					Expiration Date: 5/31/				
	2. Award or Grant Number: 4. EIN:	30-10-S13030 810302402							
1. Recipient Name	State of Montana, Departme	6. Report Date (MM/DD/YYYY)	1/27/2017						
3. Street Address	PO Box 200113, 124 No. Rob	PO Box 200113, 124 No. Roberts							
5. City, State, Zip Code	Helena, MT 59620								
10a. Project/Grant Period									
Start Date: (MM/DD/YYYY)	8/1/2013	10b. End Date: (MM/DD/YYYY)	1/31/2018						
11. List the individual projects	in your approved Project Pla	n							
	Project Type (Capacity Building, SCIP Update,	Project Deliverable Quantity (Number & Indicator Description)	Description of Milestone Category						
1	Stakeholders Engaged	85	Actual number of individuals reached via stakeholder meetings during the quarter						
2	Individuals Sent to Broadband Conferences	2	Actual number of individuals who were sent to third-party broadband conferences using SLIGP grant funds during the quarter						
3	Staff Hired (Full-Time Equivalent)(FTE)	0	Actual number of state personnel FTEs who began supporting SLIGP activities during the quarter (may be a decimal)						
4	Contracts Executed	0	Actual number of contracts executed during the quarter						
5	Governance Meetings	2	Actual number of governance, subcommittee, or working group meetings held during the quarter						
6	Education and Outreach Materials Distributed	110	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						
7	Subrecipient Agreements Executed	0	Actual number of agreements executed during the quarter						
8	Phase 2 - Coverage	4							
9	Phase 2 – Users and Their Operational Areas	4	For each Phase 2 milestone category, please provide the status of the activity during the quarter:						
10	Phase 2 – Capacity Planning	4	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						
11	Phase 2 – Current Providers/Procurement	4							
12	Phase 2 – State Plan Decision	2							
11a. Describe your progress m the next quarter; and any addi			Baseline Report for this project; any challenges or obstacles encountered and mitigation strategies you h	nave employed; planno	ed major activities for				

OMB Control No. 0660-0038 Expiration Date: 5/31/2019

Staff and the Meeting Facilitator Contractor arranged for and assisted with a "Metro Meeting" at Billings, MT. 25 public safety Officials and personnel attended. This group asked insightful questions. We have developed a methodology whereby Tracey makes a presentation followed by questions to the audiance. The answers are scribed on easel paper and summarized later. The attendence rosters and the distilled notes are forwarded to Tracey. Tracey then condenses further and passes the input to the FN Planners and Engineers. These summaries are available to you by request. The SIGB meet in October and Decenber. Agenda items and minutes are available at: http://sitsd.mt.gov/Public-Safety-Home-Page/SIGB-Main-Page. We continue to update the SIGB on consultation activities. The SIGB was informed about Tribal OR in October and about the Billings Metro meeting. At the December meeting, the SPOC meeting at Phoenix was the primary topic. Note too that the Tribal OR Coordinator presented to the Montana Indian Working Group at Billings in October; attended an Indian Legislative Summit and worked with the Governor's Indian Affairs Director regards options for the 7 Tribal Councils to review and comment on the draft deployment plan (November); and, in December, attended the Governor's Tribal Training Workshop where she discussed the importance of FirstNet to the Tribal Public Safety Community. Note: In response to your observations: 1) on the Salary and Fringe line items, charges have been adjusted to conform to Journal entries as several object codes placed in Salary should have been in Fringe; and, 2) a problem was found in object code labeling. Several object codes were mis-interpreted and placed in the Supply/Materials category were moved to Contracts. The Revised PPR is trued-up with the accounting Journal.

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.

We continue to work with the SLIGP Program Office to de-obligate funds that will allow NTIA to sponsor SLIGP 2.0.

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

Tracey Murdock recommended to her Regional Peers that they adopt Montana's methodologies to make their Metro meetings sucessful.

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.

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 Work with and prepare reports for the SIGB, prepare quarterly PPR, supervise the OR Coordinator, Prepare RFP's and MoU's, answer FN RFI's	
LIGP Project MGT (Inkind)	100%		
POC (Inkind)	5%	Single Point of Contact, Supervises Bureau Chief and SLIGP PM	No Change
SCB Bureau Chief (Inkind)	20%	Meeting and Conference attendance, SLIGP supervision, Grant AOR	No Change
SCB Bureau Fiscal MGT Inkind)	3%	Liasion with state accounting, fiscal reporting and procurement	No Change
LIGP OR Coord. (Federal)	100%	Contract for meeting facilitator, schedule regional and tribal meetings, develop contacts with local and tribal first responders, attend regional and tribal	No Change
Administrative Assistant Federal)	50%	Maintain SIGB and SLIGP websites, SIGB attendance records, munutes, scheduling, meeting set-up, travel claims processing for SIGB members, and, answer SIGB member requests.	No Change

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
Montana State Library	GIS Mapping	MoA	N	Y	7/1/2015	12/30/2016	\$100,000.00	\$0.00
Brandborg, Sole Proprietor	Regional/local FirstNet Meeting Facilitator/Set-up	Vendor	Y	Υ	2/5/2016	10/31/2017	\$80,000.00	\$0.00
Tribal Facilitators	Moderate/conduct 8/22/2015 Tribal Meeting	Vendor	N	Y	8/21/2015	9/30/2017	\$30,000.00	\$0.00
MT LE and Fire Schools	Ed and OR on Band 14 LTE 4 Apps and Devices	MoA	N	N	7/1/2016	9/30/2017	\$152,886.00	\$0.00
FN Data Requests	Answer Data Requests as they occur	Vendor	N	N	7/1/2016	9/30/2017	\$892,500.00	\$0.00
Website Content	Inter-Active for PS Community	Vendor	N	N	To be Determined	9/30/2017	\$50,000.00	\$0.00

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

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. Approved Matching Federal Funds Expended | Approved Matching **Total funds Expended** Project Budget Element (1) Federal Funds Awarded (2) Total Budget (4) Funds (3) (5) Funds Expended (6) (7) \$252,990.00 \$605,792.40 a. Personnel Salaries \$352,802.40 \$134,033.98 \$257,822.91 \$391,856.89 \$63,244.43 \$151,448.10 b. Personnel Fringe Benefits \$88,203.67 \$68,963.39 \$150,207.49 \$81,244.10 \$163,594.10 \$176,692.03 c. Travel \$13,097.93 \$37,407.22 \$13,097.93 \$50,505.15 \$0.00 \$0.00 d. Equipment \$0.00 \$0.00 \$0.00 \$0.00 e. Materials/Supplies \$31,200.00 \$0.00 \$31,200.00 \$33,435.57 \$0.00 \$33,435.57 f. Subcontracts Total \$1,305,386.48 \$0.00 \$1,305,386.48 \$23,485.07 \$0.00 \$23,485.07 \$0.00 \$0.00 g. Other \$0.00 \$0.00 \$0.00 \$0.00 h. Indirect \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$1,816,415.01 \$454,104.00 \$2,270,519.01 \$297,325.23 i. Total Costs \$352,164.94 \$649,490.17 . % of Total 80% 20% 100% 46% 54% 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 406-444-6134 Quinn A. Ness, Public Safety Communications Bureau Chief extension)

16b. Signature of Authorized Certifying Official:

16d. Email Address:

Date: 1/27/1

Qness@mt.gov