

<b>U.S. DEPARTMENT OF COMMERCE</b>  <b>Performance Progress Report</b>				<b>2. Award or Grant Number</b> 23-50-M09062	
				<b>4. Report Date (MM/DD/YYYY)</b> 09-05-2014	
<b>1. Recipient Name</b> State of Maine, ConnectME Authority				<b>6. Reporting Period End Date:</b> 09-30-2014	
<b>3. Street Address</b> 138 Statehouse Station,					
<b>5. City, State, Zip Code</b> Augusta, ME 04333-0138					
<b>7a. Project / Grant Period Start Date: (MM/DD/YYYY)</b> 01-01-2010	<b>7b. End Date: (MM/DD/YYYY)</b> 01-31-2015	<b>8. Designated Entity on Behalf of:</b> State of Maine			
<b>9. List the individual projects in your approved project plan</b>					
	<b>Project Type (Data Collection, Capacity Building, Technical Assistance, etc.)</b>	<b>Project Name (if different from Project Type)</b>	<b>Total Federal Funding Amount</b>	<b>Total Federal Funding Amount expended at the end of this reporting period</b>	<b>Percent of Total Federal Funding amount expended</b>
1	Data Collection	Mapping and Planning	3,103,500	3,100,877	100%
2	Address File	Address File Development	337,000	343,118	
3	Capacity Building		962,952	840,070	87%
4	Technical Assistance		575,040	374,800	65%
5	N/A				
6	N/A				
			\$4,978,492	\$4,658,865	94%
<b>10. Personnel</b>  <b>10a. If the project is not fully staffed, describe how any lack of staffing may impact the project's timeline and when the project will be fully staffed.</b>  NA					

10b. Staffing Table									
Job Title				FTE %	Project(s) Assigned			Change	
Sr. Project Manager				0	Data collection/Mapping			No Change	
Project Manager				0	Data collection/Mapping			No Change	
Programmer				0	Data collection/Mapping			No Change	
GIS Analyst 1				0	Data collection/Mapping			No Change	
GIS Analyst 3				0	Data collection/Mapping			No Change	
GIS Technician 2				0	Data collection/Mapping			No Change	
GIS Technician 3				0	Data collection/Mapping			No Change	
Sr. Admin. Asst.				0	Data collection/Mapping			No Change	
Project Coordinator				0	Data collection/Mapping			No Change	
				Add Row		Remove Row			
11. Subcontracts									
11a. Subcontracts Table - Include all subcontractors. The totals from this table equal the "Subcontracts Total" from the Program Budget Worksheet (Q. 12, Column 2, 3, and 4)									
Name	Subcontract Purpose	RFP Issued (Y/N)	Contract Executed (Y/N)	Start Date	End Date	Total Federal Funds Allocated	Total Matching Funds Allocated	Project and % Assigned (Example: Data Collection 75)	
James W. Sewall	Data Collection	Yes	Yes	01/31/2010	01/31/2015	3,101,500	20,000	Data Collection	87
James W. Sewall	Address File	Yes	Yes	08/24/2010	01/31/2015	337,000	0	Address File	13
State Planning Office	Capacity Building	No	Yes	01/31/2011	01/31/2015	609,749	18,000	Capacity Building	100
Department of Education	Technical Assistance	No	Yes	02/02/2011	01/31/2015	431,640	99,038	Technical Assistance	100
					Add Row	Remove Row			
11b. Describe any challenges encountered with vendors or subrecipients.									
NA									

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12. Budget worksheet						
Columns 2, 3, and 4 will match your current project budget for your entire award, which is the SF-424A on file. Only list matching funds that the Department of Commerce has already approved.						
Project Budget Element	Federal Funds Awarded	Approved Matching Funds	Total Budget	Federal Funds Expended	Approved Matching Funds Expended	Total Funds Expended
Personnel Salaries	\$347,387	\$275,324	\$622,711	\$285,352	\$141,701	\$427,053
Personnel Fringe Benefits	\$0	\$85,889	\$85,889	\$0	\$57,137	\$57,137
Travel	\$3,761	\$18,699	\$22,460	\$4,124	\$16,956	\$21,080
Equipment	\$0	\$0	\$0	\$0	\$0	\$0
Materials / Supplies	\$0	\$0	\$0	\$0	\$0	\$0
Subcontracts Total	\$4,479,889	\$137,038	\$4,616,927	\$4,299,049	\$162,173	\$4,461,222
Construction	\$0	\$0	\$0	\$0	\$0	\$0
Other	\$147,455	\$826,885	\$974,340	\$70,340	\$772,001	\$842,341
Total Direct Costs	\$4,978,492	\$1,343,835	\$6,322,327	\$4,658,865	\$1,149,968	\$5,808,833
Total Indirect Costs	\$0	\$0	\$0	\$0	\$0	\$0
Total Costs	\$4,978,492	\$1,343,835	\$6,322,327	\$4,658,865	\$1,149,968	\$5,808,833
% of Total	79	21	100	80	20	100

  

13. Hardware / Software
<p>13a. List any hardware/software purchased during this reporting period.</p> <p>NA</p>
<p>13b. Please note any hardware/software that has yet to be purchased and explain why it has not been purchased.</p> <p>NA</p>

  

14. SBI PPR Project Attachment (Skip question 14b if Data Collection is your only project).
<p>14a. Complete a SBI PPR Project Data Collection Attachment and attach it to the PPR.</p> <p>14b. Complete a SBI PPR Attachment for each additional funded project and attach it to the PPR.</p>

**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 set forth in the award documents.**

15a. Typed or Printed Name and Title of Authorized Certifying Official

Elissa Burke

15c. Telephone  
(area code, number, and extension)

15d. Email Address

eburke@tilsontech.com

15b. Signature of Authorized Certifying Official

Submitted Electronically

15e. Date Report Submitted  
(MM/DD/YYYY)

11-17-2014