

| U.S. Department of Commerce<br>Performance Progress Report  |   |   |                                | 2. Award or Grant Number:  | 24-10-S13024                                  |
|---|---|---|--------------------------------|--|---|
| 1. Recipient Name   |   | State of Maryland Department of Information Technology (DoIT) |                                | 4. EIN:  | 526002033                                     |
| 3. Street Address   |   | 45 Calvert Street   |                                | 6. Report Date (MM/DD/YYYY)  | 7/30/2016                                     |
| 5. City, State, Zip Code  |   | Annapolis, MD 21401   |                                | 7. Reporting Period End Date: (MM/DD/YYYY)                         | 6/30/2016                                     |
| 10a. Project/Grant Period   |   | 10b. End Date: (MM/DD/YYYY)                                   |                                | 8. Final Report  | 9. Report Frequency                           |
| Start Date: (MM/DD/YYYY)  |   | 8/1/2013  |                                | Yes <input type="checkbox"/>                                       | Quarterly <input checked="" type="checkbox"/> |
|   |   | 1/31/2018   |                                | No <input checked="" type="checkbox"/>                             |   |
| 11. List the individual projects in your approved Project Plan  |   |   |                                |  |   |
|   | Project Type (Capacity Building, SCIP Update, etc.) | Project Deliverable Quantity (Number & Indicator Description) | Total Federal Funding Approved | Total Federal Funding Approved at the end of this reporting period | Percent of Total Federal Amount expended      |
| 1   | Stakeholder Meetings                                | 4 people  |                                |  |   |
| 2   | Broadband Conferences                               | 1 people  |                                |  |   |
| 3   | Staff Hires   | 0   |                                |  |   |
| 4   | Contract Executions                                 | 0   |                                |  |   |
| 5   | Governance Meetings                                 | 0 meeting   |                                |  |   |
| 6   | Education and Outreach                              | Outreach work is frozen at this time.                         |                                |  |   |
| 7   | Subrecipient Agreement Executed                     | 0   |                                |  |   |
| 8   | Phase 2 - Coverage                                  | Stage 4   |                                |  |   |
| 9   | Phase 2 - Users and Their Operational Areas         | Stage 4   |                                |  |   |
| 10  | Phase 2 - Capacity Planning                         | Stage 4   |                                |  |   |
| 11  | Phase 2 - Current Providers/Procurement             | Stage 4   |                                |  |   |
| 12  | Phase 2 - State Plan Decision                       | Stage 1   |                                |  |   |
| 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. |   |   |                                |  |   |
| April 2016  |   |   |                                |  |   |
| DOIT prepared for and 3 people attended the April 2016 SPOC conference. The SPOC Sec. Garcia, Greg Urban and Norman Farley attended the conference. Maj. Hasenei the State SWIC also attended the conference on behalf of the Maryland  |   |   |                                |  |   |
| 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.

N/A

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

N/A

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

| Job Title  | FTE% | Project (s) Assigned  | Change    |
|--|------|---|-----------|
| Assistant Bureau Chief/Chief Information Officer; Technology and Information Management Command of the Maryland Department of State Police | 20%  | Law Enforcement SME for FirstNet/SLIGP work                                     | No Change |
| Department of Information Technology Radio System Director   | 20%  | Program Management at the State level for SLIGP                                 | No Change |
| Department of Information Technology Systems Engineer  | 30%  | Engineering and program management support at the State level for FirstNet work | No Change |
| Department of Information Technology GIS Deputy Director   | 10%  | GIS support at the State level  | 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 |
|---|---|-----------------------|----------------------|-------------------------|------------|----------|-------------------------------|--------------------------------|
| Integrity Consulting  | Broadband Technical SME   | Contractor            | Y                    | Y                       | 12.9.14    | 7.31.16  | \$313,560.00                  | \$0.00                         |
| University of Maryland Center for Health and Homeland Security                | Broadband Outreach Administrator, Regional Coordinators, and Grants Management                  | Contractor            | N                    | Y                       | 8.1.13     | 1.31.18  | \$998,275.00                  | \$0.00                         |
| Western Maryland Regional Coordinator and Exercise Director (Allegany County) | Western MD Regional Outreach coordinator, exercise development, and data collection activities. | Contractor            | N                    | Y                       | 10.30.14   | 7.31.16  | \$75,000.00                   | \$0.00                         |
| Salisbury State University (ESRGC)  | Broadband Website and Mapping and Data Collection Analysis                                      | Contractor            | N                    | Y (Task Order MOU)      | 6.5.14     | 1.31.18  | \$345,000.00                  | \$0.00                         |
| All Hazards Consortium  | Regional Coordination for MACINAC   | Contractor            | Y                    | Y                       | 9.25.14    | 7.31.16  | \$90,750.00                   | \$0.00                         |
| Motorola and Skyline  | Coverage Objectives Analysis: MD FIRST Maps,  | Contractor            | Y                    | Y                       | 3.25.15    | 1.31.18  | \$0.00                        | \$63,374.00                    |

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        | \$0.00                    | \$255,438.00                | \$255,438.00     | \$0.00                     | \$77,482.29                          | \$77,482.29              |
| b. Personnel Fringe Benefits | \$0.00                    | \$74,513.00                 | \$74,513.00      | \$0.00                     | \$17,859.09                          | \$17,859.09              |
| c. Travel                    | \$149,082.00              | \$0.00                      | \$149,082.00     | \$18,375.51                | \$0.00                               | \$18,375.51              |
| 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   | \$1,252,588.90             | \$0.00                               | \$1,252,588.90           |
| g. Other                     | \$8,000.00                | \$103,815.00                | \$111,815.00     | \$6,398.37                 | \$102,390.75                         | \$108,789.13             |
| h. Indirect                  | \$0.00                    | \$0.00                      | \$0.00           | \$0.00                     | \$0.00                               | \$0.00                   |
| i. Total Costs               | \$1,985,361.00            | \$497,140.00                | \$2,482,501.00   | \$1,283,209.22             | \$197,732.14                         | \$1,480,941.36           |
| j. % of Total                | 80%                       | 20%                         | 100%             | 87%                        | 13%                                  | 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:<br><br>Sec. David Garcia | 16c. Telephone (area code, number, and extension) | 410-697-9406             |
|  | 16d. Email Address:                               | david.garcia@mayland.gov |
| 16b. Signature of Authorized Certifying Official:  | Date:   | 6/30/2016                |