

U.S. Department of Commerce Performance Progress Report			2. Award or Grant Number:	30-10-S13030
			4. EIN:	810302402
1. Recipient Name	State of Montana, Department of Administration		6. Report Date (MM/DD/YYYY)	10/29/2016
3. Street Address	PO Box 200113, 124 No. Roberts		7. Reporting Period End Date: (MM/DD/YYYY)	9/30//2016
5. City, State, Zip Code	Helena, MT 59620		8. Final Report Yes <input type="checkbox"/> No <input type="checkbox"/>	9. Report Frequency Quarterly <input checked="" type="checkbox"/>
10a. Project/Grant Period				
Start Date: (MM/DD/YYYY)	8/1/2013	10b. End Date: (MM/DD/YYYY)	1/31/2018	
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	98	Actual number of individuals reached via stakeholder meetings during the quarter	
2	Individuals Sent to Broadband Conferences	1	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		Actual number of contracts executed during the quarter	
5	Governance Meetings	2	Actual number of governance, subcommittee, or working group meetings held during the quarter	
6	Education and Outreach Materials Distributed	100	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	4	For each Phase 2 milestone category, please provide the status of the activity during the quarter: <ul style="list-style-type: none"> • 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	4		
10	Phase 2 – Capacity Planning	4		
11	Phase 2 – Current Providers/Procurement	4		
12	Phase 2 – State Plan Decision	2		
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.				

SIGB meetings were held in August and September.. The link to meeting agendas and minutes is <http://sitsd.mt.gov/Public-Safety-Home-Page/SIGB-Main-Page> Stakeholders: 20 stakeholders attended the August SIGB meeting and 20 were present at the September SIGB meeting. These counts exclude state bureau and SLIGP staff but include public safety personnel. On the Native American engagement, Native American OR included visits to the Blackfeet, No. Cheyenne and Crow Tribes. Margaret Muhr, FN Tribal Coordinator presented; she was accompanied by Trudy Skari from this Office. Note also that Trudy Skari, state OR Coordinator, attended the National Tribal Emergency Management Council Conference at Lemoore, CA September 21-23, 2016. Carl Rebstock and Margaret Muir lead a session entitled "FirstNet Unscripted". **Materials distributed:** In total, 100 fact sheets were distributed. This includes distribution at the SIGB, the three Native American Tribes, the Bozeman Metro meeting and the Bozeman Regional CTT meeting. This quarter, Montana sponsored a regional CTT meeting in coordination with Region 8 states and FirstNet. On August 25th approximately 23 persons representing Region 8 states including Montana attended (see attached picture). The respective CTT teams offered suggestions and comments about QoS and Priority and Preemption. The following day, Tracey Murdock presented to Bozeman PSE's (see attached picture). Local Officials emphasized the need for low service rates and reasonably priced devices. Both of these events required a considerable amount of set-up coordination. At the end of September, the FN PEIS Team held a meet and greet session at the Lewis and Clark Public Library from 4pm until 8pm. FirstNet state staff met with Margaret Walker and Chris Eck prior to joint them at the Library. Attendance was slight. However, the state SHIPO representative stopped by (see picture). The planning and OR for the Billings Metro meeting took place during the quarter with the meeting held October 6th. Our contract Meeting Facilitator has been value added for FN's Montana engagements. Finally,note that Tracey Murdock, FN Region 8, is encouraging the states to plan for the review and distribution of the state deployment plan. This subject will be discussed at the November SPOC meeting at Phoenix.

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.

In August, the SLIGP Administrative Assistant retired. The CIO has replaced the position's duties with personnel from the Division's administrative pool. The Bureau is expecting that costs such as taking minutes for the SIGB and updating the website will be charged to the Grant. We do not have authorization for these charges at this time and need to discuss with the NTIA SLIGP Program Office.

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
SLIGP Project MGT (Inkind)	100%	Work with and prepare reports for the SIGB, prepare quarterly PPR, supervise the OR Coordinator, Prepare RFP's and MoU's, answer FN RFI's	No Change
SPOC (Inkind)	5%	Single Point of Contact, Supervises Bureau Chief and SLIGP PM	No Change
PSCB Bureau Chief (Inkind)	20%	Meeting and Conference attendance, SLIGP supervision, Grant AOR	No Change
PSCB Bureau Fiscal MGT (Inkind)	3%	Liasion with state accounting, fiscal reporting and procurement	No Change
SLIGP OR Coord. (Federal)	100%	Contract for meeting facilitator, schedule regional and tribal meetings, develop contacts with local and tribal first responders, attend regional and tribal	No Change
Administrative Assistant (Federal)	50%	Maintain SIGB and SLIGP websites, SIGB attendance records, munutes, scheduling, meeting set-up, travel claims processing for SIGB members, and, answer SIGB member requests.	Change, Retired

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
Montana State Library	GIS Mapping	MoA	N	Y	7/1/2015	12/30/2016	\$100,000.00	\$0.00
Brandborg, Sole Proprietor	Regional/local FirstNet Meeting Facilitator/Set-up	Vendor	Y	Y	2/5/2016	10/31/2017	\$80,000.00	\$0.00
Tribal Facilitators	Moderate/conduct 8/22/2015 Tribal Meeting	Vendor	N	Y	8/21/2015	9/30/2017	\$30,000.00	\$0.00
MT LE and Fire Schools	Ed and OR on Band 14 LTE 4 Apps and Devices	MoA	N	N	Pending	9/30/2017	\$152,886.00	\$0.00
FN Data Requests	Answer Data Requests as they occur	Vendor	N	N	7/1/2016	9/30/2017	\$892,500.00	\$0.00
Website Content	Inter-Active for PS Community	Vendor	N	N	To be Determined	9/30/2017	\$50,000.00	\$0.00

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

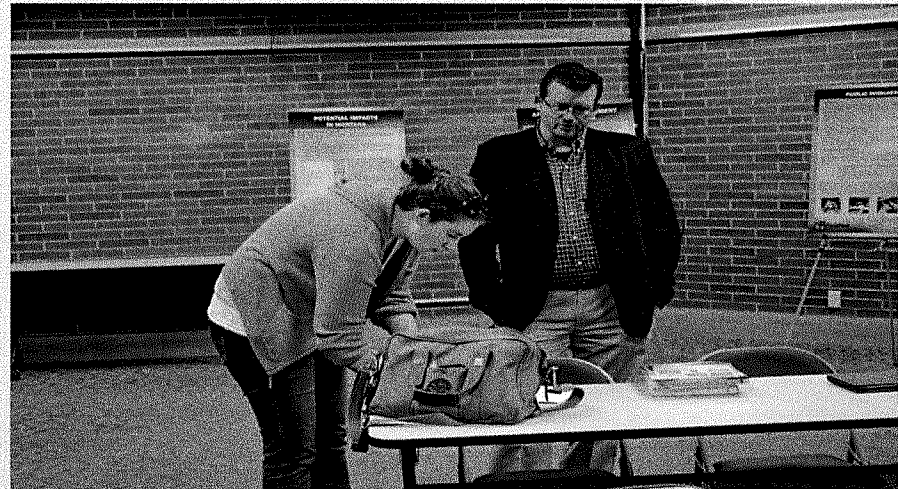
14. Budget Worksheet						
Columns 2, 3 and 4 must match your current project budget for the entire award, which is the SF-424A on file.						
Only list matching funds that the Department of Commerce has already approved.						
Project Budget Element (1)	Federal Funds Awarded (2)	Approved Matching Funds (3)	Total Budget (4)	Federal Funds Expended (5)	Approved Matching Funds Expended (6)	Total funds Expended (7)
a. Personnel Salaries	\$252,990.00	\$352,802.40	\$605,792.40	\$134,473.78	\$240,113.62	\$374,587.40
b. Personnel Fringe Benefits	\$63,244.43	\$88,203.67	\$151,448.10	\$46,632.11	\$72,121.13	\$118,753.24
c. Travel	\$163,594.10	\$13,097.93	\$176,692.03	\$36,935.23	\$13,097.93	\$50,033.16
d. Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
e. Materials/Supplies	\$31,200.00	\$0.00	\$31,200.00	\$33,329.39	\$0.00	\$33,329.39
f. Subcontracts Total	\$1,305,386.48	\$0.00	\$1,305,386.48	\$23,812.09	\$0.00	\$23,812.09
g. Other	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
h. Indirect	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
i. Total Costs	\$1,816,415.01	\$454,104.00	\$2,270,519.01	\$275,182.60	\$325,332.68	\$600,515.28
j. % of Total	80%	20%	100%	46%	54%	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)		406-444-6134
Quinn A. Ness, Public Safety Communications Bureau Chief <i>DAN SULLIVAN FOR</i>				16d. Email Address:		Qness@mt.gov
16b. Signature of Authorized Certifying Official:				Date:		10/28/2016
<i>Dan Sullivan</i>				<i>10/28/2016</i>		



**Regional CTT Meeting, Bozeman, MT
8/25/2016
(Above)**



**Metro Meeting
Bozeman, MT 8/26/2016
(Top Right)**



**FN PEIS Meeting
Lewis and Clark Library, Helena, MT
Pictured: Chris Eck, FN and Jessica Bush, Compliance Officer,
Montana SHPO.
(Bottom Right)**

FEDERAL FINANCIAL REPORT
(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted U.S. Department of Commerce	2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) 30-10-S13030	Page of 1 1 pages
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3. Recipient Organization (Name and complete address including Zip code)
 State of Montana, Department of Administration; P.O. Box 200113; 124 N. Roberts Street; Mitchell Building; Helena, MT 59620

4a. DUNS Number 136184833	4b. EIN 810302402	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment)	6. Report Type <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final	7. Basis of Accounting <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual
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8. Project/Grant Period (Month, Day, Year)
 From: 08/01/2013 To: 01/31/2018

9. Reporting Period End Date (Month, Day, Year)
 9/30/2016

10. Transactions Cumulative

(Use lines a-c for single or combined multiple grant reporting)

Federal Cash (To report multiple grants separately, also use FFR Attachment):

a. Cash Receipts	\$267,182.44
b. Cash Disbursements	\$275,182.60
c. Cash on Hand (line a minus b)	(\$8,000.16)

(Use lines d-o for single grant reporting)

Federal Expenditures and Unobligated Balance:

d. Total Federal funds authorized	\$1,816,415.00
e. Federal share of expenditures	\$275,182.60
f. Federal share of unliquidated obligations	\$0.00
g. Total Federal share (sum of lines e and f)	\$275,182.60
h. Unobligated balance of Federal funds (line d minus g)	\$1,541,232.40

Recipient Share:

i. Total recipient share required	\$454,104.00
j. Recipient share of expenditures	\$325,332.68
k. Remaining recipient share to be provided (line i minus j)	\$128,771.32

Program Income:

l. Total Federal share of program income earned	\$0.00
m. Program income expended in accordance with the deduction alternative	\$0.00
n. Program income expended in accordance with the addition alternative	\$0.00
o. Unexpended program income (line l minus line m or line n)	\$0.00

11.	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
Indirect Expense							
						g. Totals:	0

12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:

13. Certification: By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and intent set forth in the award documents. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

a. Typed or Printed Name and Title of Authorized Certifying Official Quinn Ness, Public Safety Communications Bureau Chief <i>DAW SULLIVAN FOR QUINN NESS</i>	c. Telephone (Area code, number, and extension) (406) 444-6134 d. Email Address qness@mt.gov
b. Signature of Authorized Certifying Official <i>DAW SULLIVAN FOR QUINN NESS</i>	e. Date Report Submitted (Month, Day, Year) 10/28/2016 14. Agency use only.

Standard Form 425 - Revised 10/11/2011
 OMB Approval Number: 0348-0061
 Expiration Date: 2/28/2015

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