			Department of Commerce	2. Award or Grant Number:	50-10-S-13050
		Perto	ormance Progress Report	4. EIN:	03-6000264
1. Recipient Name	Vermont Department of Public Safety				9/30/2017
3. Street Address	45 State Drive	(MM/DD/YYYY) 7. Reporting Period End Date: (MM/DD/YYYY)	9/30/2017		
5. City, State, Zip Code	Waterbury, VT 05671-1300				9. Report Frequency Quarterly
10a. Project/Grant Period		-		*	
Start Date: (MM/DD/YYYY)	8/1/2013	10b. End Date: (MM/DD/YYYY)	1/31/2018		
11. List the individual projects	in your approved Project Pla	n			
	Project Type (Capacity Building, SCIP Update,	Project Deliverable Quantity (Number & Indicator Description)	Description of Milestone Category		
1	Stakeholders Engaged	273	Actual number of individuals reached via stakeholder meetings during the quarter		
2	Individuals Sent to Broadband Conferences	0	Actual number of individuals who were sent to third-party broadband conferences using SLIGP grant func	ls during the quarter	
3	Staff Hired (Full-Time Equivalent)(FTE)	0	Actual number of state personnel FTEs who began supporting SLIGP activities during the quarter (may be	a decimal)	·
4	Contracts Executed	0	Actual number of contracts executed during the quarter		
5	Governance Meetings	4	Actual number of governance, subcommittee, or working group meetings held during the quarter		
6	Education and Outreach Materials Distributed	805	Actual volume of materials distributed (inclusive of paper and electronic materials) plus hits to any webs during the quarter	ite or social media acc	ount supported by SLIGP
7	Subrecipient Agreements Executed	0	Actual number of agreements executed during the quarter		
8	Phase 2 - Coverage	Stage 4			
`9	Phase 2 – Users and Their Operational Areas	Stage 4	For each Phase 2 milestone category, please provide the status of the activity during the quarter: • Stage 1 - Process Development		
10	Phase 2 – Capacity Planning	Stage 4	 Stage 2 - Data Collection in Progress Stage 3 - Collection Complete; Analyzing/Aggregating Data 		
11	Phase 2 – Current Providers/Procurement	Stage 5	Stage 4 - Data Submitted to FirstNet Stage 5 - Continued/Iterative Data Collection		
12	Phase 2 – State Plan Decision	Stage 5	Stage 6 - Submitted Iterative Data to FirstNet		
11a. Describe your progress n	neeting each major activity/n	nilestone approved in the	Baseline Report for this project; any challenges or obstacles encountered and mitigation strategies you l	nave employed; plann	ed major activities for

the next quarter; and any additional project milestones or information.

In the third quarter, Vermont worked with FirstNet and public safety stakeholders to compile questions related to the SPP information. A spreadsheet of questions was submitted to FirstNet by the August 4 deadline. Outreach work continued with stakeholders to update and inform about the FirstNet project. There were ten engagements with stakeholders during the period that ranged from one-on-one meetings with key first responder leaders to group meetings and presentations at conferences. During this period, larger presentations were given to the Vermont State Firefighter's Association, the Vermont Ambulance Association, Vermont Emergency Preparedness Conference attendees, and to attendees of the Joint Utilities/State Agency Conference. As the 90-day decision clock has been started, the Public Safety Broadband Network Commission will be working in the upcoming quarter to prepare a recommendation to the Governor regarding opting-in or opting-out of the FirstNet proposed plan.

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 as this time. However, we reserve the right to make changes as the Vermont program continues to develop.

11c. Provide any other informa	ation that would be useful to	NTIA as it assesses this pro	oject's progress.						
None at this time.									
11d. Describe any success stori	ies or best practices you have	e identified. Please be as s	pecific as possible.						
Nothing additional at this time.									
inothing double at this time.									
12. Personnel									
12a. If the project is not fully s	taffed, describe how any lack	of staffing may impact th	e project's time line a	nd when the project will b	e fully staffed	•			
N/A									
12b. Staffing Table - Please inc		ibuted time to the project.	Please do not remove					<i></i>	
Job Title	FTE% ·		Project (s) Assigned Change						Change
IT Project Manager IV	0	Managing Education and Outreach, Project Managements of SLIGP, and contractor/sub-contractor management						Permanently Vacant New Position title added in April 2016	
FirstNet Outreach Manager	100	Managing Education and	Managing Education and Outreach, Project Managements of SLIGP, and contractor/sub-contractor management						
Project Manager	0	Temporary 100% FTE – N	Temporary 100% FTE – Not to exceed 1,280 hours (State Funded Personnel)						
Project Manager	0	Temporary 100% FTE – Not to exceed 1,280 hours (State Funded Personnel)							
Project Manager	0	Temporary 100% FTE – Not to exceed 1,280 hours (State Funded Personnel)							
13. Subcontracts (Vendors and									
13a. Subcontracts Table – inclu	ide all subcontractors. The t	otals from this table must	equal the "Subcontra	cts Total" in Question 14f.					
Name	Subcontract Purpose		Түре (Vendor/Subrec.)	RFP/RFQ issued (Y/N)	Contract Executed (Y/N)	Start Date	End Date	Total Federal Funds Allocated	Total Matching Funds Allocated
AppGeo	GIS Services and Technical advising		GIS Vendor	Y	Y	9/1/2015	10/30/2015		\$25,773.98
Televate	Technical support and advising		Personal Services Contract	Y	Y	3/1/2017	12/31/2017	\$90,000.00	
13b. Describe any challenges e	I ncountered with vendors an	d/or subrecipients.		L	I	1			1
N/A									

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	\$262,926	\$81,364 \$344,290		\$154,689	\$64,267	\$218,956
. Personnel Fringe Benefits	\$87,537	\$7,258	\$94,795	\$74,881	\$7,169	\$82,050
Travel	\$34,506	\$0	\$34,506	\$26,267	\$0	\$26,267
. Equipment	\$0	\$0	\$0	\$0	\$0	\$0
Materials/Supplies	\$12,000	\$0	\$12,000	\$2,263	\$0	\$2,263
Subcontracts Total	\$178,285	\$89,113	\$267,398	\$19,890	\$25,765	\$45,655
Other	\$6,431	\$0	\$6,431	\$6,003	\$0	\$6,003
. Indirect	\$129,256	\$0	\$129,256	\$57,446	\$0	\$57,446
Total Costs	\$710,941	\$177,735	\$888,676	\$341,439	\$97,202	\$438,641
% of Total	80%	20%	100%	78%	22%	100%
5. Certification: I certify to the best of my knowledge and	belief that this report is correct and complet	e for performance of activities	for the purpose(s) set forth	in the award documents.		
6a. Typed or printed name and title of Authorized Certify	16c. Telephone (area code, number, and extension)	302-241-5216				
16b. Signature of Authorized Certifying Official:	16d. Email Address:	\$97,202 \$438,641				
In m Nallaly	Date: 10/10/17					