	2. Award or Grant Number 38-50-M09050		
	4. Report Date (MM/DD/YYYY) 01-18-2013		
1. Recipient Name	6. Reporting Period End Date:		
State of North Dakota, Information Tec	12-31-2012		
3. Street Address			
600 East Boulevard Avenue, Dept 117			
5. City, State, Zip Code Bismarck, ND 58505-0100			
7a. Project / Grant Period	7b. End Date: (MM/DD/YYYY)	8. Designated Entity on Behalf of:	
Start Date: (MM/DD/YYYY) 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	1,338,760	49%
2	Capacity Building	N/A	389,018	148,608	38%
3	Technical Assistance	N/A	225,000	225,000	100%
4	Original Planning Grant	N/A	308,400	0	
5	N/A				
6	N/A				

# 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					25	Planning & Capacity Bulding	No Change	
Project Management Specialist					5	Data collection	No Change	
Project Support					3	Data Collection	No Change	
	Add Row Remove Ro			low				

### 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 % A (Example: Data Colle	
Tetra Tech, Inc.	Data Collection	Yes	Yes	1/20/2010	12/24/2014	1,554,484	0	Data Collection	100
EduTech	Technical Assistance	No	No	12/01/2010	7/31/2012	75,000	0	Technical Assistance	100
TBD	Data Collection	No	No	1/30/2011	12/24/2014	717,921	0	Data Collection	100
					=				

Add Row Remove Row

# 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	\$123,425	\$21,884	\$145,309
Personnel Fringe Benefits	\$182,461	\$17,199	\$199,660	\$38,535	\$6,490	\$45,025
Travel	\$146,012	\$0	\$146,012	\$16,744	\$0	\$16,744
Equipment	\$51,620	\$0	\$51,620	\$45,415	\$0	\$45,415
Materials / Supplies	\$6,502	\$0	\$6,502	\$5,637	\$0	\$5,637
Subcontracts Total	\$2,347,406	\$0	\$2,347,406	\$1,320,771	\$0	\$1,320,771
Construction	\$0	\$0	\$0	\$0	\$0	\$0
Other	\$317,949	\$925,997	\$1,243,946	\$158,699	\$682,124	\$840,823
Total Direct Costs	\$3,477,693	\$983,327	\$4,461,020	\$1,709,226	\$710,498	\$2,419,724
Total Indirect Costs	\$186,394	\$0	\$186,394	\$3,142	\$0	\$3,142
Total Costs	\$3,664,087	\$983,327	\$4,647,414	\$1,712,368	\$710,498	\$2,422,866
% of Total	79	21	100	71	29	100

### 13. Hardware / Software

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

One laptop was purchased.

13b. Please note any hardware/software that has yet to be purchased and explain why it has not been purchased.

New servers and software licenses will be purchased in Q1 2013. This additional hardware/software will be used to improve reporting on anchor institution connectivity.

## 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	15c. Telephone (area code, number, and extension)				
Travis Durick	701.328.1125				
	15d. Email Address				
	tdurick@nd.gov				
15b. Signature of Authorized Certifying Official	15e. Date Report Submitted (MM/DD/YYYY)				
Submitted Electronically	01-30-2013				