

U.S. Department of Commerce Performance Progress Report		2. Award or Grant Number 16-10-S13016			
		4. EIN 82-6000952			
1. Recipient Name State of Idaho Military Division		6. Report Date (MM/DD/YYYY) 10/25/2013			
3. Street Address 4040 Guard St Bldg 600		7. Reporting Period End Date: 9/30/2013			
5. City, State, Zip Code Boise ID 83705		8. Final Report <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		9. Report Frequency XX Quarterly	
10a. Project/Grant Period Start Date: 08/01/2013		10b. End Date: 07/31/2016			
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				
2	Training Sessions				
3	Broadband Conferences	10			
4	Staff Hires (Full Time Equivalent)	.89			
5	Contract Executions				
6	Statutory or Regulatory Changes				
7	Office Startup				
8	Outreach Materials				
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. #3. 10 people attended the FirstNet conference. IBHS will not be seeking reimbursement for pre-award travel costs. #4. The .89 FTEs used for match are in place; one new FTE position is in the interview phase.					
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. None at this time.					

11c. Provide any other information that would be useful to NTIA as it assesses this project's progress.
 Idaho is still in startup phase and on track with the Baseline expenditure Plan.

11d. Describe any success stories or best practices you have identified. Please be as specific as possible.
 None yet.

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 hiring of staff is anticipated to be completed in Q2, No predicted effect on the overall project timeline

12b. Staffing Table

Job Title	FTE %	Project(s) Assigned	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	Project and % Assigned

13b. Describe any challenges encountered with vendors and/or subrecipients.
 Idaho has no subgrantees.

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	\$536,917.00	160,711.00	\$697,628.00	0.00	0.00	0.00
b. Personnel Fringe Benefits	\$193,290.00	\$57,856.00	\$251,146.00	0.00	0.00	0.00
c. Travel	\$153,000.00	0.00	\$153,000.00	0.00	0.00	0.00
d. Equipment	0.00	0.00	0.00	0.00	0.00	0.00
e. Materials/Supplies	\$127,132.00	0.00	\$127,132.00	0.00	0.00	0.00
f. Subcontracts Total	\$398,890.00	0.00	\$398,890.00	0.00	0.00	0.00
g. Other	\$7,992.00	153,994.00	\$84,810.00	0.00	0.00	0.00
h. Indirect	\$73,021.00	0.00	0.00	0.00	0.00	0.00
i. Total Costs	\$1,490,242.00	\$372,561.00	\$1,862,803.00	0.00	0.00	0.00
j. % of Total	80%	20%	100%	0.00	0.00	0.00

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) 208-258-6501
	16d. Email Address brichy@bhs.idaho.gov
16b. Signature of Authorized Certifying Official 	16e. Date Report Submitted (month, day, year) Revised 11/18/2013

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.