			Department of Comme Performance Progress			2. Award or Grant Number: 4. EIN:	23-10-S18023 01-6000001	
	- M S Potosske		AND ALCOHOLOGICA STORES			6. Report Date	01/29/2020	
L. Recipient Name	State of Maine – DAFS					(MM/DD/YYYY) 7. Reporting Period	01/29/2020	
3. Street Address	145 State House Station					End Date: (MM/DD/YYYY)	12/31/2019	
5. City, State, Zip Code	Augusta, ME 04333-0145					8. Final Report Yes No	9. Report Frequency Quarterly X	
LOa. Project/Grant Period								
Start Date: (MM/DD/YYYY)	03/01/2018	10b. End Date: (MM/DD/YYYY)	02/29/2020					
1. 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 Categor	Y		
Activities/Metrics for All Recipients	during the Reporting Quarte	er,				to the NIDCON held during	the supplies	
1	Governance Meetings	No	0	Actual number of governance, subcommittee, or working group meetings related to the NPSBN held during the quarter				
2	Individuals Sent to Broadband Conferences	Yes	2	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 SLIGP grant funds during the quarter				
3	Convened Stakeholder Events	Yes	3	Actual number of events coordinated - or held using SLIGP grant funds during the quarter, as requested by FirstNet.				
4	Staff Hired (Full-Time Equivalent)(FTE)	No	0.00	Actual number of state personnel FTEs who began supporting SLIGP activities during the quarter (may be a dec				
5	Contracts Executed	No	0	Actual number of contrac	ts executed during the quarter.			
6	Subrecipient Agreements Executed	No	0	Actual number of agreem	ents 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 r	eporting quarter.		
8	Further Identification of Potential Public Safety Users	No		Yes or No if further identification of potential public safety users occurred during this reporting quarter.				
9	Plans for Emergency Communications Technology Transitions	No		Yes or No if plans for futu	re emergecy communications technology transitions occ	urred 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 identified and transition plans were develop this reporting quarter				
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 following a documented	-SMLA Phase Only) Yes or No if participated in data colle data collection determination by Opt-Out (Post-SMLA) gr	ction activities as requeste antees.	ed by FirstNet or	
Activities for Opt-Out States only in	n the Pre-SMLA Phase during	the Reporting Quarter						
13	Stakeholders Engaged		Barrier Street	Actual number of Individ	uals reached via stakeholder meetings or events during t	ne quarter.		
14	Education and Outreach Materials Distributed In-			Actual number of materio	als distributed in-person during this quarter.			

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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 project

The SPOC position is fully funded by the SLIGP 2.0 grant. 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, no governance team meeting was during the quarter. For 11.2, FirstNetME sent two project representatives to a local technology conference to, in part, listen to a luncheon speaker addrerssing FirstNet. For 11.3, FirstNetME Team members continued outreach efforts as either approved by FirstNet or requested by FirstNet and/or AT&T at the annual Maine Municipal Association Annual Convention (session held), the Maine State Government Digital Technology Summit (Juncheon speaker on FirstNet), and the Atlantic Partners EMS training event (session held). Additional activities during the quarter were: FirstNetME conducted a quarterly project review/progress report with AT&T on October 17, 2019 in which national FirstNet participated; FirstNetME presented a project status to the Maine NENA chapter in November and the Maine e911 Advisory Council in December. For 11.11, conversations with stakeholders continued regarding known or perceived gaps in proposed coverage. Also, FirstNet, AT&T, and FirstNetME met to discuss two roadmapping events to be held in Maine in 2020.

12. Personnel

Job Title	FTE%	Project (s) Assigned	Change
rogram Director, FirstNetME	100%	FirstNet all aspects	Ail federally funded
DIT Director of Communications and Administration	55%	FirstNet all aspects	All match (position eliminated/no backfil match through Octobe 2018)
DIT Director of Client Technology ervices	25%	FirstNet all aspects	All match (new to th grant beginning November 2018)
DIT Director of MSCommNet	10%	FirstNet all aspects	All match (new to the grant - matching since March 2018)

12b. Narrative description of any staffing challenges, vacancies, or changes.

For Q8, Match and Indirect charges for this quarter (Q8) are reflective of current status. Expenses which were previously recorded as Federal were shifted to Match as they were paid from state funds.

13. Contractual (Contract and/or Subrecipients)

13a. Contractual Table - Include all contractors. The totals from this table should equal the "Contractual" in Question 14f.

Name	Subcontract Purpose	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 - contract extension	Vendor	N	Y	10/1/2014	2/29/2020	\$267,500.00	\$0.00
					<u></u>	<u></u>		
							-	
			<u> </u>			<u> </u>		

13b. Narrative description any challenges, updates, or changes related to contracts and/or subrecipients.

N/A		
N/W		

14. Budget Worksheet Columns 2, 3 and 4 must match yo	ur current project budget for t	he entire award, which is	the SF-424A on file.						
Only list matching funds that the D	김 아이전 이번 등록 경험하는 경우를 받아 있다면 모든 그런 가지 않는 것만								
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	\$184,087.43	\$38,413.29	\$222,500.7
b. Personnel Fringe Benefits	\$101,021.00	\$60,775.00	\$161,796.00	\$101,021.00	\$60,775.00	\$161,796.00	\$91,986.31	\$22,804.01	\$114,790.3
c. Travel	\$51,890.00	\$0.00	\$51,890.00	\$51,890.00	\$0.00	\$51,890.00	\$8,002.15	\$3,277.18	\$11,279.3
d. Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.0
e. Materials/Supplies	\$3,063.00	\$0.00	\$3,063.00	\$3,063.00	\$0.00	\$3,063.00	\$0.00	\$0.00	\$0.0
f. Contractual	\$267,500.00	\$0.00	\$267,500.00	\$267,500.00	\$0.00	\$267,500.00	\$147,338.37	\$0.00	\$147,338.3
g. Other	\$18,620.00	\$0.00	\$18,620.00	\$18,620.00	\$0.00	\$18,620.00	\$0.00	\$33,217.42	\$33,217.4
h. Indirect	\$30,306.00	\$18,233.00	\$48,539.00	\$30,306.00	\$18,233.00	\$48,539.00	\$30,907.59	\$20,293.04	\$51,200.6
i. Total Costs	\$674,442.00	\$200,558.00	\$875,000.00	\$674,442.00	\$200,558.00	\$875,000.00	\$462,321.85	\$118,004.94	\$580,326.7
. Proportionality Percent	77.08%	22.92%	100.00%	77.08%	22.92%	100.00%	79.67%	20.33%	100.00
15. Certification: I certify to the be	st of my knowledge and belief	that this report is correct	t and complete for per	rformance of activities for	the purpose(s) se	t forth in the awar	rd documents.		
16a. Typed or printed name and ti	tle of Authorized Certifying Of	ficial:					16c. Telephone (area		
David W. Maxwell, Program Directo	or, FirstNetME		1		. 1		code, number, and extension)	207-6	24-9793
16b. Signature of Authorized Certif	fying Official:	INAM 1		anni d	2 11/70	77	16d. Email Address:	david.w.maxwell@main	e.gov
	tand	VVV acto		19 700 2	_	U	Date:	01/29/2020	

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