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

				and the second s	Expiration Date: 0/31/2010	
U	J.S. Department of Commerce	2. Award or Grant Number 09-10-S13009				
Ī	Performance Progress Report	4. EIN				
		066000798				
nt Name		6. Report Date (MM/DD/YYYY)				
ut Department of Emergency Se	ervices and Public Protection	1/30/15				
Address		7. Reporting Period End Date:				
ntry Club Road		12/31/14				
ate, Zip Code		8. Final Report	9. Report Frequency			
wn, Connecticut 06457-2389				No	X Quarterly	
ect/Grant Period 10b.	End Date: 06/30/2016					
ate: 07/01/2013						
ne individual projects in your ap	proved Project Plan					
Project Type (Capacity	Project Deliverable Quantity	Total Federal	Total Federa	Funding Amount expended	Percent of Total Federal Funding	
Building, SCIP Update,	(Number & Indicator	Funding Amount	at the end of	this reporting period	Amount expended	
Outreach, Training etc.)	Description)					
Stakeholder Meetings	72	0	0		0	
Broadband Conferences	1	0	0		0	
Staff Hires (Full-Time	0	0	0		0	
Equivalent)						
Contract Executions	0	0	0		0	
Governance Meetings	3	0	0		0	
Education & Outreach Materials	250	0	0		0	
	nt Name ut Department of Emergency Sonddress ntry Club Road ate, Zip Code wn, Connecticut 06457-2389 ect/Grant Period ate: 07/01/2013 ne individual projects in your ap Project Type (Capacity Building, SCIP Update, Outreach, Training etc.) Stakeholder Meetings Broadband Conferences Staff Hires (Full-Time Equivalent) Contract Executions Governance Meetings Education & Outreach	Address Address Atry Club Road Ate, Zip Code Andress Atry Club Road Ate, Zip Code Andres Atrian Period Atte: 07/01/2013 Atte individual projects in your approved Project Plan Atrian Project Type (Capacity Building, SCIP Update, Outreach, Training etc.) Atrian Project Deliverable Quantity Andress Andress Atrian Project Deliverable Project Plan Atrian Project Type (Capacity Building, SCIP Update, Outreach, Training etc.) Atrian Date: 06/30/2016 Atrian D	Performance Progress Report Int Name Int Department of Emergency Services and Public Protection Address Intry Club Road Interpolation Connecticut 06457-2389 Interpolation Connectic	Performance Progress Report Int Name Int Department of Emergency Services and Public Protection Address Intry Club Road Interest are: Of/Ole Road Inter	Performance Progress Report Performance Progress Report Address nt Name ut Department of Emergency Services and Public Protection Address ntry Club Road ate, Zip Code wn, Connecticut 06457-2389 Active of Capacity Building, SCIP Update, Outreach, Training etc. Outreach, Training etc. Description) Stakeholder Meetings Froject Type Stakeholder Meetings Froject	

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.

Activities to be determined

This quarter the following has been accomplished: Revised governance documents and added additional board members. Participated in the quarterly SPOC-SWIC conference call as well as the conference call with our federal program manager. The SPOC attended the Public Safety Advisory Committee to First Net and the National Council of Statewide Interoperability Coordinators in which developments in the First Net process were discussed. Over the past quarter our agency printed and distributed 250 First Net handouts specific to first responder agencies (Police-Fire-Emergency Management- LMR). The SPOC participated in several conference calls and on-line projects with the National Public Safety Telecommunications Council Deployment Systems Working Group which directly related to First Net initiatives. The State of Connecticut Consultation checklist was completed and will be submitted this quarter. The Public Safety Broadband Initiative continues to be a standing agenda item at the State Interoperable Communications Committee and the E-911 Commission meetings.

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 significant changes are planned.

Phase II Activities

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

11c. Provide any other information that would be useful to NTIA as it assesses this project's progress. None at this time. 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 25 SWIC Coordinate activities, administrative management attended Conference & PSBB No change workshop **Emergency Telecommunications Director** 10 Attended PSBB Work Shop No Change Attended PSBB Work Shop No Change Telecommunications Engineer 3 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. RFP/RFQ Total Matching Project and % Assigned Name Subcontract Purpose Type Contract Start End Total Federal (Vendor/Subrec.) Issued Executed Date Date **Funds Allocated** Funds Allocated (Y/N) (Y/N) Applied Project management January \$645,000.00 \$0 48% Vendor N June Geographics support, meeting 2014 2015 facilitation, technical writing, technical

Add Row

Ν

Ν

Remove Row

Spring

2016

\$691,157.00

\$0

52%

Fall 2014

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

Vendor

subject matter experts

Phase II and data

collection

efforts/support

Vendor to be

determined

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

None at this time.			·							
ĺ	•									
14. Budget Worksheet										
Columns 2, 3 and 4 must mate	ch your current proj	ect budget for the entire	award, which is th	ne SF-424A on file.						
Only list matching funds that	the Department of (Commerce has aiready as	oproved.							
					<u> </u>					
Project Budget Element (1)	Federal Funds	Approved Matching	Total Budget	Federal Funds	Approved Matching Funds	Total Funds Expended (7)				
	Awarded (2)	Funds (3)	(4)	Expended (5)	Expended (6)	4				
a. Personnel Salaries	\$0.00	\$185,099.00	\$185,099.00	\$0.00	\$39,281.81	\$39,281.81				
b. Personnel Fringe Benefits	\$0.000	\$133,272.00	\$133,272.00	\$0.00	\$31,077.80	\$31,077.80				
c. Travel	\$59,200.00	\$0.00	\$59,200.00	\$2598.43	\$0.00	\$2,598.43				
d. Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00				
e. Materials/Supplies	\$7,300.00	\$0.00	\$7300.00	\$3821.94	\$0.00	\$3,821.94				
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	\$6420.37	\$70,359.61	\$76,779.98				
i. % of Total	80%	20%	<u> </u>	8.37%	91.63%	100.00%				
15. Certification: Ecertify to t	he best of my know	ledge and belief that th	s report is correct	and complete for pe	rformance of activities for the pur	pose(s) set forth in the award				
documents.						And the second s				
	la de la Marc									
16a. Typed or printed name and title of Authorized Certifying Official Michael D. Varney				16c. Telephone (area code, number, and extension) (860) 685-8146						
				Michael.Varney@ct.gov						
				16b, Signature of Authorized Certifying Official				16e. Date Report Submitted (month, day, year)		
Ille Il Way				1/30/15						

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 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.

	A .	1 B	C		D		Ε	F		G	1	H:
1	Qt-5	Match H	ours DAS/BE	ST, Con	sumer Co	unc	il, DESPP		· · · · · · · · · · · · · · · · · · ·			
2												
3												
4		pay period	Hours	Hour	ly Rate	Tot	al Salary	Fringe rate	Tot	al Fringe	Total Sal	ary & Fringe
5												
	Bernard O'Donnell											
7	Director Communications Services											
8	DAS/BEST											
9												
	William Vallee, ESQ											
	Office of Consumer Council		The state of the s			ļ						
12												
_	Paul Zito						- 14T-7					· · · · · · · · · · · · · · · · · · ·
	стѕ					ļ. <u>.</u>		:				
15			The second section is a second				.,					
<u> </u>	Scott Wright											
	CTS		·,,								}	
18					.i		·					
	Michael Varney	09/05/14-09/18/14	13	\$	66.11	····	859.43	77.28%	<u> </u>	664.17		1,523.60
20		09/19/14-09/30/14	4	\$	66.11	4	264.44	77.28%	· · · · · · · · · · · · · · · · · · ·	204.36	1	468.80
21		10/01/14-10/16/14	5	\$	66.11		330.55	77.28%		255.45		586.00
22:		10/17/14-10/30/14	9	\$	66.11	<u> </u>	594.99	77.28%		459.81		1,054.80
23		10/31/14-11/13/14	5	\$	66.11		330.55	77.28%		255.45		586.00
24		11/14/14-11/27/14	8.	\$.	66.11	· · · · · · · · · · · · · · · · · · ·	528.88	77.28%	<u></u>	408.72		937.60
25		11/28/14-12/11/14	<u>26</u>	\$	66.11	\$	1,718.86	77.28%	\$	1,328.34	\$	3,047.20
26												
27		Subtotal	70			\$	4,627.70		\$	3,576.29	\$	8,203.99
28			· · · · · · · · · · · · · · · · · · ·		7							
29	GRAND TOTAL		70		*	\$	4,627.70		\$	3,576.29	\$	8,203.99
30												A CONTRACTOR OF THE CONTRACTOR
31							-;					
32								:				