	2. Award or Grant Number:	23-10-S18023								
					4. EIN:	01-6000001				
L. Recipient Name St	tate of Maine – DAFS				6. Report Date (MM/DD/YYYY)	04/30/2018				
3. Street Address 14	45 State House Station				7. Reporting Period End Date: (MM/DD/YYYY)	03/31/2018				
5. City, State, Zip Code A	ugusta, ME 04333-0145				8. Final Report Yes □ No ☑	9. Report Frequency Quarterly X				
.0a. Project/Grant Period						100				
Start Date: (MM/DD/YYYY) 03	3/01/2018	10b. End Date: (MM/DD/YYYY)	02/29/2020							
1. List the individual projects in your	r approved Project Plan									
G	ctivity Type (Planning, overnance Meetings, tc.)	Was this Activity Performed during the Reporting Quarter? (Yes/No)	Project Deliverable Quantity (Number & Indicator Description)	Description of Milestone Category						
Activities/Metrics for All Recipients du	uring the Reporting Quart	ter								
1 G	overnance Meetings	Yes	1	Actual number of governance, subcommittee, or working group meetings related to t	he NPSBN held during	the quarter				
2 1	dividuals Sent to roadband Conferences	No	0	Actual number of individuals who were sent to national or regional third-party conferences with a focus area or training track related to the NPSBN using SUGP grant funds during the quarter						
3	onvened Stakeholder vents	No	0	Actual number of events coordinated - or held using SLIGP grant funds during the quarter, as requested by FirstNet.						
4	aff Hired (Full-Time quivalent)(FTE)	Yes	1.55	Actual number of state personnel FTEs who began supporting SLIGP activities during the quarter (may be a decimal).						
	ontracts Executed	No	0	Actual number of contracts executed during the quarter.						
b I	ubrecipient Agreements recuted	No	0	Actual number of agreements executed during the quarter.						
7 Pc	ata Sharing olicies/Agreements eveloped	No		Yes or No if data sharing policies and/or agreements were developed during this repo	orting quarter.					
8 Pc	urther Identification of otential Public Safety sers	No		Yes or No if further identification of potential public safety users occurred during this reporting quarter.						
9 Co	ans for Emergency ommunications echnology Transitions	No		Yes or No if plans for future emergecy communications technology transitions occurred during this reporting quarter.						
10 Tr.	entified and Planned to ransition PS Apps & atabases	No		Yes or No if public safety applications or databases within the State or territory were identified and transition plans were developed this reporting quarter						
	entify Ongoing Coverage aps	Yes	TEX 9	Yes or No if participated in identifying ongoing coveage gaps using SLIGP funds during this reporting quarter.						
12 Da	ata Collection Activities	No		(Opt-In and Opt-Out Post-SMLA Phase Only) Yes or No if participated in data collectio	n activities as requeste	d by FirstNet or				
ctivities for Opt-Out States only in th	e Pre-SMLA Phase during	the Reporting Quarter								
	akeholders Engaged			Actual number of individuals reached via stakeholder meetings or events during the q	uarter.	TENER PROJECTS				
14 M	lucation and Outreach aterials Distributed In- erson			Actual number of materials distributed in-person during this quarter.						
15 M	ducation and Outreach aterials distributed ectronically			Actual volume of hits or impressions to any website, e-newsletter, social media post, of the quarter.	or other account suppo	rted by SLIGP during				

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11a. Narrative description for each	activity reported in Question	on 11 for this quarter; an	y challenges or obstac	les encountered and mitig	ation strategies yo	u have employed	l; planned major activities	for the next quarter; a	nd any additional
					•••				
The SPOC is being fully funded by this SLIGP 2 grant; in addition the Director of Communications and Administration is 55% match for this grant period. During this transition quarter no team members attended any broadband conferences. However, many team members were continuinfor the education and outreach effortswhen asked by FirstNet and or AT&T. Those events included: In-person Meetings with FirstNet and the AT&T team; ConnectME Authority Monthly Meetings; Cultry MEMA check in with Director; E911 Advisory Meeting; SLIGP quarterly check in call with EPO. and NIST. Finally, the SPOC and contractor reviewed and finalized the budget and completed the final reports. Continued feedback on known gaps in coverage were discussed with stakeholders, FirstNet and AT&T. This occurred at meetings throughout the reporting and the properties of the properties									neck in call with FPO; Match
period.									and the state of the second of the state of
12. Personnel									
12a. Staffing Table - Please include		ted time to the project wi	th current quarter's u			yed by the state r	ot contractors. Please do	not remove individual	
Job Title Program Director, FirstNetME	FTE% 100%	FirstNot all papeats		Proje	ect (s) Assigned				Change
Director of Communications and	100%	FirstNet all aspects							All federally funded.
Administration	55%	FirstNet all aspects							All match.
12b. Narrative description of any st	affing challenges, vacancies	orchanges							
The SPOC is being fully funded by th			ications and Adminst	ration is 55% match for this	grant period.				19
					S. a.i.e parious				
13. Contractual (Contract and/or Su	brecipients)								
13a. Contractual Table – Include all	contractors. The totals from	m this table should equal		Question 14f.			0		
Name	Subcontrac		Type (Contract/Subrec.)	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 - o	contract extension	Vendor	N	N (in progress)	10/1/2014	2/29/2020	\$267,500.00	\$0.00
13b. Narrative description any chall	enges, updates, or changes	related to contracts and/	or subrecipients.						
NA									

14. Budget Worksheet Columns 2, 3 and 4 must match yo Only list matching funds that the D			s the SF-424A on file.						
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	\$75,766.00	\$45,581.00	\$121,347.00	\$0.00	\$0.00	\$0.00
b. Personnel Fringe Benefits	\$101,021.00	\$60,775.00	\$161,796.00	\$37,883.00	\$22,791.00	\$60,674.00	\$0.00	\$0.00	\$0.00
c. Travel	\$51,890.00	\$0.00	\$51,890.00	\$19,459.00	\$0.00	\$19,459.00	\$0.00	\$0.00	\$0.00
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	\$1,263.00	\$0.00	\$1,263.00	\$0.00	\$0.00	\$0.00
f. Contractual	\$267,500.00	\$0.00	\$267,500.00	\$97,243.00	\$0.00	\$97,243.00	\$0.00	\$0.00	\$0.00
g. Other	\$18,620.00	\$0.00	\$18,620.00	\$6,982.00	\$0.00	\$6,982.00	\$0.00	\$0.00	\$0.00
h. Indirect	\$30,306.00	\$18,233.00	\$48,539.00	\$11,364.00	\$6,837.00	\$18,201.00	\$0.00	\$0.00	\$0.00
i. Total Costs	\$674,442.00	\$200,558.00	\$875,000.00	\$249,960.00	\$75,209.00	\$325,169.00	\$0.00	\$0.00	\$0.00
j. Proportionality Percent	77.08%	22.92%	100.00%	76.87%	23.13%	100.00%	#DIV/0!	#DIV/0!	#DIV/0!
15. Certification: I certify to the be	est 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 title of Authorized Certifying Official:  David W. Maxwell, Program Director, FirstNetME						16c. Telephone (area code, number, and extension)	207-624-9793		
16b. Signature of Authorized Certifying Official:						16d. Email Address:	david.w.maxwell@maine.gov		
	une	IVIII CHE					Date:	04/30/2018	

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