

U.S. DEPARTMENT OF COMMERCE Performance Progress Report				2. Award or Grant Number 30-50-M09049	
				4. Report Date (MM/DD/YYYY) 04-23-2013	
1. Recipient Name MONTANA DEPARTMENT OF COMMERCE				6. Reporting Period End Date: 03-31-2013	
3. Street Address 301 South Park Avenue, P.O. Box 200501,					
5. City, State, Zip Code Helena, MT 59601-6282					
7a. Project / Grant Period Start Date: (MM/DD/YYYY) 01-01-2010	7b. End Date: (MM/DD/YYYY) 12-31-2014	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 from Project Type)	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	3,127,177	2,061,932	66%
2	Planning Teams	N/A	1,713,459	374,460	22%
3	Capacity Building	N/A	1,099,424	144,863	13%
4	Address File	N/A	144,766	114,094	79%
5	N/A	N/A	0	0	
6	N/A	N/A	0	0	
			\$6,084,826	\$2,695,349	44%
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. N/A					

10b. Staffing Table									
Job Title				FTE %	Project(s) Assigned		Change		
Broadband Program Manager - State of Montana				30	Data Collection		No Change		
Broadband Program Manager - State of Montana				60	Planning Teams		No Change		
Broadband Program Manager - State of Montana				10	Capacity Building		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 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)	
Tetra Tech Inc	Data Collection	Yes	Yes	01/15/2010	12/31/2014	1,975,175	0	Data Collection	100
Christensen Research / Tetra Tech	Data Collection	Yes	Yes	07/01/2011	12/31/2014	134,825	0	Survey	100
Montana Base Map Services / ITSD	Data Collection	No	No	07/01/2011	12/31/2014	230,000	0	Data Migration	0
Certified Regional Development Corps	Planning Teams	No	Yes	07/01/2011	12/31/2014	240,000	189,400	Planning Team	100
Applied Communication	Planning Teams	Yes	Yes	07/01/2011	12/31/2014	200,000	0	Planning Team	100
GreenFoot / Headcount	Planning Teams	Yes	Yes	07/01/2011	12/31/2014	200,000	0	Planning/Capacity	100
Montana Base Map Services / ITSD	Address File	No	Yes	07/01/2011	12/31/2014	0	41,500	Addressing	100
TBD	Data Collection	No	No	07/01/2011	12/31/2014	100,000	0	Leading Practices	0
					Add Row		Remove Row		

11b. Describe any challenges encountered with vendors or subrecipients.

N/A

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	\$840,500	\$211,100	\$1,051,600	\$170,665	\$196,553	\$367,218
Personnel Fringe Benefits	\$178,750	\$111,400	\$290,150	\$57,297	\$87,619	\$144,916
Travel	\$122,698	\$19,914	\$142,612	\$13,253	\$14,928	\$28,181
Equipment	\$0	\$0	\$0	\$0	\$0	\$0
Materials / Supplies	\$74,858	\$8,000	\$82,858	\$3,517	\$9,319	\$12,836
Subcontracts Total	\$3,080,000	\$230,900	\$3,310,900	\$2,191,175	\$177,490	\$2,368,665
Construction	\$0	\$0	\$0	\$0	\$0	\$0
Other	\$1,713,071	\$910,814	\$2,623,885	\$199,703	\$595,755	\$795,458
Total Direct Costs	\$6,009,877	\$1,492,128	\$7,502,005	\$2,635,610	\$1,081,664	\$3,717,274
Total Indirect Costs	\$74,949	\$29,912	\$104,861	\$59,739	\$27,186	\$86,925
Total Costs	\$6,084,826	\$1,522,040	\$7,606,866	\$2,695,349	\$1,108,850	\$3,804,199
% of Total	80	20	100	71	29	100

13. Hardware / Software
<p>13a. List any hardware/software purchased during this reporting period.</p> <p>* The state has not drawn down the initial 50% of the grant largely due to the fact that the state was spending at over 100% greater rate of match than required by the grant. The state had to escalate it's percentage of match early in the grant because of state obligations tied to the State cash match. Because of this practice the spending ratio has not been 80/20, however going forward, that spending will be more in-line with the proper ratio spending and the ratio spending will continue to move closer to the proper 80/20 ratio over time.</p> <p>* Budget Worksheet 10t the amount entered for line item Materials/Supplies under column Matching Funds Expended is \$9,319 exceeding the associated Match Funds Budget entry by \$1,319. This is accountable to a higher expense than estimated (budgeted) for computer software/hardware which was used to assist in the mapping/data verification and broadband outreach meeting efforts.</p>
<p>13b. Please note any hardware/software that has yet to be purchased and explain why it has not been purchased.</p> <p>N/A</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

Chad Hultin

Broadcast Mapping Program Mgr.

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

406-444-2588

15d. Email Address

chultin@mt.gov

15b. Signature of Authorized Certifying Official

Submitted Electronically

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

04-25-2013