

U.S. Department of Commerce Performance Progress Report			2. Award or Grant Number:	09-10-S13009
			4. EIN:	66000798
1. Recipient Name	Connecticut Department of Emergency Services and Public Protection		6. Report Date	1/23/2017
3. Street Address	1111 Country Club Road		7. Reporting Period End Date: (MM/DD/YYYY)	12/31/2016
5. City, State, Zip Code	Middletown, Connecticut 06457-2389		8. Final Report Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	9. Report Frequency Quarterly <input checked="" type="checkbox"/>
10a. Project/Grant Period				
Start Date: 7/1/2013		End Date: 12/31/2017		
11. List the individual projects in your approved Project Plan				
	Project Type (Capacity Building, SCIP Update, Indicator Description)	Project Deliverable Quantity (Number & Indicator Description)	Description of Milestone Category	
1	Stakeholders Engaged	32	Actual number of individuals reached via stakeholder meetings during the quarter	
2	Individuals Sent to Broadband Conferences	3	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	3	Actual number of governance, subcommittee, or working group meetings held during the quarter	
6	Education and Outreach Materials Distributed	480	Actual volume of materials distributed (inclusive of paper and electronic materials) plus hits to any website or social media account supported by SLIGP during the quarter	
7	Subrecipient Agreements Executed	0	Actual number of agreements executed during the quarter	
8	Phase 2 - Coverage	Stage 4	For each Phase 2 milestone category, please provide the status of the activity during the quarter: • Stage 1 - Process Development • Stage 2 - Data Collection in Progress • Stage 3 - Collection Complete; Analyzing/Aggregating Data • Stage 4 - Data Submitted to FirstNet • Stage 5 - Continued/Iterative Data Collection • Stage 6 - Submitted Iterative Data to FirstNet	
9	Phase 2 - Users and Their Operational Areas	Stage 4		
10	Phase 2 - Capacity Planning	Stage 4		
11	Phase 2 - Current Providers/Procurement	Stage 4		
12	Phase 2 - State Plan Decision	Stage 1		
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.				
For this quarter's activities: On October 18, 2016 FirstNet Lead Dave Cook and Tom Shull of the Governmental Affairs Unit presented an update at the Connecticut Public Safety State Interoperability Executive Committee (SIEC- The Governance Group for SLIGP) with a follow-up meeting on October 19, 2016 with representatives from the Governor's Office. On October 20, 2016 SLIGP Staff participated in a New England States PSBN meeting which discussed New Hampshire's approach and the steps they intend to use for decision making. SLIGP staff participated in the November 7th & 10th SLIGP conference calls. On November 15, 2016 Connecticut SLIGP Staff attended the 2016 Fall Connecticut Conference of Municipalities (CCM) Chief Elected Officials Workshop. An informational booth was staffed and outreach materials distributed to the attendees to bring back to their cities and towns. Three CT SLIGP Staff members attended the SPOC Conference November 16-17, 2016 in Phoenix AZ. The Connecticut Metropolitan areas have tentatively been identified for focused outreach. On December 15 two CT SLIGP Staff participated in a quarterly conference call with Program Manager Michael Dame. The CT				
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.				

<b>11c. Provide any other information that would be useful to NTIA as it assesses this project's progress.</b>								
None at this time.								
<b>11d. Describe any success stories or best practices you have identified. Please be as specific as possible.</b>								
<b>12. Personnel</b>								
<b>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.</b>								
N/A								
<b>12b. Staffing Table - Please include all staff that have contributed time to the project. Please do not remove individuals from this table.</b>								
Job Title	FTE%	Project (s) Assigned					Change	
SWIC	25	Coordinate activities, administrative management, attend conference & PSBB workshop - varies as required					No change	
Emergency Telecommunications Director	10	Participate in NPSBB workgroup meeting/activities					No change	
Telecommunications Engineer 3	5	Participate in NPSB workgroup meeting/activities					No change	
<b>13. Subcontracts (Vendors and/or Subrecipients)</b>								
<b>13a. Subcontracts Table – Include all subcontractors. The totals from this table must equal the "Subcontracts Total" in Question 14f.</b>								
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
Applied Geographics, Inc	Project management support, outreach, meeting facilitation	Vendor	N	Y	1/1/2014	12/31/2017	\$645,000.00	\$0.00
Vendor to be determined (if needed)	Additional data collection efforts/support/state plan development	Vendor	N	N		12/31/2017	\$691,157.00 Max	\$0.00
<b>13b. Describe any challenges encountered with vendors and/or subrecipients.</b>								
None								

**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 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	\$0.00	\$185,099.00	\$185,099.00		\$91,552.70	\$91,552.70
b. Personnel Fringe Benefits	\$0.00	\$133,272.00	\$133,272.00		\$72,619.77	\$72,619.77
c. Travel	\$59,200.00		\$59,200.00	\$17,196.65	\$0.00	\$17,196.65
d. Equipment	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00
e. Materials/Supplies	\$7,300.00		\$7,300.00	\$3,821.94	\$0.00	\$3,821.94
f. Subcontracts Total	\$1,336,157.00		\$1,336,157.00	\$354,113.84	\$0.00	\$354,113.84
g. Other	\$3,600.00	\$33,193.00	\$36,793.00		\$0.00	\$0.00
h. Indirect	\$0.00		\$0.00		\$0.00	\$0.00
i. Total Costs	\$1,406,257.00	\$351,564.00	\$1,757,821.00	\$375,132.43	\$164,172.47	\$539,304.90
j. % of Total	80%	20%	100%	70%	30%	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.**

**16a. Typed or printed name and title of Authorized Certifying Official:**

William J. Hackett Acting Deputy Commissioner, CT Emergency Management & Homeland Security - CT SPOC

**16c. Telephone (area code, number, and extension)**

860-256-0817

**16b. Signature of Authorized Certifying Official:**



**16d. Email Address:**

[william.j.Hackett@ct.gov](mailto:william.j.Hackett@ct.gov)

**Date:**

1/23/17