			Department of Comm		2. Award or Grant Number:	09-10-S18009				
SLIGP 2.0 Performance Progress Report					4. EIN:	06-6000798				
1. Recipient Name	Connecticut Department of Emergency Services and Public Protection					01/29/2019				
3. Street Address	1111 Country Club Road				7. Reporting Period End Date: (MM/DD/YYYY)	12/31/2018				
5. City, State, Zip Code	Middletown, Connecticut 0	6457			8. Final Report Yes □ No ☑	9. Report Frequency Quarterly X				
10a. Project/Grant Period										
Start Date: (MM/DD/YYYY)	03/01/2018	10b. End Date: (MM/DD/YYYY)	02/29/2020							
11. List the individual projects in yo	ur approved Project Plan									
	Activity Type (Planning, Governance Meetings, etc.)	Was this Activity Performed during the Reporting Quarter? (Yes/No)	Project Deliverable Quantity (Number & Indicator Description)	Description of Milestone Category						
Activities/Metrics for All Recipients	during the Reporting Quart	er								
1	Governance Meetings	Yes	3	Actual number of governance, subcommittee, or working group meetings related to th	e NPSBN held during t	he quarter				
2	Individuals Sent to Broadband Conferences	No	0	Actual number of individuals who were sent to national or regional third-party confere related to the NPSBN using SLIGP grant funds during the quarter	ences with a focus area	or training track				
3	Convened Stakeholder Events	No	0	Actual number of events coordinated - or held using SLIGP grant funds during the quarter, as requested by FirstNet.						
4	Staff Hired (Full-Time Equivalent)(FTE)	No	0.00	Actual number of state personnel FTEs who began supporting SLIGP activities during the quarter (may be a decimal).						
5	Contracts Executed	No	0	Actual number of contracts executed during the quarter.						
6	Subrecipient Agreements Executed	No	0	Actual number of agreements executed during the quarter.						
7	Data Sharing Policies/Agreements Developed	No		Yes or No if data sharing policies and/or agreements were developed during this repor	ting quarter.					
	Further Identification of Potential Public Safety Users	No		Yes or No if further identification of potential public safety users occurred during this reporting quarter.						
	Plans for Emergency Communications Technology Transitions	No		Yes or No if plans for future emergecy communications technology transitions occurred	during this reporting	quarter.				
10	Identified and Planned to Transition PS Apps & Databases	No		Yes or No if public safety applications or databases within the State or territory were in this reporting quarter	dentified and transition	n plans were developed				
11	Identify Ongoing Coverage Gaps	Yes		Yes or No if participated in identifying ongoing coveage gaps using SLIGP funds during	this reporting quarter.					
12	Data Collection Activities	No	12.000000000000000000000000000000000000	(Opt-In and Opt-Out Post-SMLA Phase Only) Yes or No if participated in data collection	activities as requested	by FirstNet or				
Activities for Opt-Out States only in	the Pre-SMLA Phase during	the Reporting Quarter	We are to be successful to			REPORT OF THE PARTY OF THE PART				
13	Stakeholders Engaged	PRINCIPLE OF THE PRINCI	In the second	Actual number of individuals reached via stakeholder meetings or events during the qu	arter.					
14	Education and Outreach Materials Distributed In- Person			Actual number of materials distributed in-person during this quarter.						
15	Education and Outreach Materials distributed Electronically			Actual volume of hits or impressions to any website, e-newsletter, social media post, or quarter.	other account suppor	ted by SLIGP during the				

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11a. Narrative description for each activity reported in Question 11 for this quarter; any challenges or obstacles encountered and mitigation strategies you have employed; planned major activities for the next quarter; and any additional project For October 1, 2018 through December 31, 2018 Connecticut Staff completed the steps necessary for inclusion of FirstNet services into the Department of Administrative Services/Bureau of Enterprise Technology (DAS/BEST) state purchasing agreement. This agreement is also be available to other governmental units throughout the State of Connecticut. Three Governance Group meeting were held one each October-November-December 2018. Two Connecticut Staff members participated in a quarterly conference call with our NTIA Program Manager Michael Dame. As members of the Broadband Working group receive and report AT&T coverage and capacity gaps the A-SPOC organizes the information for AT&T follow-up. A sub-group of the Broadband Working Group has been established to focus on fürther FirstNet implementation steps for the State of Connecticut. The FirstNet bi-weekly information updates were sent out to members of the Broadband Working Group, who in turn send them out to to their discipline contacts.

## 12. Personnel

12a. Staffing Table - Please include all staff that have contributed time to the project with current quarter's utilization. Please only include FTE staff employed by the state not contractors. Please do not remove individuals from this table.

Job Title	FTE%	Project (s) Assigned				
Emergency Mgmnt Program		Diameter consisting and support to SUCD Stoff	None			
Specalist	5%	Planning, reporting, and support to SLIGP Staff	None			
Dir. Unified Communications	3%	Securing AT&T/FirstNet on State Contract, conducting working group meetings	None			
Telecom Eng 1	3%	Coverage gap identification, planning for technology transitions	None			

12b. Narrative description of any staffing challenges, vacancies, or changes.

The staffing table (12a) lists the positions of three current State of Connecticut employees, who dedicate part of their time regular work hours to support the State and Local Implementation Grant Program. Their activities include state contract modification, leading the Public Safety Broadband Working Group Meetings, staff support at working group meetings and outreach events, coverage gap identification, and other technical assistance as appropriate.

13. Contractual (Contract and/or Subrecipients)

13a. Contractual Table - Include all contractors. The totals from this table should equal the "Contractual" in Question 14f.

Name	Name Subcontract Purpose		RFP/RFQ Issued (Y/N)	Contract Executed (Y/N)	Start Date	End Date	Total Federal Funds Allocated	Total Matching Funds Allocated
	Assist with data collection as requested by FirstNet and stakeholder outreach events to continue planning for (NPSBN) implementation.	Contract	N	N	01/02/2019	02/29/2020	\$134,792.00	\$0.00

13b. Narrative description any challenges, updates, or changes related to contracts and/or subrecipients.

Major accomplishment: Inclusion of AT&T FirstNet Services in the State contract, which also allows purchasing of FirstNet Services by local entities.

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14. Budget Worksheet									
Columns 2, 3 and 4 must match you	r current project budget for t	he entire award, which is	the SF-424A on file.						
Only list matching funds that the De	partment of Commerce has	already approved.			No.				
Project Budget Element (1)	NTE Total Federal Funds Approved (2)	NTE Total Matching Funds Approved (3)	NTE Total Budget (4)	Federal Funds Obligated to Date (5)	Matching Funds Approved to Date (6)	Total Budget to Date (7)	Federal Funds Expended (8)	Approved Matching Funds Expended (9)	Total funds Expended (10)
a. Personnel Salaries	\$0.00	\$19,086.00	\$19,086.00	\$0.00	\$19,086.00	\$19,086.00	\$0.00	\$4,278.03	\$4,278.03
b. Personnel Fringe Benefits	\$0.00	\$14,867.00	\$14,867.00	\$0.00	\$14,867.00	\$14,867.00	\$0.00	\$3,556.28	\$3,556.28
c. Travel	\$13,000.00		\$13,000.00	\$13,000.00		\$13,000.00	\$155.38	\$0.00	\$155.38
d. Equipment	\$0.00		\$0.00	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00
e. Materials/Supplies	\$1,440.00		\$1,440.00	\$1,440.00		\$1,440.00	\$0.00	\$0.00	\$0.00
f. Contractual	\$134,792.00		\$134,792.00	\$134,792.00		\$134,792.00	\$0.00	\$0.00	\$0.00
g. Other	\$15,000.00	\$4,000.00	\$19,000.00	\$15,000.00	\$4,000.00	\$19,000.00	\$0.00	\$0.00	\$0.00
h. Indirect		\$3,105.00	\$3,105.00	\$0.00	\$3,105.00	\$3,105.00	\$0.00	\$0.00	\$0.00
i. Total Costs	\$164,232.00	\$41,058.00	\$205,290.00	\$164,232.00	\$41,058.00	\$205,290.00	\$155.38	\$7,834.31	\$7,989.69
j. Proportionality Percent	80.00%	20.00%	100.00%	80.00%	20.00%	100.00%	1.94%	98.06%	100.00%
15. Certification: I certify to the best	t of my knowledge and belief	that this report is correct	t and complete for per	rformance of activities for	the purpose(s) set	forth in the awar	d documents.	A CONTRACTOR OF THE PARTY OF TH	
16a. Typed or printed name and title of Authorized Certifying Official: William J. Hackett, State Emergency Management Director - SPOC						16c. Telephone (area code, number, and extension)	(860) 685-8182		
16b. Signature of Authorized Certifying Official:					William.J.Hackett@CT.G	<u>ov</u>			

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