	2. Award or Grant Number:	50-10-S-13050							
		Perro	ormance Progress Report	4. EIN:	03-6000264				
1. Recipient Name	Vermont Department of Pub	lic Safety		6. Report Date (MM/DD/YYYY)	2/28/2018				
3. Street Address	45 State Drive			7. Reporting Period End Date: (MM/DD/YYYY)	2/28/2018				
5. City, State, Zip Code	Waterbury, VT 05671-1300			8. Final Report Yes X No	9. Report Frequency Quarterly				
10a. Project/Grant Period	,								
Start Date: (MM/DD/YYYY)	8/1/2013	10b. End Date: (MM/DD/YYYY)	2/28/2018						
11. List the individual projects	in your approved Project Pla								
	Project Type (Capacity Building, SCIP Update,	Project Deliverable Quantity (Number & Indicator Description)	Description of Milestone Category						
1	Stakeholders Engaged	103	Actual number of individuals reached via stakeholder meetings during the quarter	** * 12 * 12 * 12					
2	Individuals Sent to Broadband Conferences	0	Actual number of individuals who were sent to third-party broadband conferences using SLIGP grant funds 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	0	Actual number of governance, subcommittee, or working group meetings held during the quarter						
6	Education and Outreach Materials Distributed	1961	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:						
10	Phase 2 – Capacity Planning	Stage 4	Stage 1 - Process Development Stage 2 - Data Collection in Progress						
11	Phase 2 – Current Providers/Procurement	Stage 6	Stage 3 - Collection Complete; Analyzing/Aggregating Data Stage 4 - Data Submitted to FirstNet Stage 5 - Continued/Iterative Data Collection						
12	Phase 2 – State Plan Decision	Stage 6	Stage 6 - Submitted Iterative Data to FirstNet						

OMB Control No. 0660-0038 Expiration Date: 5/31/2019

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.

In the final two months of the SLIGP 1.0 grant cycle, work was concentrated on organizing and conducting regional meetings in Vermont to allow the public safety community to directly ask questions of FirstNet and AT&T representatives about the build-out in Vermont. Seven regional meetings were planned in cooperation with FirstNet. Three of the meetings were completed in the grant period. DPS hosted informational meetings in the central, west, and southwest regions of the state. The remaining meetings are scheduled for March and April.

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.

11c. Provide any other inform	ation that would be useful	to NTIA as it assesses this pr	oject's progress.							
None at this time.										
11d. Describe any success stor	ries or best practices you ha	ave identified. Please be as s	pecific as possible.							
None at this time.										
12. Personnel										
12a. If the project is not fully s	staffed, describe how any la	ack of staffing may impact th	e project's time line a	and when the project will b	e fully staffed	•				
N/A										
12b. Staffing Table - Please in	clude all staff that have cor	ntributed time to the project.	Please do not remove	individuals from this table	·					
Job Title	FTE%	Project (s) Assigned Cha							Change	
IT Project Manager IV	0	Managing Education and	Managing Education and Outreach, Project Management of SLIGP, and contractor/sub-contractor management						Permanently Vacant New Position title added in April 2016	
Ti Project Manager IV	0									
FirstNet Outreach Manager	100	Managing Education and	Managing Education and Outreach, Project Management of SLIGP, and contractor/sub-contractor management							
Project Manager	0	Temporary 100% FTE-No	Temporary 100% FTE-Not to exceed 1,280 hours (State Funded Personnel)							
Project Manager	0	Temporary 100% FTE-No	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)								
	3. Subcontracts (Vendors and/or Subrecipients)									
13a. Subcontracts Table – Incl	ude all subcontractors. The	e totals from this table must	equal the "Subcontra	cts Total" in Question 14f.	7					
Name	Subcontract Purpose		Type (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 .	Υ	9/1/2015	10/30/2015		\$25,773.98	
Televate	Technical support and advising		Personal Services Contract	Y	Υ	3/1/2017	12/31/2017	\$90,000.00		
13b. Describe any challenges	encountered with vendors	and/or subrecipients.			***************************************					
N/A										
L								· · · · · · · · · · · · · · · · · · ·		

14. Budget Worksheet	4					
Columns 2, 3 and 4 must match your current project budget for	the entire award, which is the SF-424A or	n file.				
Only list matching funds that the Department of Commerce has	already approved.					
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 (
a. Personnel Salaries	\$262,926.00	\$81,364.00	\$344,290.00	\$184,178.00	\$72,116.00	\$256,294.00
b. Personnel Fringe Benefits	\$87,537.00	\$7,258.00	\$94,795.00	\$91,554.00	\$10,490.00	\$102,044.00
c. Travel	\$34,506.00	\$0.00	\$34,506.00	\$28,465.00	\$0.00	\$28,465.00
d. Equipment	\$0.00	\$0.00	\$0.00	- \$0.00	\$0.00	\$0.00
e. Materials/Supplies	\$12,000.00	\$0.00	\$12,000.00	\$5,020.00	\$0.00	\$5,020.00
f. Subcontracts Total	\$178,285.00	\$89,113.00	\$267,398.00	\$56,390.00	\$25,765.00	\$82,155.00
g. Other	\$6,431.00	\$0.00	\$6,431.00	\$6,003.00	\$0.00	\$6,003.00
h. Indirect	\$129,256.00	\$0.00	\$129,256.00	\$57,446.00	\$0.00	\$57,446.00
i. Total Costs	\$710,941.00	\$177,735.00	\$888,676.00	\$429,056.00	\$108,371.00	\$537,427.00
j. % of Total	80%	20%	100%	80%	20%	100%
15. Certification: I certify to the best of my knowledge and be	lief that this report is correct and comple	te for performance of activities for	or the purpose(s) set forth i	n the award documents.		and the Asset
16a. Typed or printed name and title of Authorized Certifying		aca Talanhana (ama				
Terry LaValley, Radio Technology Services, Director, Vermont D	a v	16c. Telephone (area code, number, and extension)	802-241-5216			
16b. Signature of Authorized Certifying Official:		16d. Email Address:	dps.grantnotification@v	vermont.gov		
Tym Davally				Date: 4/17/18		