

U.S. Department of Commerce Performance Progress Report			2. Award or Grant Number: 23-10-S13023N		
			4. EIN: 01-6000001		
1. Recipient Name: State of Maine – ConnectME Authority			6. Report Date: 07/29/2014		
3. Street Address: 78 State House Station			7. Reporting Period End Date: 06/30/2014		
5. City, State, Zip Code: Augusta, ME, 04333-0078			8. Final Report <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		9. Report Frequency <input checked="" type="checkbox"/> Quarterly
10a. Project/Grant Period Start Date: 01/01/2014	10b. End Date: 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	0	0	0	0
2	Working Group Meetings	0	0	0	0
3	Broadband Conferences	0	0	0	0
4	Staff Hires (FTEs)	0	0	0	0
5	Contract Executions	0	0	0	0
6	Statutory or Regulatory Changes	0	0	0	0
7	Phase II Activities	0	0	0	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. ConnectME – First quarter of 2014 was spent transferring the SLIGP grant from MEMA to the ConnectME Authority.					
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. NA					

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

NA

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.

Pending release of an RFP for Phase I, no staff have been hired at this time.

12b. Staffing Table

Job Title	FTE %	Project(s) Assigned	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

Add Row


Remove Row

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

N/A

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	116850	31290	148140	0	0	0
b. Personnel Fringe Benefits	65894	13455	79349	0	0	0
c. Travel	57800	31680	89480	0	0	0
d. Equipment	0	0	0	0	0	0
e. Materials/Supplies	7800	0	7800	0	0	0
f. Subcontracts Total	775075	0	775075	0	0	0
g. Other	2337	185938	188275	0	0	0
h. Indirect	20148	0	20148	0	0	0
i. Total Costs	1045904	262363	1308267	0	0	0
j. % of Total				0%	100%	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)		
Lisa Leahy, Associate Executive Director, ConnectME Authority				207-592-0668		
				16d. Email Address		
				Lisa.leahy@maine.gov		
16b. Signature of Authorized Certifying Official				16e. Date Report Submitted (month, day, year)		
				July 29, 2014		

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.