

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	
3. Street Address	1111 Country Club Road		7. Reporting Period End Date: (MM/DD/YYYY)	6/30/2017
5. City, State, Zip Code	Middletown, Connecticut 06457-2389		8. Final Report Yes <input type="checkbox"/> No <input type="checkbox"/>	9. Report Frequency Quarterly <input 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,	Project Deliverable Quantity (Number & Indicator Description)	Description of Milestone Category	
1	Stakeholders Engaged	550	Actual number of individuals reached via stakeholder meetings during the quarter	
2	Individuals Sent to Broadband Conferences	7	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	1124	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 2		
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.				
<p>During this quarter CT SLIGP Staff worked with NTIA to process a voluntary reduction in funding eliminating the Phase II data collection contractual estimates of \$691,157.00. Two Statewide Interoperable Communications Executive Committee Meetings (Governance meetings) were held. FirstNet Regional Lead Mike Varney provided updates. The State Plan evaluation team was formalized and briefed on the process. Post award, A.T. &amp; T. representatives have been incorporated into the SIEC and Public Safety Broadband Working Group Meetings. On May 23, 2017 The State of Connecticut hosted a New England States SPOC meeting to discuss various approaches to the NPSBN process. 5 representatives (SPOC + 4 others) attended the SPOC Workshop June 7th and 8th. Two NSBN Working Group members attended the PSCR Workshop in Texas June 12-14. The State Plan Review Team met June 22, 23 and 28, 2017. <b>OUTREACH:</b> April 20, 2017 - CT Police Chiefs Assn Expo, April 25, 2017 Connecticut Conference of Municipalities (CCM) Emergency Management Symposium, May 11, 2017 Update to State Emergency Response Commission, June 2-3, 2017 CT EMS Expo.</p>				
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.				

Voluntary reduction in funding has been requested and the notice of revised grant award being processed. (See above)

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.

In further collaboration with state agencies, tribal, and local partners additional representatives have been identified for the state plan review process.

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.

N/A

12b. Staffing Table - Please include all staff that have contributed time to the project. Please do not remove individuals from this table.

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 PSBB workgroup meeting/activities	No change
Telecommunications Engineer 3	5	Participate in PSBB workgroup meeting/activities	No change

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
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

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

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		\$94,944.53	\$94,944.53
b. Personnel Fringe Benefits	\$0.00	\$133,272.00	\$133,272.00		\$75,427.01	\$75,427.01
c. Travel	\$59,200.00		\$59,200.00	\$20,264.54	\$0.00	\$20,264.54
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	\$362,482.84	\$0.00	\$362,482.84
g. Other	\$3,600.00	\$33,193.00	\$36,793.00	\$1,212.00	\$0.00	\$1,212.00
h. Indirect	\$0.00		\$0.00		\$0.00	\$0.00
i. Total Costs	\$1,406,257.00	\$351,564.00	\$1,757,821.00	\$387,781.32	\$170,371.54	\$558,152.86
j. % of Total	80%	20%	100%	69%	31%	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:

Deputy Commissioner William J. Hackett - CT Emergency Management & Homeland Security - CT SPOC/SWIC

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: 7/31/17