U.S. Department of Commerce	2. Award or Grant Number 46-10-S13046	
Performance Progress Report	4. EIN 46-6000364	
1. Recipient Name South Dakota Bureau of Information and Telecommunications	6. Report Date (MM/DD/YYYY) 09/30/2013	
3. Street Address 700 Governor's Drive	7. Reporting Period End Date: 08/01/2013 – 09/30/2013	
5. City, State, Zip Code Pierre, SD 57501	8. Final Report ☐ Yes X No	9. Report Frequency X Quarterly
10a. Project/Grant Period Start Date: 08/01/2013	10b. End Date: 07/31/2016	

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	0			
2	Phase 2 Activities	N/A			
3	Broadband Conferences	6			
4	Staff Hires	0			
5	Contract Executions	0			

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.

(1) Stakeholder meetings. We are still ramping up our mailing lists to do an initial mailing which will precede outreach efforts.

(2) Phase 2 Activities. Nothing authorized yet.

(3) Broadband Conferences. We sent 6 representatives to the Regional meeting in Denver.

(4) Staff Hires. We are waiting to get authorization to reprogram funding from contractual services to FTE so we can hire a project manager.

(5) Contract Executions. No progress on this as of yet.

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.

I am working with our PMO to try to get funding reprogrammed from contractual to FTE to allow us to hire a project manager to manage the day to day activities.

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

We are working to get our distribution lists developed to start our activities with a mailer. From that same process we will be soliciting participation in our broadband subcommittee, which will reside under our Public Safety Communications Council, our interoperability governance for LMR

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

We are loading our entire user community into the CASM tool, and are working with OEC to get a Broadband Workshop set up so that we can better utilize the functions within the tool.

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.

We are working with the PMO to determine if we can reprogram funding from contractual services to personal services (FTE) to fund a project manager to assist the program manager with the day to day activities. Things will be delayed slightly until we get through this process so that we know funding levels in all areas.

12b. Staffing Table - We aren't showing any FTE salaries as match yet, so think FTE doesn't need to be filled in

Job Title	FTE %	Project(s) Assigned	Change
Statewide Project Coordinator		Provide oversight of all SLIGP project activities	Started work on SLIGP
Financial Assistant		Provide support for budget management, procurement, and processing invoices	Started work on SLIGP
Administrative Staffing Assistant		Provide administrative support for grant management	Started work on SLIGP
Engineering Assistant		Provide administrative support for grant management	Started work on SLIGP

Add Row   Remove Row

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
Legal Rep	Formalize agreements with local governments	Vendor	N	N	TBD	TBD	$75,000		NA
Regional Contractors (3)	Provide outreach & data collection statewide	Vendor	N	N	TBD	TBD	$180,000	0	NA

Web Development	Upgrade the SD PS Broadband website	Vendor	N	N	TBD	TBD	0	$51,000	NA
Regional Plan Coordinator	Align the SD plan with other states and look to utilize regional resources	Vendor	N	N	TBD	TBD	$180,000		
SCIP Contractor	Help the State update the Broadband portion of the SCIP	Vendor	N	N	TBD	TBD	$30,000		

Add Row   Remove Row

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

None at this time. We will start working on RFP development next 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	0.00	55,683.00	$55,683.00	0.00	0.00	0.00
b. Personnel Fringe Benefits	0.00	11,137.00	$11,137.00	0.00	0.00	0.00
c. Travel	240,579.00	127,684.00	$368,263.00	0.00	6,312.94	6,312.94
d. Equipment	21,000.00	0.00	$21,000.00	0.00	0.00	0.00
e. Materials/Supplies	20,439.00	28,984.00	$49,423.00	0.00	0.00	0.00
f. Subcontracts Total	843,000.00	51,000.00	$894,000.00	0.00	0.00	0.00
g. Other	113,085.00	35,040.00	$148,125.00	0.00	0.00	0.00
h. Total Costs	$1,238,103.00	$309,528.00	$1,547,631.00	$ 0.00	$6,312.94	$6,312.94
i. % of Total	80%	20%	100%	0%	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)	
JEFF PIERCE, PROGRAM ADMINISTRATOR	605-773-4347	
	16d. Email Address	
	Jeff.Pierce@state.sd.us	
16b. Signature of Authorized Certifying Official	**16e. Date Report Submitted (month, day, year)**	
	October 22, 2013	