OMB Control No. 0660-0038 Expiration Date: 8/31/2016

۱		U.S	. Department of Commerce	2. Award or Grant Number				
				50-10-S13050				
ı		Pe	rformance Progress Report	4. EIN				
						03-6000264		
1. Recipient	t Name					6. Report Date (MM/DD/YYYY)		
Vermont De	epartment of Public Safe	ety				12/3/2013 (revised)		
3. Street Ac	ldress			7. Reporting Period End Date:				
103 South N	Main Street					09/30/2013		
5. City, Stat	e, Zip Code		•			8. Final Report	9. Report Frequency	
Waterbury,	Vermont 05671-2101					□ Yes	v Quarterly	
						√ No		
	t/Grant Period	10b. En	d Date: (MM/DD/YYYY)		•			
Start Date: (MM/DD/YYYY)								
08/01/2013 07/31/								
11. List the	individual projects in y	our appr	oved Project Plan	·	·			
.	Project Type (Capacity		Project Deliverable Quantity	Total Federal	Total Federal Funding Amount expended		Percent of Total Federal Funding	
	Building, SCIP Update,		(Number & Indicator	Funding Amount	at the end of this reporting period A		Amount expended	
	Outreach, Training etc.)		Description)					
1 Stakeholder Meetings		None at this time.						
2 Broadband Conferences		1 conference, 7 attendees						
3 Staff Hires		None hired at this time.						
4 Contract Executions		None executed at this time.						
5 Governance Meetings		3 meetings, 36 attendees						
6 Education and Outreach		ch	None distributed at this time.					
Materials								

11a. Describe your progress meeting each major activity/milestone approved in the Baseline Report for this project; any challenges or obstacles encountered and mitigation strategies you have employed; planned major activities for the next quarter; and any additional project milestones or information.

The Vermont team attended the regional workshop conducted in June of 2013. Up until recently we have been awaiting the SLIGP award, which occurred in August. As a result we are currently going through the award approval process with the State of Vermont. We did not conduct any stakeholder meetings during this reporting period. We did not hire any staff, nor did we execute any contracts. Our commission has met three times during the performance period. We did not distribute any education or outreach materials.

11b. If the project team anticipates requesting any changes to the approved Baseline Report in the next quarter, describe those below. Note that any substantive changes to the Baseline Report must be approved by the Department of Commerce before implementation.

No changes are anticipated at this time. However, we reserve the right to make changes as the Vermont program continues to develop.

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11c. Provide a	ny other information that	would be useful to N	TIA as it asse	esses this proj	ject's progre	ss.			
None at this ti	me.								
11d Describe	any success stories or best	nractices you have i	dentified Pla	ease he as sno	erific as nos	sihle			
None at this ti	•	practices you have i	acritical 1	case se as spe	come as pos	JIDIC.			
12. Personnel									
12. Personner		*							•
12a. If the pro	ject is not fully staffed, de	scribe how any lack o	f staffing ma	y impact the	project's tir	ne line and	when the project wil	ll be fully staffed.	
	nt of Public Safety is waitin							· -	• • •
	the hiring process for the P	• -	he Tempora	ry Employees.	We hope to	o be able to	hire the Project Man	ager in the second qu	arter and the Temporary
Employees in t	he third quarter of year on	e.						•	
12b. Staffing 1	iable in the state of the state								
	•								
	Job Title	FTE	%	Project(s) Assigned					Change
				·					
	•								
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	•		80%	A 1 1 D					•
				Add Row	Remov	ve Row	•	•	
	cts (Vendors and/or Subre acts Table – Include all sub	· · · · · · · · · · · · · · · · · · ·	als from this	table must or	aual tha "Su	heontracte	Total" in Question 1/		
15a. Subcontra	·	tontractors. The tot		table must et	quastile su	DCOMETAGES			
Name	Subcontract Purpose	Туре	RFP/RFQ	Contract	Start	End	Total Federal	Total Matching	Project and % Assigned
	•	(Vendor/Subrec.)	Issued (Y/N)	Executed (Y/N)	Date	Date	Funds Allocated	Funds Allocated	·
TBD	Project Manager for	Personal Services	(17N) N	N N	TBD	TBD	199,840.00	0	0%
	Technical Support	Contract		.,		'55			7,5
coording to the	aperwork Reduction Act, as	amended no nerson	s are require	d to respond to) n a collection	of informat	ion unless if displays a	Currently valid OMR o	ontrol number. Public
	or this collection of informati								

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a currently valid OMB control number. Public reporting burden for this collection of information is estimated to average 10 hours per response for the application process, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this

			Add Row	Remove Row			
13b. Describe any challenges	encountered with v	endors and/or subrecipi	ents.				
14. Budget Worksheet							
Columns 2, 3 and 4 must mat				e SF-424A on file.			
Only list matching funds that	the Department of C	ommerce has already ap	proved.				
Project Budget Element (1)	Federal Funds Awarded (2)	Approved Matching Funds (3)	Total Budget (4)	Federal Funds Expended (5)	Approved Matching Funds Expended (6)	Total Funds Expended (7)	
a. Personnel Salaries	238,821	129,918	368,739	0	0		
b. Personnel Fringe Benefits	72,336	47,817	120,153	0	0		
c. Travel	14,700	. 0	14,700	0	0		
d. Equipment	0	0	0	0	0		
e. Materials/Supplies	7509	0	7509	0	0		
f. Subcontracts Total	199,840	0	199,840	, 0	0	·	
g. Other (Indirect Costs)	177,735	0	177,735	0	0		
h. Total Costs	710,941	177,735	888,676	0	0		
i. % of Total	80%	20%	100%			· · · · · · · · · · · · · · · · · · ·	
documents.			report is correct		formance of activities for the purp	ose(s) set forth in the award	
16a. Typed or printed name	and title of Authorize	ed Certifying Official		16c. Telephone (area	code, number, and extension)		
Francis (Paco) X. Aumand III			802-241-5488				
Division Director				16d. Email Address			
Division of Criminal Justice Se	ryices	()					
Trans 1			Approximate and the second second second	grantnotification@sta	ete.vt.us	,	
16b. Signature of Authorized	Certifying Official		,	16e. Date Report Sub	mitted (month, day, year)		
Comment of the second				12/3/13			

collection of information, including suggestions for reducing this burden, to Michael Dame, Director, State and Local Implementation Grant Program, Office of Public Safety Communications, National Telecommunications and Information Administration, U.S. Department of Commerce (DOC), 1401 Constitution Avenue, N.W., HCHB, Room 7324, Washington, D.C. 20230.