

<b>U.S. DEPARTMENT OF COMMERCE</b>  <b>Performance Progress Report</b>				<b>2. Award or Grant Number</b> 46-50-M09053	
				<b>4. Report Date (MM/DD/YYYY)</b> 03-24-2014	
				<b>6. Reporting Period End Date:</b> 03-31-2014	
<b>1. Recipient Name</b> South Dakota Bureau of Information & Telecommunications					
<b>3. Street Address</b> 700 Governor's Drive,					
<b>5. City, State, Zip Code</b> Pierre, SD 57501-2291					
<b>7a. Project / Grant Period Start Date: (MM/DD/YYYY)</b> 12-20-2009		<b>7b. End Date: (MM/DD/YYYY)</b> 12-19-2014		<b>8. Designated Entity on Behalf of:</b> N/A	
<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	N/A	2,283,882	1,850,879	81%
2	Address File	N/A	623,737	133,923	21%
3	Capacity Building	N/A	1,054,616	653,170	62%
4	Technical Assistance	N/A	767,180	376,703	49%
5	Ownership and Adoption	N/A	1,000,000	772,846	77%
6	N/A				
			\$5,729,415	\$3,787,521	66%
<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>  Fully Staffed					

10b. Staffing Table									
Job Title				FTE %	Project(s) Assigned			Change	
Broadband Capacity Manager (Mike)				100	Capacity Building			No Change	
Technology Planning Assistant (Brandy)				100	Technical Assistance			No Change	
Technology Planning Manager (Jamie)				100	Technical Assistance			No Change	
Project Manager (Andy)				40	Data Collection			No Change	
Program Manager (Jim)				4	Data Collection			No Change	
Broadband Administration (Jan)				27	Data Collection			No Change	
Finance & Purchasing Administration (Deb/Randy)				29	Data Collection			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)	
Broadband Map LLC	Data Collection	Yes	Yes	12/20/2009	12/19/2014	1,279,455	243,455	Data Collector	100
Dakota State University	Capacity Building	No	No	12/20/2009	12/19/2014	241,388	0	Capacity Building	59
Dakota State University	Technical Assistance	No	No	12/20/2009	12/19/2014	0	0	Technical Assistance	41
SD Public Broadcasting	Capacity Building	No	No	12/20/2009	03/31/2013	70,601	0	Capacity Bulding	100
Bureau of Information & Telecommunications	Data Collection	No	No	12/20/2009	12/19/2014	493,255	0	Data Collector	39
Bureau of Information & Telecommunications	Address File	No	No	12/20/2009	12/19/2014	0	0	Address Files	58
Bureau of Information & Telecommunications	Capacity Building	No	No	12/20/2009	12/19/2014	0	0	Capacity Building	3
DDN	Technical Assistance	No	No	12/20/2009	12/19/2014	53,000	0	Technical Assistance	100
State Demographer	Capacity Building	No	No	12/20/2009	12/19/2014	10,000	0	Capacity Building	100

Broadband Analysis (Z Consulting)	Data Collection	No	Yes	04/15/2013	12/19/2014	150,000	0	Capacity Building	100
USDA NASS	Capacity Building	No	No	12/20/2009	12/19/2014	72,000	0	Capacity Building	100

Add Row

Remove Row

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

No challenges in the reporting period.

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	\$1,243,667	\$480,700	\$1,724,367	\$922,442	\$480,700	\$1,403,142
Personnel Fringe Benefits	\$223,113	\$120,159	\$343,272	\$153,292	\$120,159	\$273,451
Travel	\$262,805	\$0	\$262,805	\$77,492	\$0	\$77,492
Equipment	\$1,203,214	\$0	\$1,203,214	\$53,203	\$0	\$53,203
Materials / Supplies	\$26,270	\$0	\$26,270	\$853,734	\$0	\$853,734
Subcontracts Total	\$2,369,699	\$243,455	\$2,613,154	\$1,479,759	\$243,455	\$1,723,214
Construction	\$0	\$0	\$0	\$0	\$0	\$0
Other	\$400,647	\$588,027	\$988,674	\$247,599	\$588,027	\$835,626
Total Direct Costs	\$5,729,415	\$1,432,341	\$7,161,756	\$3,787,521	\$1,432,341	\$5,219,862
Total Indirect Costs	\$0	\$0	\$0	\$0	\$0	\$0
Total Costs	\$5,729,415	\$1,432,341	\$7,161,756	\$3,787,521	\$1,432,341	\$5,219,862
% of Total	80	20	100	73	27	100

  

13. Hardware / Software
<p>13a. List any hardware/software purchased during this reporting period.</p> <p>See spreadsheet listing - Q1-2014 - PPR Attachment - Q13a.</p>
<p>13b. <b>Please note any hardware/software that has yet to be purchased and explain why it has not been purchased.</b></p> <p>the nature of our Ownership/Adoption program involves the purchase of equipment to support CAI infrastructure. As this is an ongoing effort funded through year 5, there will be hundreds of pieces of equipment, hardware and software that will be purchased through the rest of the program.</p> <p>We also anticipate purchasing additonal devices/software for our mapping verification project, as the devices purchased in year 2 no longer can verify the technologies in use from our wireless carriers. Additional address verification iPads also plan to be purchased, as we add additional interns to the program this summer.</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

Deb Larson

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

605-677-6411

15d. Email Address

Deb.Larson@state.sd.us

15b. Signature of Authorized Certifying Official

Submitted Electronically

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

06-23-2014