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

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		U.S. Department of Commerce			2. Award or Grant Number		
			09-10-S13009				
		Performance Progress Report		4. EIN			
					066000798		
. Recip	ient Name				6. Report Date (MM/DD/Y	(YY)	
Connect	icut Dept of Emergency Serv	rices and Public Protection		07/24/2014			
3. Stree	Address			7. Reporting Period End Date:			
1111 Co	untry Club Road				6/30/14		
5. City, S	State, Zip Code			8. Final Report	9. Report Frequency		
Middlet	own, Connecticut 06457-238	9			No	X Quarterly	
		10b. End Date: 06/30/2016					
	Date: 07/01/2013						
11. List	the individual projects in yo	ur approved Project Plan					
	Project Type (Capacity	Project Deliverable Quantity	Total Federal	Total Federal	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)					
1	Stakeholder Meetings	43	0	0		0	
3	Broadband Conferences	1	0	0		0	
4	Staff Hires (Full-Time	0	0	0		0	
	Equivalent)						
5	Contract Executions	0	0	0		0	
7	Governance Meetings	1	0	0		0	
8 Education & Outreach 0		0	0	0		0	
	Materials						
9	Phase II Activities	Activities to be determined					

strategies you have employed; planned major activities for the next quarter; and any additional project milestones or information.

This quarter the following has been accomplished: The final refinements of the outreach materials have been completed and we are in the process of scheduling meetings with various professional emergency services organizations throughout the state (ie. CT Police Chiefs Association, CT Fire Chiefs Association...). Our staff began completing items on the State consultation checklist and participated in a conference call to discuss our progress for the State visit. The Public Safety Broadband Initiative (SLIGP) has become a standing agenda item at the State Interoperable Communications Committee and the E-911 Commission meetings. The Governance Group (a sub section of the State Interoperability Committee) has met and received a draft presentation of the Public Safety Broadband outreach materials.

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.

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		F	TE %	Project(s) Assigned					Change	
SWIC			5	Coordinate activities, administrative management attended Conference & PSBB workshop						No change
Emergency Tele	communications Director	1	0	Attende	ed PSBB Work	< Shop				No Change
Telecommunica	tions Engineer 3	5		Attende	ed PSBB Work	<pre>shop</pre>				No Change
					Add Row	Remov	e Row			
	s (Vendors and/or Subrec								-	
13a. Subcontrac	ts Table – Include all sub	contractors. The	totals fr	om this	table must e	qual the "Sul	contracts	Total" in Question 14	f.	
Name	Subcontract Purpose	Type (Vendor/Subrec	.) Is	P/RFQ ssued (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	Ŷ	January 2014	June 2015	\$645,000.00	\$0	48%
Vendor to be determined	Phase II and data collection efforts/support	Vendor		N	N	Fall 2014	Spring 2016	\$691,157.00	\$0	52%
13b. Describe a	ny challenges encountere	d with vendors a	nd/or su		Add Row	Remov	e Row			

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)
	Awarded (2)	Funds (3)	(4)	Expended (5)	Expended (6)	
a. Personnel Salaries	\$0.00	\$185,099.00	\$185,099.00	\$0.00	\$34,155.38	\$34,155.38
b. Personnel Fringe Benefits	\$0.000	\$133,272.00	\$133,272.00	\$0.00	\$25,556.21	\$25,556.21
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 Casta	\$1,406,257.00	\$351,564.00	1,757,821.00	\$6420.37	\$57,711.59	\$66,131.96
n. Total Costs	<i>+=,,</i>					
h. Total Costs i. % of Total 15. Certification: I certify to t	80%	20% edge and belief that this	s report is correct a	3.0% and complete for per	97.0% formance of activities for the pur	100.00% pose(s) set forth in the award
i. % of Total 15. Certification: I certify to t	80%		s report is correct a		L	
i. % of Total 15. Certification: I certify to t documents.	80% he best of my knowl	edge and belief that this		and complete for per	L	
i. % of Total 15. Certification: I certify to t documents.	80% he best of my knowl	edge and belief that this		and complete for per	formance of activities for the pur	
i. % of Total	80% he best of my knowl	edge and belief that this		and complete for per 16c. Telephone (area	formance of activities for the pur	
i. % of Total 15. Certification: I certify to t documents. 16a. Typed or printed name a	80% he best of my knowl	edge and belief that this		and complete for per 16c. Telephone (area (860) 685-8146 16d. Email Address	formance of activities for the pur a code, number, and extension)	
i. % of Total 15. Certification: I certify to t documents. 16a. Typed or printed name a	80% he best of my knowl	edge and belief that this		and complete for per 16c. Telephone (area (860) 685-8146	formance of activities for the pur a code, number, and extension)	
i. % of Total 15. Certification: I certify to t documents.	80% he best of my knowl	edge and belief that this		and complete for per 16c. Telephone (area (860) 685-8146 16d. Email Address Michael.Varney@ct.g	formance of activities for the pur a code, number, and extension)	

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, U.S. Department of Commerce (DOC), 1401 Constitution Avenue, N.W., HCHB, Room 7324, Washington, D.C. 20230.