

U.S. Department of Commerce Performance Progress Report			2. Award or Grant Number:	27-10-S13027
			4. EIN:	416007161
1. Recipient Name	State of Minnesota		6. Report Date (MM/DD/YYYY)	4/30/2017
3. Street Address	445 Minnesota St		7. Reporting Period End Date: (MM/DD/YYYY)	3/31/2017
5. City, State, Zip Code	St Paul, MN 55101		8. Final Report Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	9. Report Frequency Quarterly <input type="checkbox"/>
10a. Project/Grant Period				
Start Date: (MM/DD/YYYY)	9/1/2013	10b. End Date: (MM/DD/YYYY)	2/28/2018	
11. List the individual projects in your approved Project Plan				
	Project Type (Capacity Building, SCIP Update,	Project Deliverable Quantity (Number & Indicator Description)	Description of Milestone Category	
1	Stakeholders Engaged	580	<i>Actual number of individuals reached via stakeholder meetings during the quarter</i>	
2	Individuals Sent to Broadband Conferences	3	<i>Actual number of individuals who were sent to third-party broadband conferences using SLIGP grant funds during the quarter</i>	
3	Staff Hired (Full-Time Equivalent)(FTE)	0	<i>Actual number of state personnel FTEs who began supporting SLIGP activities during the quarter (may be a decimal)</i>	
4	Contracts Executed	0	<i>Actual number of contracts executed during the quarter</i>	
5	Governance Meetings	28	<i>Actual number of governance, subcommittee, or working group meetings held during the quarter</i>	
6	Education and Outreach Materials Distributed	8160 Pages of Documents 363 hits on the website. Social Media Facebook 55,412 people reached. Followers increased to 431. Twitter reached 10,326 people. Followers increased to 110.	<i>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</i>	
7	Subrecipient Agreements Executed	0	<i>Actual number of agreements executed during the quarter</i>	
8	Phase 2 - Coverage	Stage 6	<i>For each Phase 2 milestone category, please provide the status of the activity during the quarter:</i> <ul style="list-style-type: none"> • Stage 1 - Process Development • Stage 2 - Data Collection in Progress • Stage 3 - Collection Complete; Analyzing/Aggregating Data • Stage 4 - Data Submitted to FirstNet • Stage 5 - Continued/Iterative Data Collection • Stage 6 - Submitted Iterative Data to FirstNet 	
9	Phase 2 – Users and Their Operational Areas	Stage 5		
10	Phase 2 – Capacity Planning	Stage 5		
11	Phase 2 – Current Providers/Procurement	Stage 5		
12	Phase 2 – State Plan Decision	Stage 5		
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				

Outreach and Education:

Regional Leadership presentation on State Plan Evaluation - 50 attendees
HSEM Governor's Conference - 2 attendees, and booth.
SuperBowl 52 Meetings - 2 Meetings - 40 attendees
911 MN APCO/NENA/MSA Conference - Presentation by 5 staff members to 120 attendees

Governance: Monthly Interoperable Data Committee Meetings (Oct & Dec)

Monthly StateWide Emergency Communications Board Meetings (Oct, Nov, Dec)
Governor's Executive Team Meetings (Oct, Dec)
Regional Radio Boards - for Seven Regions (21 meetings)

Conferences: IWCE - 3 attendees

Social Media:

Other: Meetings for Convergence Tabletop Exercise Planning - 5

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
Nothing new to report this quarter.

11c. Provide any other information that would be useful to NTIA as it assesses this project's progress.
 Nothing new to report this quarter.

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

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.

Fully Staffed.

12b. Staffing Table - Please include all staff that have contributed time to the project. Please do not remove individuals from this table.

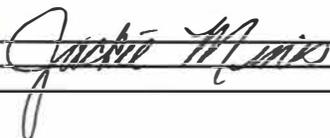
Job Title	FTE%	Project (s) Assigned	Change
FirstNet Program Manager	100%	FirstNet Program Activities	
Director, ECN	50%	Oversight of all activities	

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	Start Date	End Date	Total Federal Funds Allocated	Total Matching Funds Allocated
MnFCP	Comprehensive consultation	Vendor	Y	Y	11/4/2013	11/26/2018	\$1,541,600.00	\$385,400.00
NE ECB	Regional consultation Support	Vendor; Joint Powers Entity	N	Y	4/27/2014	6/30/2017	\$37,288.80	\$9,322.20
NW ECB	Regional consultation Support	Vendor; Joint Powers Entity	N	Y	4/27/2014	6/30/2017	\$37,288.80	\$9,322.20
MESB	Regional consultation Support	Vendor; Joint Powers Entity	N	Y	4/27/2014	6/30/2017	\$37,288.80	\$9,322.20
SE ESB	Regional consultation Support	Vendor; Joint Powers Entity	N	Y	4/27/2014	6/30/2017	\$37,288.80	\$9,322.20
SR ECB	Regional consultation Support	Vendor; Joint Powers Entity	N	Y	4/27/2014	6/30/2017	\$37,288.80	\$9,322.20
SW ECB	Regional consultation Support	Vendor; Joint Powers Entity	N	Y	4/27/2014	6/30/2017	\$37,288.80	\$9,322.20
CM ECB	Regional consultation Support	Vendor; Joint Powers Entity	N	Y	4/27/2014	6/30/2017	\$37,288.80	\$9,322.20

13b. Describe any challenges encountered with vendors and/or subrecipients.
 nothing for this quarter

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	\$138,179.00	\$34,545.00	\$172,724.00	\$109,494.04	\$28,677.89	\$138,171.93
b. Personnel Fringe Benefits	\$38,689.00	\$9,672.00	\$48,361.00	\$28,095.07	\$7,069.29	\$35,164.36
c. Travel	\$34,400.00	\$8,600.00	\$43,000.00	\$33,899.88	\$8,539.56	\$42,439.44
d. Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
e. Materials/Supplies	\$16,000.00	\$4,000.00	\$20,000.00	\$6,219.71	\$1,554.95	\$7,774.66
f. Subcontracts Total	\$2,099,118.00	\$524,779.00	\$2,623,897.00	\$1,244,015.97	\$331,701.00	\$1,575,716.97
g. Other	\$50,540.00	\$12,635.00	\$63,175.00	\$63,798.20	\$15,792.81	\$79,591.01
h. Indirect	\$12,734.00	\$3,184.00	\$15,918.00	\$11,653.23	\$2,965.29	\$14,618.52
i. Total Costs	\$2,389,660.00	\$597,415.00	\$2,987,075.00	\$1,497,176.10	\$396,300.79	\$1,893,476.89
j. % of Total	80%	20%	100%	79%	21%	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:				16c. Telephone (area code, number, and extension)	651-201-7550	
Jackie Mines, Director				16d. Email Address:	jackie.mines@state.mn.us	
16b. Signature of Authorized Certifying Official: 				Date: 5/12/2017 Rev. 2		