U.S. DEPARTMENT OF COMMERCE										2. Award or Grant Number 30-50-M09049		
Performance Progress Report										4. Report Date (MM/DD/YYYY) 10-15-2012		
1. Recipient Name MONTANA DEPARTMENT OF COMMERCE										6. Reporting Period End Date: 09-30-2012		
	eet Address uth Park Avenue, P.O. Box 200											
· ·	y, State, Zip Code , MT 59601-6282											
	Project / Grant Period art Date: (MM/DD/YYYY) 2010	7b. End	Date: (MM/DD/YYYY)	Y) 8. Designated Entity on Behalf of: N/A								
9. List the individual projects in your approved project plan												
Project Type (Data Collection, Capacity Building, Technical Assistance, etc.)			Project Name (if different fr	Гуре)	e) Total Federal Funding Amount		Total Federal Funding Amount expended at the end of this reporting period		Percent of Total Federal Funding amount expended			
1	Data Collection n/a					3,12	7,177	1,799	,197	58		
2 Planning Teams			n/a			1,71:	3,459	268,	291	16		
3 Capacity Building			n/a			1,099,424		103,	367	9		
4	Address File	n/a		144,766		130,	691	90				
5	5 N/A n/a					0 0		0	1	0		
10. Personnel 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. There is a 1 FTE position available for Capacity Building that is estimated to be filled in year 3 (2013).												
10b. Staffing Table												
Job Title						FTE %	E % Project(s) Assig		ned	Change		
Broadband Program Manager - State of Montana						60	Planning Teams			No Change		
Broadband Program Manager - State of Montana						30	Data Collecti	on		No Change		

Broadband Program Manager - State of Montana							10		Capacity Buildir	ng	No Change			
Broadband Program Specialist - State of Montana								70		Planning Teams			No Change	
Broadband Program Specialist - State of Montana								30		Capacity Building			No Change	
Add Row Remove Ro														
11. Subcontracts (Vendors and	d Subrecipient	s)												
11a. Subcontracts Table - Include	e all subcontrac	tors. The	e totals from th	is table	equal the "Su	ubcontra	ctor -	Total" for th	ne Program Bud	lget Worksheet (Q. 12, Columr	n 2, 3, and 4)		
Name	Name Subcontract Purpose		Type (Vendor/Subrec)		ec) RFP Issued (Y/N)	Contract Executed (Y/N)		Start Dat	e End Date	Total Federal Funds Allocated	Total Matching Funds Allocated	Project an (Example: Data	d % Assigned a Collection 75)	
Tetra Tech Inc	ch Inc Data Collection		Vendor		Yes	Yes	5	01/15/201	0 12/31/2014	1,975,175	0	Data Collection	100	
Christensen Research / Tetra Tech	Data Collection		Vendor		Yes	Yes		07/01/201	1 12/31/2014	134,825	0	Survey	100	
Montana Base Map Services / Data Collection		Vendor		No	No		07/01/201	1 12/31/2014	230,000	0	Data Migration	0%		
Certified Regional Development Corps			Vendor		No	Yes	6	07/01/201	1 12/31/2014	240,000	189,400	Planning Team	100	
Applied Communication Planning Teams		ms	Vendor		Yes	Yes	6	07/01/201	1 12/31/2014	200,000	0	Planning Team	100	
GreenFoot / Headcount Planning T		ms	Vendor		Yes	Yes	5	07/01/201	1 12/31/2014	200,000	0	Planning/Capac	100	
TBD Data Collection		on	Vendor		No	No		07/01/201	1 12/31/2014	100,000	0	Leading Practic	0%	
Montana Base Map Services / ITSD	Address File		Vendor		No	Yes	6	07/01/201	1 12/31/2014	0	41,500	Addressing	100	
			·				A	dd Row	Re	move Row		•		
11b. Describe any challenges e	encountered w	ith vend	lors or subred	cipients.										
n/a														
12. Budget worksheet														
						0= 10						· · ·		

Project Budget Element	Federal Funds Awarded	Approved Matching Funds	Total Budget	Federal Funds Expended	Approved Matching Funds Expended	Total Funds Expended			
Personnel Salaries	\$840,500	\$211,100	\$1,051,600	\$120,783	\$192,395	\$313,178			
Personnel Fringe Benefits	\$178,750	\$111,400	\$290,150	\$40,707	\$80,828	\$121,535			
Travel	\$122,698	\$19,914	\$142,612	\$11,346	\$13,506	\$24,852			
Equipment	\$0	\$0	\$0	\$0	\$0	\$0			
Materials / Supplies	\$74,858	\$8,000	\$82,858	\$3,484	\$9,319	\$12,803			
Subcontracts Total	\$3,080,000	\$230,900	\$3,310,900	\$1,910,449	\$133,220	\$2,043,669			
Construction	\$0	\$0	\$0	\$0	\$0	\$0			
Other	\$1,713,071	\$910,814	\$2,623,885	\$164,148	\$532,623	\$696,771			
Total Direct Costs	\$6,009,877	\$1,492,128	\$7,502,005	\$2,250,917	\$961,891	\$3,212,808			
Total Indirect Costs	\$74,949	\$29,912	\$104,861	\$50,629	\$16,456	\$67,085			
Total Costs	\$6,084,826	\$1,522,040	\$7,606,866	\$2,301,546	\$978,347	\$3,279,893			
% of Total	80	20	100	70	30	100			
13. Hardware / Software 13a. List any hardware/software purchased during this reporting period. n/a									
13b. Please note any hardware/software that has yet to be purchased and explain why it has not been purchased. n/a									
14. SBI PPR Project Attachment (Skip question 14b if Data Collection is your only project).									
14a. Complete a SBI PPR Project Data Collection Attachment and attach it to the PPR.									
14b. Complete a SBI PPR Attachment for each additional funded project and attach it to the PPR.									
15. Certification: I certify to the best of my kn	owledge and belief that thi	is report is correct and comple	te for performance	of activities for the p	ourpose				

set forth in the award documents.								
15a. Typed or Printed Name and Title of Authorized Certifying Official	15c. Telephone (area code, number, and extension)							
Chad Hultin	406-444-2588							
Broadcast Mapping Program Mgr.	15d. Email Address							
	chultin@mt.gov							
15b. Signature of Authorized Certifying Official	15e. Date Report Submitted (MM/DD/YYYY)							
Submitted Electronically	12-07-2012							