

U.S. Department of Commerce Performance Progress Report		2. Award or Grant Number 38-10-S13038
		4. EIN 45-0309764
1. Recipient Name State of North Dakota, Information Technology Department		6. Report Date (MM/DD/YYYY) 10/30/2014
3. Street Address 600 East Boulevard Avenue, Dept. 117		7. Reporting Period End Date: 9/30/2014
5. City, State, Zip Code Bismarck ND 58103		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: (MM/DD/YYYY) 09/01/2013	10b. End Date: (MM/DD/YYYY) 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	83			
2	Broadband Conferences	0			
3	Staff Hires	0			
4	Contract Executions	0			
5	Governance Meetings	1			
6	Education and Outreach Materials	651			
7	Subrecipient Agreements	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.

Stakeholder Meetings – During Q5 we presented an update to the ND 911 association and discussed the interplay of FirstNet and NG 9-1-1 systems as both begin to roll out. We also began hosting county coverage prioritization reviews via webex. These review meetings are designed to allow agencies from each county weigh in on their coverage priorities in a standardized format. This process will be offered to each county in the state.

Broadband Conferences – We did not attend any conferences in Q5.

Staff Hires – We continue to use the part time services of a Program Manager, Accountant, CIO, CFO, Project Sponsor, Project Management Specialist, and a Procurement Officer. This group’s collective hours directly attributable to the project for Q4 total to .5 FTE’s, a decrease of .1 FTE’s from Q3. The SWIC is also contributing time to the project, but we are not expecting to bill any of this time to the grant.

Governance Meetings – Our SIEC met once, we reviewed the preliminary needs assessment results, previewed new efforts, and previewed the coverage priority review process..

Our governance review is in near final form – awaiting one final stakeholder interview. Following that, we will distribute it to the SIEC and other stakeholders before deciding on a course of action.

Education and Outreach Materials – Our website saw 373 hits during Q5. We also distributed 278 electronic copies of our SLIGP newsletter, in conjunction with a needs assessment survey.

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.

N/A

11c. Provide any other information that would be useful to NTIA as it assesses this project’s progress.

Individual staff FTE calculations will vary each quarter, with some support staff not always contributing each quarter, though they still remain a part of the team.

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

Our coverage priority review meetings have gone very well. The format has proven to be very productive, generating a lot of stakeholder feedback.

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, individual times will vary by quarter.

12b. Staffing Table

Job Title	FTE %	Project(s) Assigned	Change
Program Manager	47	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

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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
Televate, LLC	SLIGP Support	Vendor	Y	Y	10/15/13	10/14/16	\$539,753	N/A	

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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	75,444	181,184	\$20,106	\$ 41,593	\$ 61,699
b. Personnel Fringe Benefits	34,894	24,897	59,791	\$6,824	\$ 18,143	\$ 24,966
c. Travel	157,972	7,399	165,371	\$29,367	\$ 796	\$ 30,163
d. Equipment	-	-	-	\$ -	\$ -	\$ -
e. Materials/Supplies	22,563	-	22,563	\$ 8	\$ -	\$ 8
f. Subcontracts Total	796,286	70,000	866,286	\$235,133	\$ -	\$ 235,133
g. Other	50,520	114,254	164,774	\$801	\$ 131,429	\$ 132,231
h. Total Costs	1,167,975	291,994	1,459,969	\$ 292,238	\$ 191,961	\$ 484,200
i. % of Total	80%	20%	100%	60%	40%	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

Travis Durick
 Program Manager

16c. Telephone (area code, number, and extension)

701.328.1125

16d. Email Address

tdurick@nd.gov

16b. Signature of Authorized Certifying Official



16e. Date Report Submitted (month, day, year)

7/30/2014