							Expiration Date: 0/31/2010		
		U.S	S. Department of Commerce	2. Award or Grant Number					
				16-10-S13016					
		Pe	erformance Progress Report	4. EIN					
				82-6000952					
1. Recipie	ent Name			6. Report Date (MM/DD/YYYY)					
State of I	daho Military Division			4/18/2014					
3. Street	Address			7. Reporting Period End Date:					
4040 Gua	ard St Bldg 600			3/31/2014					
	tate, Zip Code			8. Final Report	9. Report Frequency				
Boise ID 8	83705					□ Yes	XX Quarterly		
				1		XX No			
-	ect/Grant Period	10b. Er	nd Date: 07/31/2016						
-	ate: 08/01/2013								
11. List t	he individual projects in y		<u> </u>	1	1				
	Project Type (Capacity		Project Deliverable Quantity	Total Federal		Funding Amount expended	Percent of Total Federal Funding		
	Building, SCIP Update,		(Number & Indicator	Funding Amount	at the end of	this reporting period	Amount expended		
	Outreach, Training etc.)		Description)						
1	Stakeholder Meetings		0						
2	Training Sessions		0						
3	Broadband Conference	es	6						
4	4 Staff Hires (Full Time		1.81						
	Equivalent)								
	5 Contract Executions		0						
6	6 Statutory or Regulatory Changes		0						
7	7 Office Startup		3						
8	Outreach Materials		1 (Reached 900 people)						
11a. Des	cribe your progress meet	ting each	major activity/milestone approv	ed in the Baseline Re	port for this pr	oject; any challenges or obst	acles encountered and mitigation		
strategie	s you have employed; pla	nned ma	ajor activities for the next quarter	r; and any additional p	roject milesto	nes or information.			
Progress	this quarter; Five Idaho d	elegates	attended SLIGP Conference in Ph	noenix, Program Mana	ger attended I	nternational Wireless Comm	unications Expo, hired Program		
_	-	_		_	-				
Manager and Program Assistant, published FirstNet article in Idaho BHS newsletter (noted in 11.8 above), purchased office setup for three FTE positions, advertised Project Coordinator FTE position. No challenges or obstacles encountered. Major activities for next quarter; DHS OEC state consultation workshop, establish governance, and increase									
outreach.									
outreath	•								
11h f+h			ting only shouses to the surrous	l Dasalina Danaut in th		dossibo thoso bolov. Nata	that any substantive shapes to the		
		•	• • • • • • • • • • • • • • • • • • • •	•	ie next quarter	, describe those below. Note	that any substantive changes to the		
Raseline	keport must be approved	i by the L	Department of Commerce before	implementation.					

No anticipated changes.

11c. Provide any other information that would be useful to NTIA as it assesses this project's progress.											
				A 03 It 0330	saca tina proje	cct 3 progre	33.				
Full staff compli	ment will increase project	output.									
44d Donath and the short and t											
11d. Describe any success stories or best practices you have identified. Please be as specific as possible.											
Working with ot	her states for information	sharing in rega	ard to o	utreach pla	nning and gov	ernance str	uctures.				
12. Personnel											
12. Personner											
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.											
Anticipata ta b	a fully staffed this accorde										
Anticipate to b	e fully staffed this quarte										
12b. Staffing Ta	ible										
	Job Title		FTE %				Project(s)	Accianad		Change	
							Project(s)	Assigned			
Program Manag	er		81%		n managemen	N/C					
Program Assista	nt		100%	Progran	Program support N/C						
			•								
						1					
			Add Row Remove Row								
13. Subcontract	s (Vendors and/or Subred	cipients) N/A									
13a. Subcontrac	ts Table – Include all sub	contractors. Ti	he total	s from this	table must ed	ual the "Su	bcontracts	Total" in Question 14	f.		
								•••			
Name	Subcontract Purpose	Туре		RFP/RFQ	Contract	Start	End	Total Federal	Total Matching	Project and % Assigned	
	отпости и просе	(Vendor/Subi	roc)	Issued	Executed	Date	Date	Funds Allocated	Funds Allocated		
		(Vendor/Subi	ec.j			Date	Date	runus Anocateu	Fullus Allocateu		
				(Y/N)	(Y/N)						
Add Row Remove Row											
					Add ROW	Keillov	e Row				
13b. Describe any challenges encountered with vendors and/or subrecipients.											
200 Describe any chancinges encountered with vehiclis analysis subrecipients.											
Idaho has no sul	bgrantees.										

14. Budget Worksheet								
Columns 2, 3 and 4 must mate	ch vour current proie	ect budget for the entire	award, which is the	e SF-424A on file.				
Only list matching funds that t		-						
		1			,			
Project Budget Element (1)	Federal Funds	Approved Matching	Total Budget	Federal Funds	Approved Matching Funds	Total Funds Expended (7)		
	Awarded (2)	Funds (3)	(4)	Expended (5)	Expended (6)			
a. Personnel Salaries	\$536,917.00	\$160,711.00	\$697,628.00	12699.00	0.00	\$12699.00		
b. Personnel Fringe Benefits	\$193,290.00	\$57,856.00	\$251,146.00	5512.00	0.00	\$5512.00		
c. Travel	\$153,000.00	0.00	\$153,000.00	\$6331.00	0.00	\$6331.00		
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	\$12,760.00	0.00	\$12,760.00		
f. Subcontracts Total	\$398,890.00	0.00	\$398,890.00	0.00	0.00	0.00		
g. Other	\$7992.00	\$153,994.00	\$84,810.00	0.00	\$22,387.00	\$22,387.00		
h. Indirect	\$73,021.00	0.00	0.00	\$1821.00	0.00	\$1821.00		
i. Total Costs	\$1,490,242.00	\$372,561.00	\$1,862,803.00	39123.00	\$22,387.00	\$61,510.00		
j. % of Total	80%	20%	100%	63%	37%	100%		
15. Certification: I certify to t	he best of my know	ledge and belief that thi	s report is correct a	and complete for per	formance of activities for the pur	oose(s) set forth in the award		
documents.	, ,				, , , , , , , , , , , , , , , , , , , ,			
documents.								
16a. Typed or printed name a	and title of Authorize	ed Certifying Official		16c. Telephone (area code, number, and extension)				
Brad Richy, Brig Gen				208-258-6501				
Director, Idaho Bureau of Hon	neland Security		_	16d. Email Address brichy@bhs.idaho.gov				
Birector, radio Bareau or rion	riciana Security			10u. Elliali Audress	briciny@bris.idano.gov			
16b. Signature of Authorized	Cortifying Official			16e. Date Report Submitted (month, day, year)				
100. Signature of Authorized	Certifying Official			4/18/2014				
ROG	2.0							
B-S	,	2						

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.