

| U.S. Department of Commerce Performance Progress Report | | | | 2. Award or Grant Number: | 38-10-S13038 |
|--|---|---|------------------------------|---|---|
| 1. Recipient Name | | State of North Dakota, Information Technology Department | | 4. EIN: | 45-0309764 |
| 3. Street Address | | 600 East Boulevard Ave, Dept. 117 | | 6. Report Date (MM/DD/YYYY) | 7/30/15 |
| 5. City, State, Zip Code | | Bismarck, ND, 58503 | | 7. Reporting Period End Date: (MM/DD/YYYY) | 6/30/15 |
| | | | | 8. Final Report | 9. Report Frequency |
| | | | | Yes <input type="checkbox"/> | Quarterly <input checked="" type="checkbox"/> |
| | | | | No <input checked="" type="checkbox"/> | |
| 10a. Project/Grant Period | | | | | |
| Start Date: (MM/DD/YYYY) | | 10b. End Date: (MM/DD/YYYY) | | | |
| 9/1/13 | | 2/28/18 | | | |
| 11. List the individual projects in your approved Project Plan | | | | | |
| # | Project Type (Capacity Building, SCIP Update, | 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 Amount expended |
| 1 | Stakeholder Meetings | 106 | | | |
| 2 | Broadband Conferences | 1 | | | |
| 3 | Staff Hires | 0 | | | |
| 4 | Contract Executions | 0 | | | |
| 5 | Governance Meetings | 0 | | | |
| 6 | Education and Outreach | 369 | | | |
| 7 | Subrecipient Agreement Executed | 0 | | | |
| 8 | Phase 2 - Coverage | 2 | | | |
| 9 | Phase 2 – Users and Their Operational Areas | 2 | | | |
| 10 | Phase 2 – Capacity Planning | 2 | | | |
| 11 | Phase 2 – Current Providers/Procurement | 3 | | | |
| 12 | Phase 2 – State Plan Decision | 1 | | | |
| 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 - In Q8 we presented to the Emergency Services Communications Committee, the ND 911 Association, and also held four coverage review meetings with the ND Highway Patrol. This totaled to 106 participants. | | | | | |
| Broadband Conferences - We sent one representative to the SPOC meeting. | | | | | |
| Education and Outreach - We sent out 250 invitations to the Initial Consultation Meeting which included SLIGP Project educational materials. We also had 119 hits to our public safety project website. | | | | | |
| 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. | | | | | |
| We have submitted an updated baseline report for the Phase 2 adjustment process. | | | | | |
| 11c. Provide any other information that would be useful to NTIA as it assesses this project's progress. | | | | | |
| Our initial consultation meeting was held at the beginning of Q9 and we have started very significant efforts towards meeting the Phase 2 data collection. | | | | | |
| 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.

12b. Staffing Table

| Job Title | FTE% | Project (s) Assigned | Change |
|-------------------------------|------|---|-----------|
| Program Manager | 50 | 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 |

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 | SUGP 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.

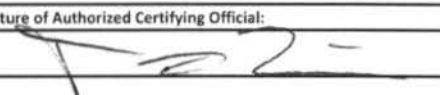
14. Budget Worksheet

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 | \$105,740.00 | \$75,444.00 | \$181,184.00 | \$55,284.35 | \$41,593.48 | \$96,877.83 |
| b. Personnel Fringe Benefits | \$34,894.00 | \$24,897.00 | \$59,791.00 | \$18,850.17 | \$18,142.55 | \$36,992.72 |
| c. Travel | \$157,972.00 | \$7,399.00 | \$165,371.00 | \$31,694.42 | \$795.96 | \$32,490.38 |
| d. Equipment | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| e. Materials/Supplies | \$22,563.00 | \$0.00 | \$22,563.00 | \$8.00 | \$0.00 | \$8.00 |
| f. Subcontracts Total | \$796,286.00 | \$70,000.00 | \$866,286.00 | \$283,602.33 | \$0.00 | \$283,602.33 |
| g. Other | \$50,520.00 | \$114,254.00 | \$164,774.00 | \$1,991.41 | \$172,107.21 | \$174,098.62 |
| 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 | \$391,430.68 | \$232,639.20 | \$624,069.88 |
| j. % of Total | 80% | 20% | 100% | 63% | 37% | 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) |
| Travis Durick, Program Manager | | 701.328.1125 |
| 16b. Signature of Authorized Certifying Official: | | 16d. Email Address: |
|  | | tdurick@nd.gov |
| | | Date: |
| | | 7/30/15 |