			epartment of Commerce mance Progress Report			Number: 4. EIN:	526002033
1. Recipient Name	State of Maryland Departme	nt of Information Technolo	gy (DoIT)			6. Report Date (MM/DD/YYYY)	1.31.2016
3. Street Address	45 Calvert Street					7. Reporting Period End Date: (MM/DD/YYYY)	12.31.2015
5. City, State, Zip Code	Annapolis, MD 21401					8. Final Report Yes	9. Report Frequ Quarterly X
IOa. Project/Grant Period				1		1	
·····	8/1/2013	10b. End Date: (MM/DD/YYYY)	1/31/2018				
11. List the individual projects	in your approved Project Pla						***************************************
	Project Type (Capacity Building, SCIP Update,	Project Deliverable Quantity (Number & Indicator Description)	Total Federal Amount exper Funding Amount end of this peris	nded at the Percent reporting	of Total Federal Amount expended		
1	Stakeholder Meetings	0 people					
2	Broadband Conferences	1 people		Debugger State of State			
3	Staff Hires	0	7	and the second of the second			
4	Contract Executions	0					
5	Governance Meetings	0 meeting				W	
6	Education and Outreach	1,333 website page views; 529 Twitter followers (+ 23 new followers); 0 materials distributed					
7	Subrecipient Agreement Executed	0					
8	Phase 2 - Coverage	Stage 4					
9	Phase 2 – Users and Their Operational Areas	Stage 4				41	The second of
10	Phase 2 – Capacity Planning	Stage 4					
11	Phase 2 - Current Providers/Procurement	Stage 4			Charles and the charles are		
12	Phase 2 – State Plan Decision	Stage 1	general and the first terms of t		A Section	A STATE OF THE STA	
11a. Describe your progress n next quarter; and any addition OUTREACH AND DATA COLLEC In the period from October 1 th results, the compiled analysis of with us the week of Oct. 28th t	Decision neeting each major activity/n nal project milestones or information EFFORTS prough December 31 ("the performation of the metrics built from the respective or clarify our data collection. To pates requesting any changes	iliestone approved in the mation.  riod") the Team's initial for two aggregated data, and contact meeting required the page of the second seco	us was on the delivery of data to Firs mprehensive maps that represent M roduction of follow up deliverables, s	challenges or obstacles encountered and the challenges or obstacles encountered and the challenges of	e deliverable to FirstNet includ ort was delivered in the first w in the ultimate analysis of an o	ied the full aggregated eek of Oct. FirstNet hel expected State Plan fro	data from ou d a follow up m FirstNet, th

11c. Provide any other informat	tion that would be useful to	NTIA as it assesses this pro	ject's progress.							
				<del></del>		7.7.7.				
N/A										
11d. Describe any success storic	es or best practices you have	identified. Please be as sp	ecific as possible.			-	W		***************************************	
N/A	• • • • • • • • • • • • • • • • • • • •									
12. Personnel		<del></del>					*****			
12a. If the project is not fully st	affed, describe how any lack	of staffing may impact the	project's time line ar	nd when the project will be	fully staffed.			•		
	······································					-	*****			
12b. Staffing Table	···			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			***************************************		***	
Job Title	FYE%	1		Project	(s) Assigned			-	Change	
Assistant Bureau Chief/Chief					<u> </u>		<del></del>			
Information Officer;										
Technology and Information		Law Fulcasomant CNAF for	Cinebbas (CLICD work						No Change	
Management Command of the		Law Enforcement Sivic for	w Enforcement SME for FirstNet/SLIGP work							
Maryland Department of State										
Police	20%									
Department of Information	1									
Technology Radio System		Program Management at	the State level for SLK	GP					No Change	
Director	20%				*******			w*	****	
D				and the free through the franch					No Chana	
Department of Information Technology Systems Engineer	30%	Engineering and program	management support	t at the State level for FirstN	iet work				No Change	
Department of Information	30%						*****			
Technology GIS Deputy		GIS support at the State is	eve‡						No Change	
Director	10%	GID Support at the State II	5 V C1						ind change	
	207				***************************************				Will.	
13. Subcontracts (Vendors and	/or Subrecipients)			<del></del>	***************************************		***			
13a. Subcontracts Table – Inclu	de all subcontractors. The to	otals from this table must o	equal the "Subcontrac	ts Total" in Question 14f.						
Name	Subcontrac	rt 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	
Integrity Consulting	Broadband Technical SME		Contractor	Y	Υ	12.9.14	7.31,16	\$313,560.00	\$0.00	
University of Maryland Center for Health and Homeland	Broadband Outreach Admin		Contractor	N		8.1.13	7.31.16	\$998,275.00	\$0.00	
Security	Coordinators, and Grants M	anagement								
Western Maryland Regional	National Add Designal Comme									
Coordinator and Exercise	Western MD Regional Outre developement, and data col		Contractor	N	Y	10.30.14	7.31.16	\$75,000.00	\$0.00	
Director (Allegany County)	developement, and data col	mection activites.	<u> </u>		ļ					
					32.77.a).					
Salisbury State University	Broadband Website and Ma	pping and Data Collection	Contractor	N	Y (Task Order	6.5,14	1.31.18	\$345,000,00	\$0.00	
(ESRGC)	Analysis		Contractor	10	MOU)	0.5.14	1.31.10	3343,000.00	30.00	
4811	0	***		·		0.55.5	70100			
All Hazards Consortium	Regional Coordination for N	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Contractor	Y	Y	9.25.14	7.31.16	\$90,750.00		
Motorola and Skyline	Coverage Objectives Analys		Contractor	Y	Υ	3.25.15	1,31.18	\$0.00	\$63,374.0	
13b. Describe any challenges e	ncountered with vendors an	a/or subrecipients.								
None										

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)
s. Personnei Salaries	\$0.00	\$255,438.00	\$255,438.00	\$0.00	\$63,745.28	\$63,745.28
b. Personnel Fringe Benefits	\$0.00	\$74,513.00	\$74,513.00	\$0.00	\$11,119.54	\$11,119.54
c. Travel	\$149,082.00	\$0.00	\$149,082.00	\$18,084.74	\$0.00	\$18,084.74
d. Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
e. Materials/Supplies	\$5,694.00	\$0.00	\$5,694.00	\$5,846.44	\$0.00	\$5,846.44
f. Subcontracts Total	\$1,822,585.00	\$63,374.00	\$1,885,959.00	\$969,267.13	\$0.00	\$969,267.13
g. Other	\$8,000.00	\$103,815.00	\$111,815.00	\$6,398.37	\$102,390.76	\$108,789.13
n. Indirect	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
. Total Costs	\$1,985,361.00	\$497,140.00	\$2,482,501.00	\$999,596.68	\$177,255.58	\$1,176,852.26
. % of Total	80%	20%	100%	85%	15%	100%
15. Certification: I certify to the best of my knowledge an		for performance of activities fo	r the purpose(s) set forth			ili (Sportales Politica (Sport) v
16a. Typed or printed name and title of Authorized Certif	16c. Telephone (area code, number, and extension)	410-260-7279				
16b. Signature of Authorized Certifying Official.	16d. Email Address:	910-260-7279 gregory, without @ mary 1.				
_1/1/1				Date:	1/2/	7/1/

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