			Department of Comme		2. Award or Grant Number: 4. EIN:	09-10-S18009 06-6000798
1. Recipient Name	Connecticut Department of	Emergency Services and P	Public Protection		6. Report Date (MM/DD/YYYY)	04/21/2020
3. Street Address	1111 Country Club Road				7. Reporting Period End Date: (MM/DD/YYYY)	03/31/2020
5. City, State, Zip Code	Middletown, Connecticut 0	6457	P		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)	03/31/2022			
11. List the individual projects in yo	our 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 Quarte	er				
1	Governance Meetings	Yes	1	Actual number of governance, subcommittee, or working group meetings related to th		
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	nces with a focus area	a or training track
3	Convened Stakeholder Events	No	0	Actual number of events coordinated - or held using SLIGP grant funds during the quar	ter, as requested by Fi	rstNet.
4	Staff Hired (Full-Time Equivalent)(FTE)	No	0.00	Actual number of state personnel FTEs who began supporting SLIGP activities during th	ne quarter (may be a d	ecimal).
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 repo	ting quarter.	
8	Further Identification of Potential Public Safety Users	No		Yes or No if further identification of potential public safety users occurred during this r	eporting quarter.	
9	Plans for Emergency Communications Technology Transitions	No		Yes or No if plans for future emergecy communications technology transitions occurred	l 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 i this reporting quarter	dentified and transitio	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		(Opt-in and Opt-Out Post-SMLA Phase Only) Yes or No if participated in data collection following a documented data collection determination by Opt-Out (Post-SMLA) grante		d by FirstNet or
Activities for Opt-Out States only in	the Pre-SMLA Phase during	the Reporting Quarter				
13	Stakeholders Engaged			Actual number of individuals reached via stakeholder meetings or events during the qu	larter.	
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, o quarter.	other account suppor	ted by SLIGP during the

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 January 1, 2020 through March 31, 2020 Connecticut Staff continued collecting coverage and capacity gap information for AT&T to be aware of and consider in their future build out plans. One Governance Group (SIEC) was held in January 2020. Connecticut Staff members participated in the February 14, 2020 quarterly conference call with our NTIA Staff. The FirstNet biweekly information updates were sent out to members of the Governance Group and Broadband Working Group, who in turn sent them out to to their discipline contacts. In accordance with the State Plan Connecticut Staff and AT&T continue to make progress on three In-building coverage and capacity systems; The State EOC- 360 Broad Street with planning underway, Alternate State EOC 269 Maxim Road with planning underway, CT State Police Troop C Tolland, with planning completed and a signed agreement in place. Discussions continue with AT&T regarding the appropriate deployable devices being issued to the State of Connecticut in compliance with the State Plan.

12. Personnel

2a. 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 t				
Job Title	FTE%	Project (s) Assigned	Change	
Emerg. Mgmnt. Prog. Spec.	5%	Planning, reporting, and support to SLIGP Staff and the Governance Group	None	
Dir. Unified Communications		Securing AT&T/FirstNet on State Contract and ongoing business contacts with AT&T/FirstNet	Vacant	
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. The Director of Unified Communications has left state service and is no longer supporting SLIGP.

13. Contractual (Contract and/or Subrecipients)

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

Support vendor to be determined from State Contract List or RFP Process. Presently not being used.	Name	Subcontract Purpose	Type (Contract/Subrec.)	RFP/RFQ Issued (Y/N)	Contract Executed (Y/N)	Start Date	End Date	Total Federal Funds Allocated	Total Matching Fund Allocated
	from State Contract List or RFP		Contract	Ν	N			\$134,792.00	\$0.00

14. Budget Worksheet Columns 2, 3 and 4 must match you Only list matching funds that the D			the SF-424A on file.						5
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	\$5,789.54	\$5,789.54
b. Personnel Fringe Benefits	\$0.00	\$14,867.00	\$14,867.00	\$0.00	\$14,867.00	\$14,867.00	\$0.00	\$4,932.07	\$4,932.07
c. Travel	\$13,000.00		\$13,000.00	\$13,000.00		\$13,000.00	\$192.38	\$0.00	\$192.38
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	
f. Contractual	\$134,792.00		\$134,792.00	\$134,792.00		\$134,792.00	\$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	\$192.38	\$10,721.61	\$10,913.99
j. Proportionality Percent	80.00%	20.00%	100.00%	80.00%	20.00%	100.00%	1.76%	98.24%	100.00%
15. Certification: I certify to the bes	t of my knowledge and belief	that this report is correct	and complete for pe	rformance of activities for	he purpose(s) set	forth in the awar	d documents.		
16a. Typed or printed name and titl	le of Authorized Certifying Of	ficial:					16c. Telephone (area		
William J. Hackett, State Emergency Management Director-SPOC					code, number, and extension)	(860)	685-8182		
16b. Signature of Authorized Certify	ying Official:						16d. Email Address:	William.J.Hackett@CT.G	<u>ov</u>
with f	Junio						Date: 4/22/2000		

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