OMB Control No. 0660-0038 Expiration Date: 8/31/2016

	U.S. Department of Commerce	2. Award or Grant Number 38-10-S13038 4. EIN 45-0309764			
	Performance Progress Report				
Recipient Name     State of North Dakota, Information	on Technology Department	6. Report Date (MM/I 1/30/2015	6. Report Date (MM/DD/YYYY) 1/30/2015		
3. Street Address 600 East Boulevard Avenue, Dept	t. 117	7. Reporting Period E 12/31/2014	7. Reporting Period End Date: 12/31/2014		
5. City, State, Zip Code Bismarck ND 58103		8. Final Report  Yes  x No	9. Report Frequency x Quarterly		
10a. Project/Grant Period Start Date: (MM/DD/YYYY) 09/01/2013	10b. End Date: (MM/DD/YYYY) 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	224	THE STREET	CONTRACTOR OF STREET	
2	Broadband Conferences	0	<b>[2]</b> [2] [2] [3] [4] [4] [4] [4] [4] [4] [4] [4] [4] [4	CONTRACTOR OF STREET, S.	<b>化热度</b> 经未经 的复数 1000 000 000 000 000 000 000 000 000 0
3	Staff Hires	0	SHEEDS OF EACH	THE RESERVE OF THE PERSON NAMED IN COLUMN	
4	Contract Executions	0		COLUMN TO SERVICE STATE	
5	Governance Meetings	0		The state of the s	
6	Education and Outreach Materials	446		The state of the s	
7.	Subrecipient Agreements	0		14.15000 的复数形式	

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.

Stakeholder Meetings – During Q6 we continued hosting county coverage review sessions to allow each county the opportunity to identify their coverage priorities in a standardized format. These review sessions have been well attended. We expect to complete this process in Q7.

Broadband Conferences - We did not attend any conferences in Q6.

Staff Hires — We continue to use the part time services of a Program Manager, Accountant, CIO, CFO, Project Sponsor, Project Management Specialist, and a Procurement Officer.

The SWIC is also contributing time to the project, but we are not expecting to bill any of this time to the grant.

Governance Meetings - Our SIEC met once, but there were no FirstNet related deliverables to discuss.

Our governance review has been completed. It will be reviewed by the SIEC in Q7.

OMB Control No. 0660-0038 Expiration Date: 8/31/2016

Baseline Report must be approved by the Depa	rtment of Comme	erce before implementation.	
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 practic Our coverage review sessions have allowed us a our accuracy for agency personnel counts.		tified. Please be as specific as possible. fill in any user population data that we did not obtain during our first round of outr	each. This has greatly increased
12. Personnel			
12a. If the project is not fully staffed, describe h	now any lack of st	affing may impact the project's time line and when the project will be fully staffed	901
The project is fully staffed.  12b. Staffing Table			d.
	FTE %	Project(s) Assigned	Change
12b. Staffing Table	FTE %	Project(s) Assigned  Development of program activities and oversight of Subcontractors	
12b. Staffing Table  Job Title		Project(s) Assigned	Change
12b. Staffing Table  Job Title  Program Manager	50	Project(s) Assigned  Development of program activities and oversight of Subcontractors	Change No Change
Job Title Program Manager Project Sponsor	50	Project(s) Assigned  Development of program activities and oversight of Subcontractors  Oversight of Program Manager and Subrecipient, steering of project  Oversight of project, interface with Governor's Office  Oversight of financial planning, tracking, and reporting practices	Change No Change No Change
Job Title Program Manager Project Sponsor CIO	50 2 1	Project(s) Assigned  Development of program activities and oversight of Subcontractors  Oversight of Program Manager and Subrecipient, steering of project  Oversight of project, interface with Governor's Office	Change No Change No Change No Change
Job Title Program Manager Project Sponsor CIO CFO	50 2 1 0	Project(s) Assigned  Development of program activities and oversight of Subcontractors  Oversight of Program Manager and Subrecipient, steering of project  Oversight of project, interface with Governor's Office  Oversight of financial planning, tracking, and reporting practices	Change No Change No Change No Change No Change

OMB Control No. 0660-0038 Expiration Date: 8/31/2016

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
Televate, LLC	SLIGP Support	Vendor	Y	Y	10/15/1 3	10/14/ 16	\$539,753	N/A	

Add Row

Remove Row

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

None.

## 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)	7.00	deral Funds pended (5)	 d Matching Funds pended (6)	Total Fun	ds Expended (7)
a. Personnel Salaries	105,740	75,444	181,184	\$	27,515	\$ 41,593	\$	69,109
b. Personnel Fringe Benefits	34,894	24,897	59,791	\$	9,349	\$ 18,143	\$	27,491
c. Travel	157,972	7,399	165,371	\$	30,594	\$ 796	\$	31,390
d. Equipment		2		\$	-	\$ -	\$	
e. Materials/Supplies	22,563	9.	22,563	\$	8	\$ -	\$	8
f. Subcontracts Total	796,286	70,000	866,286	\$	235,133	\$ -	\$	235,133
g. Other	50,520	114,254	164,774	\$	930	\$ 172,107	\$	173,037
h. Total Costs	1,167,975	291,994	1,459,969	\$	303,529	\$ 232,639	\$	536,168
i. % of Total	%08	20%	100%		57%	43%		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)
Travis Durick	701.328.1125
Program Manager	16d. Email Address
ASIA Signature of Authorized Soutifician Official	tdurick@nd.gov
16b. Signature of Authorized Certifying Official	16e. Date Report Submitted (month, day, year) 1/30/2015