OMB Control No. 0660-0038 Expiration Date: 5/31/2019

| U.S. Department of Commerce Performance Progress Report | | | | | | 23-10-S13023N 01-6000001 | | | | |
|--|--|--|---|--|----------------------|---------------------------------|--|--|--|--|
| 1. Recipient Name | State of Maine – ConnectME Authority | | | | | 07/29/16 | | | | |
| 3. Street Address | 145 State House Station | | | | | 06/30/16 | | | | |
| 5. City, State, Zip Code | Augusta, ME, 04333-0078 | | | | | 9. Report Frequency Quarterly X | | | | |
| 10a. Project/Grant Period | | | | | | | | | | |
| Start Date: (MM/DD/YYYY) | 0/1/01/16 | 10b. End Date: (MM/DD/YYYY) | 06/30/16 | | | | | | | |
| 11. List the individual projects | in your approved Project Pla | an | | | | | | | | |
| | Project Type (Capacity Building, SCIP Undate, | Project Deliverable Quantity (Number & Indicator Description) | antity (Number & Description of Milestone Category | | | | | | | |
| 1 | Stakeholders Engaged | 485 | Actual number of individuals reached via stake | cholder meetings during the quarter | | | | | | |
| 2 | Individuals Sent to Broadband Conferences | 7 | Actual number of individuals who were sent to third-party broadband conferences using SLIGP grant funds during the quarter | | | | | | | |
| 3 | Staff Hired (Full-Time Equivalent)(FTE) | 0 | Actual number of state personnel FTEs who began supporting SLIGP activities during the quarter (may be a decimal) | | | | | | | |
| 4 | Contracts Executed | O Actual number of contracts executed during the quarter | | | | | | | | |
| 5 | Governance Meetings | 1 Actual number of governance, subcommittee, or working group meetings held during the quarter | | | | | | | | |
| 6 | Education and Outreach Materials Distributed | 2679 | Actual volume of materials distributed (inclusive of paper and electronic materials) plus hits to any website or social media account supported by SLIGP during the quarter | | | | | | | |
| 7 | Subrecipient Agreements Executed | 0 | O Actual number of agreements executed during the quarter | | | | | | | |
| 8 | Phase 2 - Coverage | Stage 5 | | | | | | | | |
| 9 | Phase 2 – Users and Their Operational Areas | Stage 5 | For each Phase 2 milestone category, please provide the status of the activity during the quarter: Stage 1 - Process Development | | | | | | | |
| 10 | Phase 2 – Capacity Planning | Stage 5 | Stage 2 - Data Collection in Progress | | | | | | | |
| 11 | Phase 2 – Current Providers/Procurement | Stage 5 | Stage 4 - Data Submitted to FirstNet | | | | | | | |
| 12 | Phase 2 – State Plan Decision | Stage 6 - Submitted Iterative Data to FirstNet | | | | | | | | |
| 11a. Describe your progress n | neeting each major activity/ | milestone approved in th | e Baseline Report for this project; any challeng | ges or obstacles encountered and mitigation strategies y | ou have employed; pl | anned major activities | | | | |
| for the next quarter; and any a | dditional project milestones | or information. | | | | · | | | | |
| For this reporting quarter we exceeding our expectation on both stakeholder meetings and education and outreach efforts. Specifically we conducted the following sessions this quarter: the ConnectME Authority memebers presented on FirstNet at the Maine Fiber Company | | | | | | | | | | |
| Users' Group Forum, the project manager updated a group of 15 on FirstNet at Behavioral Disaster Health training session, the FirstNetME team presented a session on "lead zones" and also manned a booth at the 2016 Maine Partners in Emergency Preparedness Conference, | | | | | | | | | | |
| ConnectME presented on FirstNet at the USDA event on telehealth/telemedicine meeting, team members presented on FirstNetME data collection at the Maine DEP disaster planning quarterly meeting in Augusta, FirstNetME team members presented and manned a booth at the ME NENA Annual Conference, FirstNetME team members presented at the MASAR annual education conference, FirstNetME and federal representatives presented to a | | | | | | | | | | |
| group at an inter-tribal meeting to discuss data collection maps and next steps, FirstNetME atteneded and gave an update on the program to the members at the Northeastern Maine Regional Healthcare Meeting. We continue to finalize the next set of data and began discussions | | | | | | | | | | |
| on capacity planning and providers. We plan to submit the finalized data next quarter. | | | | | | | | | | |
| 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. | | | | | | | | | | |
| None at this time. | | | | | | | | | | |

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| 11c. Provide any other inform | nation that would be useful | to NTIA as it assesses this | project's progress. | | | | | | |
|---|--------------------------------|---|---|-----------------------------|-------------------------------|----------------------|------------------------|----------------------------------|-----------------------------------|
| The MICC governance meeting Governor communication plan | | - | | - | | lanned for the com | ing quarter. Education | and outreach is ongoing | . State plan and |
| 11d. Describe any success sto While the team made up of co been more formalized and are | ontractors and ConnectME sta | ave identified. Please be a aff don't meet as often, m | s specific as possible. any outreach efforts a | re happening simultaneous | sly throughou | it the state and reg | gion. Communication v | vith all the channels to th | e governor's office have |
| 12. Personnel | - MIRCHINE AS WEIL | | | | | | | | |
| 12a. If the project is not fully | staffed, describe how any la | ack of staffing may impact | the project's time lin | e and when the project w | ill be fully sta | affed. | | | |
| NA | | | | | | | | | |
| 12b. Staffing Table - Please in | nclude all staff that have con | ntributed time to the proje | ct. Please do not rem | ove individuals from this t | able. | | | | |
| Job Title | FTE% | Project (s) Assigned | | | | | Change | | |
| Program Director, ConnectME Authority | 60% | SLIGP - all aspects None | | | | | | None | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 13. Subcontracts (Vendors an | <u> </u> | | | | | | | | |
| 13a. Subcontracts Table – Inc | lude all subcontractors. The | e totals from this table mu | ist equal the "Subcon | tracts Total" in Question 1 | | T T | | | |
| Name | Subcontract Purpose | | Type (Vendor/Subject.) | RFP/RFQ Issued (Y/N) | Contract Executed (Y/N) | Start Date | End Date | Total Federal Funds Allocated | Total Matching Funds Allocated |
| Tilson | FirstNet SLIGP all aspects | | Vendor | Υ | Υ | 10/1/2014 | 8/31/2018 | \$744,815.00 | \$0.00 |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 13b. Describe any challenges | encountered with vendors a | and/or subrecipients. | | | | | | | |

NA

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| 14. Budget Worksheet | | | | | | | |
|--|--|--------------------------------|------------------------------|-------------------------------|---|--------------|--|
| Columns 2, 3 and 4 must match your current project budge | t for the entire award, which is the SF-424A o | n 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) | | |
| a. Personnel Salaries | \$194,700.00 | \$44,745.00 | \$239,445.00 | \$114,654.71 | \$35,560.02 | \$150,214.73 | |
| b. Personnel Fringe Benefits | \$61,950.00 | \$0.00 | \$61,950.00 | \$33,074.52 | \$0.00 | \$33,074.52 | |
| c. Travel | \$44,440.00 | \$33,586.00 | \$78,026.00 | \$14,986.14 | \$2,946.98 | \$17,933.12 | |
| d. Equipment | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| e. Materials/Supplies | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| f. Subcontracts Total | \$744,815.00 | \$0.00 | \$744,815.00 | \$642,648.67 | \$0.00 | \$642,648.67 | |
| g. Other | \$0.00 | \$182,477.00 | \$182,477.00 | | \$79,950.48 | \$79,950.48 | |
| h. Indirect | \$0.00 | \$0.00 | \$0.00 | | | \$0.00 | |
| i. Total Costs | \$1,045,905.00 | \$260,808.00 | \$1,306,713.00 | \$805,364.04 | \$118,457.48 | \$923,821.52 | |
| 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 comple | ete for performance of activit | ies for the purpose(s) set f | orth in the award document | ts. | | |
| 16a. Typed or printed name and title of Authorized Certifying Official: Lisa Leahy, Associate Executive Director, ConnectME Authority | | | | | 207-592-0668 | | |
| 16b. Signature of Authorized Certifying Official: | 16d. Email Address: | <u>Lisa.Leahy@maine.gov</u> | | | | | |
| Luca Lady | | | | Date: | 7/29/2016 | | |