

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)	5/29/2018
3. Street Address	PO Box 200113, 124 No. Roberts			7. Reporting Period End Date: (MM/DD/YYYY)	2/28/2018
5. City, State, Zip Code	Helena, MT 59620			8. Final Report Yes <input checked="" 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)	2/28/2018		
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	0	<i>Actual number of individuals reached via stakeholder meetings during the quarter</i>		
2	Individuals Sent to Broadband Conferences	0	<i>Actual number of individuals who were sent to third-party broadband conferences using SLIGP grant funds during the quarter</i>		
3	Staff Hired (Full-Time Equivalent)(FTE)	0	<i>Actual number of state personnel FTEs who began supporting SLIGP activities during the quarter (may be a decimal)</i>		
4	Contracts Executed	0	<i>Actual number of contracts executed during the quarter</i>		
5	Governance Meetings	0	<i>Actual number of governance, subcommittee, or working group meetings held during the quarter</i>		
6	Education and Outreach Materials Distributed	0	<i>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</i>		
7	Subrecipient Agreements Executed	0	<i>Actual number of agreements executed during the quarter</i>		
8	Phase 2 - Coverage	6	<i>For each Phase 2 milestone category, please provide the status of the activity during the quarter:</i> <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	6			
10	Phase 2 – Capacity Planning	6			
11	Phase 2 – Current Providers/Procurement	6			
12	Phase 2 – State Plan Decision	6			
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.					

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.

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.

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, minutes, scheduling, meeting set-up, travel claims processing for SIGB members, and, answer SIGB member requests.	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
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	7/1/2016	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	\$210,000.00	\$138,500.00	\$348,500.00	\$189,141.13	\$138,500.00	\$327,641.13
b. Personnel Fringe Benefits	\$73,000.00	\$48,500.00	\$121,500.00	\$94,036.28	\$48,500.00	\$142,536.28
c. Travel	\$90,000.00	\$13,000.00	\$103,000.00	\$39,766.22	\$13,000.00	\$52,766.22
d. Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
e. Materials/Supplies	\$20,000.00	\$0.00	\$20,000.00	\$8,020.00	\$0.00	\$8,020.00
f. Subcontracts Total	\$367,000.00	\$0.00	\$367,000.00	\$35,856.14	\$0.00	\$35,856.14
g. Other	\$40,000.00	\$0.00	\$40,000.00	\$29,093.66	\$0.00	\$29,093.66
h. Indirect	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
i. Total Costs	\$800,000.00	\$200,000.00	\$1,000,000.00	\$395,913.43	\$200,000.00	\$595,913.43
j. % 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:				16c. Telephone (area code, number, and extension)	406-444-6134	
Quinn A. Ness, Public Safety Communications Bureau Chief PDF Signed				16d. Email Address:	Qness@mt.gov	
16b. Signature of Authorized Certifying Official:				Date: 4/30/2018		
						