

<b>U.S. Department of Commerce</b>  <b>Performance Progress Report</b>			<b>2. Award or Grant Number</b> 09-10-S13009		
<b>1. Recipient Name</b> Connecticut Dept of Emergency Services and Public Protection			<b>4. EIN</b> 066000798		
<b>3. Street Address</b> 1111 Country Club Road			<b>6. Report Date (MM/DD/YYYY)</b> 1/27/14		
<b>5. City, State, Zip Code</b> Middletown, Connecticut 06457-2389			<b>7. Reporting Period End Date:</b> 12/31/13		
<b>10a. Project/Grant Period</b> Start Date: (07/01/13)			<b>10b. End Date: (06/30/16)</b>		<b>8. Final Report</b> No
<b>9. Report Frequency</b> X Quarterly					
<b>11. List the individual projects in your approved Project Plan</b>					
	Project Type (Capacity Building, SCIP Update, Outreach, Training etc.)	Project Deliverable Quantity (Number & Indicator Description)	Total Federal Funding Amount	Total Federal Funding Amount expended at the end of this reporting period	Percent of Total Federal Funding Amount expended
1	Stakeholder Meetings	70	0	0	0
3	Broadband Conferences	2	0	0	0
4	Staff Hires (Full-Time Equivalent)	0	0	0	0
5	Contract Executions	1	0	0	0
7	Governance Meetings	3	0	0	0
8	Education & Outreach Materials	40	0	0	0
9	Phase II Activities	Activities to be determined			
<b>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.</b>  This quarter the following has been accomplished: The Statewide Interoperability Coordinator (SWIC) attended three meetings in which the Public Safety Broadband concept was discussed. The SWIC also attended the PSAC meeting in Georgia which related to the public safety Broadband initiative. A contract was awarded to Applied Geographics for assist in Phase 1 activities (outreach).					
<b>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.</b>  No significant changes are planned.					
<b>11c. Provide any other information that would be useful to NTIA as it assesses this project's progress.</b>					

**11d. Describe any success stories or best practices you have identified. Please be as specific as possible.**

None during this reporting quarter.

**12. Personnel**

**12a. If the project is not fully staffed, describe how any lack of staffing may impact the project's time line and when the project will be fully staffed.**

**12b. Staffing Table**

Job Title	FTE %	Project(s) Assigned	Change
SWIC	25	Coordinate activities, administrative management, vendor selection	No change
Emergency Telecommunications Director	10	No activities performed for this quarter	No Change
Emergency Telecommunications Manager	10	No activities performed for the quarter	No Change
IT Manager 3	10	No activities performed for the quarter	No Change
Telecommunications Engineer 3	5	No activities performed for the quarter	No Change

Add Row

Remove Row

**13. Subcontracts (Vendors and/or Subrecipients)**

**13a. Subcontracts Table – Include all subcontractors. The totals from this table must equal the "Subcontracts Total" in Question 14f.**

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	Project and % Assigned
Applied Geographics	Project management support, meeting facilitation, technical writing, technical subject matter experts	Vendor	N	Y			\$645,000.00	\$129,000.00	50%

Add Row

Remove Row

**13b. Describe any challenges encountered with vendors and/or subrecipients.**

None at this time.


**14. Budget Worksheet**

Columns 2, 3 and 4 must match your current project budget for the entire award, which is the SF-424A on file.  
Only list matching funds that the Department of Commerce has already approved.

Project Budget Element (1)	Federal Funds	Approved Matching	Total Budget	Federal Funds	Approved Matching Funds	Total Funds Expended (7)
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	Awarded (2)	Funds (3)	(4)	Expended (5)	Expended (6)	
a. Personnel Salaries	\$0.00	\$185,099.00	\$185,099.00	\$0.00	\$17463.00	\$17463.00
b. Personnel Fringe Benefits	\$0.000	\$133,272.00	\$133,272.00	\$0.000	\$14051.00	\$14051.00
c. Travel	\$59,200.00	\$0.00	\$59,200.00	\$0.00	\$0.00	\$0.00
d. Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
e. Materials/Supplies	\$7,300.00	\$0.00	\$7300.00	\$0.00	\$0.00	\$0.00
f. Subcontracts Total	\$1,336,157.00	\$0.00	\$1,336,157.00	\$0.00	\$0.00	\$0.00
g. Other	\$3600.00	\$33,193.00	\$36,793.00	\$0.00	\$0.00	\$0.00
h. Total Costs	\$1,406,257.00	\$351,564.00	1,757,821.00	\$0.00	\$31514.00	\$31514.00
i. % of Total	80%	20%			100%	100%

**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(s) set forth in the award documents.

<b>16a. Typed or printed name and title of Authorized Certifying Official</b>  Michael D. Varney	<b>16c. Telephone (area code, number, and extension)</b>  (860) 685-8146
	<b>16d. Email Address</b>  Michael.Varney@ct.gov
<b>16b. Signature of Authorized Certifying Official</b> 	<b>16e. Date Report Submitted (month, day, year)</b> 1/31/14

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