

U.S. Department of Commerce Performance Progress Report			2. Award or Grant Number: 23-10-S13023N		
			4. EIN: 01-6000001		
1. Recipient Name: State of Maine – ConnectME Authority			6. Report Date: 05/05/2014		
3. Street Address: 78 State House Station			7. Reporting Period End Date: 03/30/2014		
5. City, State, Zip Code: Augusta, ME, 04333-0078			8. Final Report <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		9. Report Frequency <input checked="" type="checkbox"/> Quarterly
10a. Project/Grant Period Start Date: 01/01/2014	10b. End Date: 08/31/2016				
11. List the individual projects in your approved Project Plan					
	Project Type (Capacity Building, SCIP Update, Outreach, Training etc.)	Project Deliverable Quantity (Number & Indicator Description)	Total Federal Funding Amount	Total Federal Funding Amount expended at the end of this reporting period	Percent of Total Federal Funding Amount expended
1	Stakeholder Meetings	0	0	0	0
2	Working Group Meetings	0	0	0	0
3	Broadband Conferences	0	0	0	0
4	Staff Hires (FTEs)	0	0	0	0
5	Contract Executions	0	0	0	0
6	Statutory or Regulatory Changes	0	0	0	0
7	Phase II Activities	0	0	0	0
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. ConnectME – First quarter of 2014 was spent transferring the SLIGP grant from MEMA to the ConnectME Authority.					
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.					
11c. Provide any other information that would be useful to NTIA as it assesses this project's progress. NA					

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

NA

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.

Pending the transition of the grant to ConnectME Authority, no staff have been hired at this time.

12b. Staffing Table

Job Title	FTE %	Project(s) Assigned	Change

Add Row

Remove Row

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	Project and % Assigned

Add Row


Remove Row

13b. Describe any challenges encountered with vendors and/or subrecipients.

N/A

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	116850	31290	148140	0	0	0
b. Personnel Fringe Benefits	65894	13455	79349	0	0	0
c. Travel	57800	31680	89480	0	0	0
d. Equipment	0	0	0	0	0	0
e. Materials/Supplies	7800	0	7800	0	0	0
f. Subcontracts Total	775075	0	775075	0	0	0
g. Other	2337	184383	186720	0	0	0
h. Indirect	20148	0	20148	0	0	0
i. Total Costs	1045904	260808	1306712	0	0	0
j. % of Total				0%	100%	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 Lisa Leahy, Associate Executive Director, ConnectME Authority				16c. Telephone (area code, number, and extension) 207-592-0668		
				16d. Email Address Lisa.leahy@maine.gov		
16b. Signature of Authorized Certifying Official 				16e. Date Report Submitted (month, day, year) May 5, 2014		

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