U.S. DEPARTMENT OF COMMERCE	**2. Award or Grant Number**
Performance Progress Report	38-50-M09050
	4. Report Date (MM/DD/YYYY)
	10-12-2012

1. Recipient Name	**6. Reporting Period End Date:**
State of North Dakota, Information Technology Department	09-30-2012

3. Street Address

600 East Boulevard Avenue, Dept 117,

5. City, State, Zip Code

Bismarck, ND 58505-0100

7a. Project / Grant Period Start Date: (MM/DD/YYYY)	**7b. End Date: (MM/DD/YYYY)**	**8. Designated Entity on Behalf of:**	
12-20-2009	12-19-2014	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	2,741,669	1,204,425	44
2	Capacity Building	Includes original planning funds of 308,400	697,418	127,384	18
3	Technical Assistance	N/A	225,000	225,000	100
4	N/A				0
5	N/A				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.

N/A, Fully staffed.

10b. Staffing Table

Job Title	**FTE %**	**Project(s) Assigned**	**Change**
Program Manager	75	Planning & Capacity Building	No Change
Project Management Specialist	12	Data collection	No Change

Project Support		1	Data collection	No Change

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11. Subcontracts (Vendors and Subrecipients)

11a. Subcontracts Table - Include all subcontractors. The totals from this table equal the "Subcontractor Total" for the Program Budget Worksheet (Q. 12, Column 2, 3, and 4)

Name	Subcontract Purpose	Type (Vendor/Subrec)	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	Subrecipient	Yes	Yes	01/20/2010	12/24/2014	1,554,484	0	Data collection	100
EduTech	Technical Assistance	Subrecipient	No	No	12/01/2010	07/31/2012	75,000	0	Tech Assistanc	100
TBD	Data Collection	Subrecipient	No	No	01/30/2011	12/24/2014	717,921	0	Data collection	100

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

None at this time, our vendors and subrecipients have been very helpful.

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	$425,743	$40,131	$465,874	$109,128	$18,845	$127,973
Personnel Fringe Benefits	$182,461	$17,199	$199,660	$33,904	$5,502	$39,406
Travel	$146,012	$0	$146,012	$16,073	$0	$16,073
Equipment	$51,620	$0	$51,620	$34,425	$0	$34,425
Materials / Supplies	$6,502	$0	$6,502	$5,287	$0	$5,287
Subcontracts Total	$2,347,406	$0	$2,347,406	$1,163,113	$0	$1,163,113
Construction	$0	$0	$0	$0	$0	$0

Project Budget Element	Federal Funds Awarded	Approved Matching Funds	Total Budget	Federal Funds Expended	Approved Matching Funds Expended	Total Funds Expended
Other	$317,949	$925,997	$1,243,946	$194,699	$640,274	$834,973
Total Direct Costs	$3,477,693	$983,327	$4,461,020	$1,556,629	$664,621	$2,221,250
Total Indirect Costs	$186,394	$0	$186,394	$0	$0	$0
Total Costs	$3,664,087	$983,327	$4,647,414	$1,556,629	$664,621	$2,221,250
% of Total	79	21	100	70	30	100

13. Hardware / Software

13a. List any hardware/software purchased during this reporting period.

None.

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 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 Travis Durick	15c. Telephone (area code, number, and extension) 701.328.1125
	15d. Email Address tdurick@nd.gov
15b. Signature of Authorized Certifying Official Submitted Electronically	15e. Date Report Submitted (MM/DD/YYYY) 12-14-2012