| | | | Department of Commo Performance Progress | |
|--|---|---|--|--|
| 1. Recipient Name | State of Maine – DAFS | | | |
| 3. Street Address | 145 State House Station | | | |
| 5. City, State, Zip Code | Augusta, ME 04333-0145 | | | |
| 10a. Project/Grant Period | | | | |
| | 03/01/2018 | 10b. End Date: (MM/DD/YYYY) | 03/31/2021 | |
| 11. List the individual projects in yo | ur approved Project Plan | (| | |
| | Activity Type (Planning, Governance Meetings, etc.) | Was this Activity Performed during the Reporting Quarter? (Yes/No) | Project Deliverable Quantity (Number & Indicator Description) | Desci |
| Activities/Metrics for All Recipients | during the Reporting Quart | | Description | |
| | Governance Meetings | Yes | 1 | Actual number of governance, subcommittee, or work |
| 2 | Individuals Sent to Broadband Conferences | No | 0 | Actual number of individuals who were sent to nation related to the NPSBN using SLIGP grant funds during t |
| 3 | Convened Stakeholder Events | Yes | 1 | Actual number of events coordinated - or held using SL |
| 4 | Staff Hired (Full-Time Equivalent)(FTE) | No | 0.00 | Actual number of state personnel FTEs who began sup |
| 5 | Contracts Executed | No | 0 | Actual number of contracts executed during the quart |
| 6 | Subrecipient Agreements Executed | No | 0 | Actual number of agreements executed during the qu |
| 7 | Data Sharing Policies/Agreements Developed | No | | Yes or No if data sharing policies and/or agreements v |
| 8 | Further Identification of Potential Public Safety Users | No | | Yes or No if further identification of potential public so |
| 9 | Plans for Emergency Communications Technology Transitions | No | | Yes or No if plans for future emergecy communication |
| 10 | Identified and Planned to Transition PS Apps & Databases | No | | Yes or No if public safety applications or databases wi developed this reporting quarter |
| 11 | Identify Ongoing Coverage Gaps | Yes | | Yes or No if participated in identifying ongoing coveag |
| 12 | Data Collection Activities | No | | (Opt-In and Opt-Out Post-SMLA Phase Only) Yes or No |
| Activities for Opt-Out States only in | the Pre-SMLA Phase during | the Reporting Quarter | | |
| | Stakeholders Engaged | | | Actual number of individuals reached via stakeholder |
| 14 | Education and Outreach Materials Distributed In- Person | | | Actual number of materials distributed in-person durin |
| 15 | Education and Outreach Materials distributed Electronically | | | Actual volume of hits or impressions to any website, e the quarter. |

| | 2. Award or Grant | 23-10-S18023 |
|--|--|------------------------------------|
| | Number: | |
| | 4. EIN: | 01-6000001 |
| | 6. Report Date (MM/DD/YYYY) | 10/14/2020 |
| | 7. Reporting Period End Date: (MM/DD/YYYY) | 09/30/2020 |
| | | |
| | 8. Final Report Yes □ | 9. Report Frequency Quarterly χ |
| | No 🖸 | |
| | | |
| | | |
| scription of Milestone Category | | |
| | | |
| rking group meetings related to th | | - |
| onal or regional third-party confer g the quarter | ences with a focus are | ea or training track |
| SLIGP grant funds during the quar | ter, as requested by F | irstNet. |
| upporting SLIGP activities during t | he quarter (may be a | decimal). |
| urter. | | |
| guarter. | | |
| s were developed during this repo | rting quarter. | |
| safety users occurred during this r | reporting quarter. | |
| ons technology transitions occurre | d during this reporting | g quarter. |
| within the State or territory were | identified and transiti | ion plans were |
| age gaps using SLIGP funds during | this reporting quarte | er. |
| No if participated in data collection | n activities as request | ed by FirstNet or |
| | | |
| er meetings or events during the q | uarter. | |
| ring this quarter. | | |
| . e-newsletter, social media post, o | or other account suppo | orted by SLIGP during |

11a. Narrative description for each activity reported in Question 11 for this quarter; any challenges or obstacles encountered and mitigation strategies you have employed; planned major activities for the next quarter; and any additional

The Office of Information Technology Director of Client Technology Services provided Match for this grant for the quarter. Match is also provided by the Office of Information Technology Director of Radio Operations who oversees the state radio network (MSCommNet) as well as administrative staff processing payroll and invoices. For 11.1, one governance team meeting occurred during the quarter. For 11.2, no broadband conferences were held. For 11.3, one stakeholder event was held. It was a two-part "roadmapping" session. The first part occurred during this quarter (September 24, 2020) and the second part (October 1, 2020) will be reflected in the Q12 report. All other special events planned during the quarter were cancelled or postponed to 2021 due to COVID-19. For 11.11, conversations with stakeholders continued regarding known or perceived gaps in proposed coverage. Additional activities during the quarter were: a quarterly update with AT&T on July 22, 2020; a project update at the quarterly Maine NENA meetings on July 16, 2020 and September 10, 2020; a project update at the quarterly e911 Advisory Council on September 8, 2020; and a quarterly call with NTIA on August 18, 2020. Also, several calls were held to discuss drive testing, some including NTIA. Several calls with FirstNet and AT&T occurred in advance of the "roadmapping" event(s).

| 12 Person | nel |
|-----------|-----|
|-----------|-----|

| 12a. Staffing Table - Please include all | staff that have con | ntributed time to the project with current quarter's utilization. Please only include FTE staff employed by |
|--|---------------------|---|
| Job Title | FTE% | Project (s) Assigned |
| Program Director, FirstNetME | 100% | FirstNet all aspects |
| OIT Director of Communications and Administration | 55% | FirstNet all aspects |
| OIT Director of Client Technology Services | 25% | FirstNet all aspects |
| OIT Director of MSCommNet | 10% | FirstNet all aspects |
| | | |
| 12b. Narrative description of any staffir | ng challenges, vaca | incies, or changes. |

| 13. Contractual (Contract and/or Su | ubrecipients) | | | | |
|--------------------------------------|--|----------------------------|----------------------|----------------------------|-------|
| 13a. Contractual Table – Include all | contractors. The totals from this table should equa | the "Contractual" in C | Question 14f. | | |
| Name | Subcontract Purpose | Type (Contract/Subrec.) | RFP/RFQ Issued (Y/N) | Contract Executed (Y/N) | Start |
| Tilson | FirstNet SLIGP all aspects - contract extension | Vendor | Ν | Y | 10/1 |
| | | | | | |
| | | | | | |
| | | | | | |
| 13b. Narrative description any chal | lenges, updates, or changes related to contracts and | /or subrecipients. | | | |

| | | e do not remove individu | |
|---------------------|-----------|--------------------------|----------------------------------|
| | | | Change |
| | | | Split funded between |
| | | | federal and state |
| | | | (50%/50%) |
| | | | All match (position |
| | | | eliminated/no backfill |
| | | | match through Octobe 2018) |
| | | | All match (new to the |
| | | | grant beginning |
| | | | November 2018) |
| | | | All match (new to the |
| | | | grant - matching since |
| | | | March 2018) |
| | | | · · · · · |
| | | | |
| | End Date | Total Federal Funds | Total Matching Fund Allocated |
| Date | | Allocated | |
| | | Allocated | |
| Date 2014 | 2/29/2020 | \$267,500.00 | \$0.00 |

N/A

| 14. Budget Worksheet | | | | | | | | | |
|---|---|--|------------------------------|--|---|-----------------------------|-------------------------------|---|------------------------------|
| Columns 2, 3 and 4 must match yo | ur current project budget for | the entire award, which i | is the SF-424A on file. | | | | | | |
| Only list matching funds that the D | Department of Commerce has | already approved. | | | | | | | |
| Project Budget Element (1) | NTE Total Federal Funds Approved (2) | NTE Total Matching Funds Approved (3) | NTE Total Budget (4) | Federal Funds Obligated to Date (5) | Matching Funds Approved to Date (6) | Total Budget to Date (7) | Federal Funds Expended (8) | Approved Matching Funds Expended (9) | Total funds Expended (10) |
| a. Personnel Salaries | \$202,042.00 | \$121,550.00 | \$323,592.00 | \$202,042.00 | \$121,550.00 | \$323,592.00 | \$224,749.99 | \$62,625.83 | \$287,375.82 |
| b. Personnel Fringe Benefits | \$101,021.00 | \$60,775.00 | \$161,796.00 | \$101,021.00 | \$60,775.00 | \$161,796.00 | \$111,451.94 | \$34,671.08 | \$146,123.02 |
| c. Travel | \$51,890.00 | \$0.00 | \$51,890.00 | \$51,890.00 | \$0.00 | \$51,890.00 | \$8,153.15 | \$3,277.18 | \$11,430.33 |
| d. Equipment | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| e. Materials/Supplies | \$3,063.00 | \$0.00 | \$3,063.00 | \$3,063.00 | \$0.00 | \$3,063.00 | \$0.00 | \$0.00 | \$0.00 |
| f. Contractual | \$267,500.00 | \$0.00 | \$267,500.00 | \$267,500.00 | \$0.00 | \$267,500.00 | \$182,574.75 | \$0.00 | \$182,574.75 |
| g. Other | \$18,620.00 | \$0.00 | \$18,620.00 | \$18,620.00 | \$0.00 | \$18,620.00 | \$1,260.00 | \$50,080.03 | \$51,340.03 |
| h. Indirect | \$30,306.00 | \$18,233.00 | \$48,539.00 | \$30,306.00 | \$18,233.00 | \$48,539.00 | \$48,354.11 | \$4,464.88 | \$52,818.99 |
| i. Total Costs | \$674,442.00 | \$200,558.00 | \$875,000.00 | \$674,442.00 | \$200,558.00 | \$875,000.00 | \$576,543.94 | \$155,119.00 | \$731,662.94 |
| j. Proportionality Percent | 77.08% | 22.92% | 100.00% | 77.08% | 22.92% | 100.00% | 78.80% | 21.20% | 100.00% |
| 15. Certification: I certify to the be | st of my knowledge and belie | f that this report is corre | ct and complete for p | erformance of activities fo | r the purpose(s) s | et forth in the aw | ard documents. | | |
| 16a. Typed or printed name and ti | tle of Authorized Certifying O | fficial: | | | | | 16c. Telephone (area | | |
| David W. Maxwell, Program Director, FirstNetME | | | | code, number, and extension) | 207-624-9793 | | | | |
| 16b. Signature of Authorized Certifying Official: | | | | | 16d. Email Address: | david.w.maxwell@main | e.gov | | |
| | | | 1 | | | | Date: | 10/20/2020 | |

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