	rce Report	2. Award or Grant Number: 4. EIN:	23-10-S18023 01-6000001			
1. Recipient Name	State of Maine – DAFS				6. Report Date (MM/DD/YYYY)	10/30/2018
3. Street Address	145 State House Station				7. Reporting Period End Date: (MM/DD/YYYY)	09/30/2018
5. City, State, Zip Code	Augusta, ME 04333-0145				8. Final Report Yes □ No ☑	9. Report Frequency Quarterly X
10a. Project/Grant Period						
Start Date: (MM/DD/YYYY)	03/01/2018	10b. End Date: (MM/DD/YYYY)	02/29/2020			
11. List the individual projects in yo	our 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)	Description of Milestone Category		
Activities/Metrics for All Recipients	during the Reporting Quarte	er				
1	Governance Meetings	Yes	1	Actual number of governance, subcommittee, or working group meetings related to th	e NPSBN held during t	he quarter
2	Individuals Sent to Broadband Conferences	No	0	Actual number of individuals who were sent to national or regional third-party confere related to the NPSBN using SLIGP grant funds during the quarter	nces with a focus area	or troining track
3	Convened Stakeholder Events	No	0	Actual number of events coordinated - or held using SLIGP grant funds during the quar	ter, as requested by Fi	rstNet.
4	Staff Hired (Full-Time Equivalent)(FTE)	No	0.00	Actual number of state personnel FTEs who began supporting SLIGP activities during th	ne quarter (may be a d	lecimal).
5	Contracts Executed	Yes	1	Actual number of contracts executed during the quarter.		
6	Subrecipient Agreements Executed	No	0	Actual number of agreements executed during the quarter.		
7	Data Sharing Policies/Agreements Developed	No		Yes or No if data sharing policies and/or agreements were developed during this repor	ting quarter.	
8	Further Identification of Potential Public Safety Users	No		Yes or No if further identification of potential public safety users occurred during this r	eporting quarter.	
9	Plans for Emergency Communications Technology Transitions	No		Yes or No if plans for future emergecy communications technology transitions occurred	l during this reporting	quarter.
10	Identified and Planned to Transition PS Apps & Databases	No		Yes or No if public safety applications or databases within the State or territory were i this reporting quarter	dentified and transitio	n plans were developed
11	Identify Ongoing Coverage Gaps	Yes		Yes or No if participated in identifying ongoing coveage gaps using SLIGP funds during	this reporting quarter	:
12	Data Collection Activities	No		(Opt-In and Opt-Out Post-SMLA Phase Only) Yes or No if participated in data collection following a documented data collection determination by Opt-Out (Post-SMLA) grante	-	d by FirstNet or
Activities for Opt Out States only in 13 24	the Pre-SMLA Press during Stakeholders Engaged Education and Outreach Materials Distributed in-	the Reporting Quarter		Actual number of Individuals revolved via stokeholder meetings or events during the gr Actual number of materials distributed in-person during this quarter.	AURCE.	

OMB Control No. 0660-0042 Expiration Date: 01/31/2021

Education and Outreach	the state of the s
15 Materials distributed	Actual valume of hits or impressions to any website, e-newsletter, social media post, or other account supported by SUGP during the
	quarter.
Electronically	

11a. Narrative description for each	activity concred in Oyacti	ion 11 for this guarter: a	ny challenges or obstacle	es encountered and mitigat	ion strategies vou	have employed: p	anned major activitie	s for the next quarter: an	d any additional project
11a. Narrative description for each	activity reported in Questi	ion ii ioi uns quarter, a	my chancinges or obstacte	s encountered and midge	ion strategies you	nave employed, p	isinica major activitie	S (O) GIVE HEAV QUARTER, WIT	
							b-14	1/25/20\ Tarm mamban cont	
The SPOC position is fully funded by the Stoutreach efforts as requested by FirstNet:	IGP 2.0 grant. The Office of Info	rmation Technology Director	of Communications and Admir	nistration is 55% match for this g	rant. During this quar NENA and the Maine o	ter, the governance tea 1911 Advisors Councils:	am neid one meeting (on a	9/26/16). Team members cont Maine Chief Information Office	r a meeting with a state
outreach emorts as requested by Pirstinet: agency about a possible tower location or	its property: a presentation at the	ded: m-person meetings with he Convention of Maine Coun	ties; phone conversations with	the FirstNet Region 1 coordinates	on and a quarterly ch	eck-in call with the Fed	deral Program Officer. Cor	versations with stakeholders of	ontinued regarding known o
perceived gaps in proposed coverage.	its property, a presentation at th	ile Convention of Wallic Coun	cies, priorie conversaciono mis	tile i listifet hegion a coorania	,				
bereetted Pabs III brokened an in-Pa-									
12. Personnel									
12. Personner 12a. Staffing Table - Please includ	a all staff that have contrib	utad tima ta tha avaiact	with current avarter's ut	ilization Please only inclu	le ETE staff emplo	ed by the state no	t contractors Please	do not remove individuals	from this table.
	FTE%	ateu ame to ale project	Mitti Chil Cut doniter 2 or		ect (s) Assigned	CD by life State no		20 110t1 C11107 C 111 W 1 V 1 W W W 1	Change
Job Title		FirstNet ell seconts		FIO	ect (5) Assigned				All federally funded.
Program Director, FirstNetME	100%	FirstNet all aspects							Ast rederany runded.
Director of Communications and		FirstNet all aspects							Ali match.
Administration	55%								
								····	
12b. Narrative description of any s	taffing challenges, vacancie	es, or changes.							
The SPOC position is fully funded t	y this SLIGP 2 grant. Match	h for the grant comes fro	m 55% of the Office of In	formation Technology Dire	ctor of Communic	ations and Admins	tration. None of this	Match was recorded in th	e Q1 report, so this Q2
report includes both Q1 and Q2 M									
13. Contractual (Contract and/or S	ubracinianta)								
13a. Contractual Table - Include a		am this table should eau	al the "Contractual" in O	uestion 14f					
15a. Contractual Table - Incide a	T The totals in	on this table should equ	Туре	I	Contract			Total Federal Funds	Total Matching Funds
Name	Subcontr	ract Purpose	(Contract/Subrec.)	RFP/RFQ issued (Y/N)	Executed (Y/N)	Start Date	End Date	Allocated	Allocated
- 1	FirstNet SLIGP all aspects	contract extension		N	Y	10/1/2014	2/29/2020	\$267,500.00	\$0.00
Tilson	FirstNet Stide all aspects	* COULT SCE EXCEUSION	Vendor	N N	' '	10/1/2014	2/23/2020	\$207,300.00	\$0.00
								-	
13b. Narrative description any cha	illenges, updates, or change	es related to contracts an	d/or subrecipients.						
N/A									
ļ									
1					,				
1									

14. Budget Worksheet Columns 2, 3 and 4 must match you Only list matching funds that the D Project Budget Element (1)			the SF-424A on file. 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	\$51,024.01	\$34,316.90	\$85,340.90
b. Personnel Fringe Benefits	\$101,021.00	\$60,775.00	\$161,796.00	\$37,883.00	\$22,791.00	\$60,674.00	\$17,008.00	\$11,438.97	\$28,446.9
c. Travel	\$51,890.00	\$0.00	\$51,890.00	\$19,459.00	\$0.00	\$19,459.00	\$1,152.72		\$1,152.77
d. Equipment	\$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	\$32,764.21		\$32,764.23
g. Other	\$18,620.00	\$0.00	\$18,620.00	\$6,982.00	\$0.00	\$6,982.00	\$1,820.93	\$0.00	\$1,820.93
h. Indirect	\$30,306.00	\$18,233.00	\$48,539.00	\$11,364.00	\$6,837.00	\$18,201.00	\$2,049.69	\$1,601.14	\$3,650.83
i. Total Costs	\$674,442.00	\$200,558.00	\$875,000.00	\$249,960.00	\$75,209.00	\$325,169.00	\$105,819.56		
j. Proportionality Percent	77.08%	22.92%			23.13%				
15. Certification: I certify to the be-	st of my knowledge and belie	f that this report is correc	t and complete for pe	rformance of activities for	the purpose(s) se	t forth in the awar	d documents.	19	er a di sesperija er a
16a. Typed or printed name and tit	tle of Authorized Certifying Of	ficial:					16c. Telephone (area		
David W. Maxweli, Program Director, FirstNetME			^				code, number, and extension)	207-624-9793	
16b. Signature of Authorized Certifying Official:				CORRECTED		16d. Email Address:	david.w.maxwell@maine.gov 10/30/2018		
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