

<b>U.S. Department of Commerce</b>  <b>Performance Progress Report</b>		<b>2. Award or Grant Number</b> 30-10-S13030			
		<b>4. EIN</b> 810302402			
<b>1. Recipient Name</b> State of Montana, Department of Administration		<b>6. Report Date (MM/DD/YYYY)</b>			
<b>3. Street Address</b> PO Box 200113, 124 No. Roberts Street, Mitchell Building		<b>7. Reporting Period End Date:</b> 09/30/2014--Revised			
<b>5. City, State, Zip Code</b>  Helena, MT 59620		<b>8. Final Report</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>9. Report Frequency</b> <input checked="" type="checkbox"/> Quarterly		
<b>10a. Project/Grant Period</b> Start Date: 08/01/2013	<b>10b. End Date:</b> 07/31/2016				
<b>11. List the individual projects in your approved Project Plan</b>					
	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	300 (stakeholders)			
2	Broadband Conference	0			
3	Staffing	0			
4	Contract Executions	0			
5	Governance Meetings	3			
6	Education and Outreach	500 (materials distributed)			
<b>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.</b>  <p>This quarter saw an increase in education and outreach activity. Presentations about the initial consultation meeting were made July 8, August 12 and September 9, 2014. Also, the SPOC and staff presented to the Montana State Fire Chief's Association Board of Directors on August 6, 2014; and, to the Montana Sheriffs and Peace Officers Association on September 18 at their state meeting at Kalispell, Montana. These reports and information can be found at: <a href="http://sitsd.mt.gov/policy/councils/sigb/default.mcp">http://sitsd.mt.gov/policy/councils/sigb/default.mcp</a> Staff also met with state procurement to discuss the elements of an RFP for meeting and data collection services. The RFP is under development.</p>					
<b>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.</b> n/a					

11c. Provide any other information that would be useful to NTIA as it assesses this project's progress.

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

The Governance structure is yielding benefits to SLIGP progress. By having local representation from statewide associations of fire, police, emergency medical, as well as state justice, transportation and military affairs, and, non-voting telecommunications representatives, the parties are talking and working together. This has resulted in a successful Initial Consultation Meeting held at the end of October, 2014.

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

Job Title	FTE %	Project(s) Assigned	Change
SLIGP Start-up Manager (Inkind)	100%	Work with Governance Board, including reports to SIGB upon request; prepare PPR; organize OR and Ed with public safety associations and communities; prepare statements of work for subcontracts.	No Change
SPOC (Inkind)	5%	Single Point of Contact meeting and conference attendance; Bureau Chief supervision	No Change
PSCB Bureau Chief (inkind)	20%	Bureau Chief meeting and conference attendance, SLIGP supervision	No Change
PSCB Bureau Fiscal Manager (inkind)	3%	Liaison with state accounting, fiscal reporting, procurement	No Change
Administrative Assistant to SIGB (federal)	50%	Maintain SIGB and SLIGP websites, SIGB attendance records, meeting minutes, meeting scheduling and set-up, travel claims processing from 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	Project and % Assigned
	Needs Assessment	Vendor	N	N			410,931	102,733	
	Meeting Facilitation	Vendor	N	N			(inclusive)		
	Legal	Vendor	N	N			(inclusive)		
	Technical	Vendor	N	N			(Inclusive)		
	Website	Vendor	N	N			(inclusive)		

3b. 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	250,000	330,272	580,272	12,015	85,102	97,117
b. Personnel Fringe Benefits	56,850	75,104	131,954	2,394	22,622	25,016
c. Travel	181,026	14,157	195,183	9,037	13,743	22,780
d. Equipment	0	0	0	0	0	0
e. Materials/Supplies	9,400	1,832	11,232	0	0	0
f. Subcontracts Total	410,931	0	410,931	0	0	0
g. Other	908,208	32,739	940,947	0	0	0
h. Total Costs	1,816,415	454,104	2,270,519	23,446	121,467	144,913
i. % of Total	80%	20%	100%	16%	84%	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**

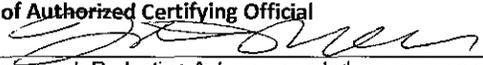
Quinn Ness, Chief  
 Public Safety Communications Bureau

**16c. Telephone (area code, number, and extension)**

406-444-6134

**16d. Email Address** Qness@mt.gov

**16b. Signature of Authorized Certifying Official**



**16e. Date Report Submitted (month, day, year)**

10/31/14; Revised 11/20/14

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a currently valid OMB control number. Public reporting burden for this collection of information is estimated to average 10 hours per response for the application process, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Michael Dame, Director, State and Local Implementation Grant Program, Office of Public Safety Communications, National Telecommunications and Information Administration, U.S. Department of Commerce (DOC), 1401 Constitution Avenue, N.W., HCHB, Room 7324, Washington, D.C. 20230.

**FEDERAL FINANCIAL REPORT**

(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted <b>U.S. Department of Commerce</b>	2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) <b>30-10-S13030</b>	Page of 1 1 pages
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3. Recipient Organization (Name and complete address including Zip code)  
 State of Montana, Department of Administration; P.O. Box 200113; 124 N. Roberts Street; Mitchell Building; Helena, MT 59620

4a. DUNS Number 138184833	4b. EIN 810302402	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment)	6. Report Type <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final	7. Basis of Accounting <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual
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8. Project/Grant Period (Month, Day, Year)  
 From: 08/01/2013 To: 07/31/2016

9. Reporting Period End Date (Month, Day, Year)  
 9/30/2014

10. Transactions Cumulative

*(Use lines a-c for single or combined multiple grant reporting)*

**Federal Cash (To report multiple grants separately, also use FFR Attachment):**

a. Cash Receipts	\$21,978.74
b. Cash Disbursements	\$23,445.61
c. Cash on Hand (line a minus b)	(\$1,466.87)

*(Use lines d-o for single grant reporting)*

**Federal Expenditures and Unobligated Balance:**

d. Total Federal funds authorized	\$1,816,415.00
e. Federal share of expenditures	\$23,445.61
f. Federal share of unliquidated obligations	\$0.00
g. Total Federal share (sum of lines e and f)	\$23,445.61
h. Unobligated balance of Federal funds (line d minus g)	\$1,792,969.39

**Recipient Share:**

i. Total recipient share required	\$454,104.00
j. Recipient share of expenditures	\$121,467.05
k. Remaining recipient share to be provided (line i minus j)	\$332,636.95

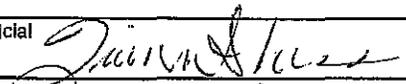
**Program Income:**

l. Total Federal share of program income earned	\$0.00
m. Program income expended in accordance with the deduction alternative	\$0.00
n. Program income expended in accordance with the addition alternative	\$0.00
o. Unexpended program income (line l minus line m or line n)	\$0.00

11.	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
Indirect Expense							
						g. Totals:	0

12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:

13. Certification: By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and intent set forth in the award documents. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

a. Typed or Printed Name and Title of Authorized Certifying Official Quinn Ness, Public Safety Communications Bureau Chief	c. Telephone (Area code, number, and extension) (406) 444-6134
	d. Email Address qness@mt.gov
b. Signature of Authorized Certifying Official 	e. Date Report Submitted (Month, Day, Year) 10-31-14

14. Agency use only

Standard Form 425 - Revised 10/11/2011  
 OMB Approval Number: 0348-0061  
 Expiration Date: 2/28/2015

**Paperwork Burden Statement**  
 According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0061), Washington, DC 20503.