Building, SCIP Update, Outreach, Training etc.) | Project Deliverable Quantity (Number & Indicator Description) | Total Federal Funding Amount | Total Federal Funding Amount expended at the end of this reporting period | Percent of Total Federal Funding Amount expended |
| 1 | Stakeholder Meetings | 145 | | | |
| 2 | Broadband Conferences | 4 | | | |
| 3 | Staff Hires | 0 | | | |
| 4 | Contract Executions | 0 | | | |
| 5 | Governance Meetings | 2 | | | |
| 6 | Education and Outreach Materials | 200 | | | |
| 7 | Subrecipient Agreements | 0 | | | |
| 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>Stakeholder Meetings – During Q4, we were placed on the agenda for several public safety entities to present program overview and update sessions: ND 911 association, Emergency Services Communication Coordination Committee, and we presented to the DES Regional Coordinators and CJIS department. We also hosted needs assessment meetings with several state agencies: DOT, Game and Fish, Parole and Probation, State Fire Marshall, Highway Patrol, Parks and Recreation, Department of Health,</p> <p>Broadband Conferences – We sent one attendee to the APCO conference in DC and three attendees to the PSCR conference..</p> <p>Staff Hires – We continue to use the part time services of a Program Manager, Accountant, CIO, CFO, Project Sponsor, Project Management Specialist, and a Procurement Officer. This group’s collective hours directly attributable to the project for Q4 total to .5 FTE’s, a decrease of .1 FTE’s from Q3. The SWIC is also contributing time to the project, but we are not expecting to bill any of this time to the grant.</p> <p>Governance Meetings – Our SIEC met twice, we reviewed past milestones, previewed new efforts, and discussed many topics related to the current outreach efforts..</p> | | | | | |

Our governance review is in draft form. We will distribute it to the SIEC and other stakeholders before deciding on a course of action.

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.

N/A

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

Individual staff FTE calculations will vary each quarter, with some support staff not always contributing each quarter, though they still remain a part of the team.

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.

The project is fully staffed, individual times will vary by quarter.

12b. Staffing Table

| Job Title | FTE % | Project(s) Assigned | Change |
|-------------------------------|-------|---|-----------|
| Program Manager | 47 | Development of program activities and oversight of Subcontractors | No Change |
| Project Sponsor | 2 | Oversight of Program Manager and Subrecipient, steering of project | No Change |
| CIO | 1 | 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 | 0 | Development of project management methodology | No Change |
| Procurement Officer | 0 | Develop, implement, and oversight of contract for subrecipient services | No Change |

Add Row

Remove Row

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 | Project and % Assigned |
|---------------|---------------------|-----------------------|----------------------|-------------------------|------------|----------|-------------------------------|--------------------------------|------------------------|
| Televate, LLC | SLIGP Support | Vendor | Y | Y | 10/15/13 | 10/14/16 | \$539,753 | N/A | |

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

None.

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 | 105,740 | 75,444 | 181,184 | 8,217 | 40,870 | \$49,087 |
| b. Personnel Fringe Benefits | 34,894 | 24,897 | 59,791 | 2,768 | 17,833 | \$20,602 |
| c. Travel | 157,972 | 7,399 | 165,371 | 28,567 | 796 | \$29,363 |
| d. Equipment | - | - | - | - | | |
| e. Materials/Supplies | 22,563 | - | 22,563 | 8 | | 8 |
| f. Subcontracts Total | 796,286 | 70,000 | 866,286 | 235,133 | | \$235,133 |
| g. Other | 50,520 | 114,254 | 164,774 | 585 | 83,262 | \$83,847 |
| h. Total Costs | 1,167,975 | 291,994 | 1,459,969 | 275,279 | 142,761 | \$418,040 |
| i. % of Total | 80% | 20% | 100% | 66% | 34% | 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

Travis Durick
 Program Manager

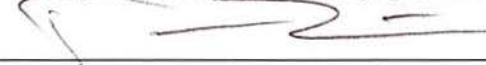
16c. Telephone (area code, number, and extension)

701.328.1125

16d. Email Address

tdurick@nd.gov

16b. Signature of Authorized Certifying Official



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

7/30/2014