

U.S. Department of Commerce Performance Progress Report		2. Award or Grant Number 33-10-S13033			
		4. EIN 02-6000618			
1. Recipient Name New Hampshire Department of Safety		6. Report Date (MM/DD/YYYY) 10/18/2013			
3. Street Address 33 Hazen Drive		7. Reporting Period End Date: 09/30/2013			
5. City, State, Zip Code Concord, NH 03305		8. Final Report <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		9. Report Frequency <input type="checkbox"/> Quarterly	
10a. Project/Grant Period Start Date: (09/01/2013)	10b. End Date: (MM/DD/YYYY)				
11. List the individual projects in your approved Project Plan					
	Project Type (Capacity Building, SCIP Update, Outreach, Training etc.)	Project Deliverable Quantity (Number & Indicator Description)	Total Federal Funding Amount	Total Federal Funding Amount expended at the end of this reporting period	Percent of Total Federal Funding Amount expended
1	Stakeholder Meetings	0	0	0	0
2	Broadband Conferences	0	0	0	0
3	Staff hires	0	0	0	0
4	Contract Executions	0	0	0	0
5	Governance Meetings	0	0	0	0
6	Education and Outreach Materials	0	0	0	0
7	Subrecipient Agreements Executed	0	0	0	0
8	Phase II Activities	N/A			
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. This award was granted on 9/18/13 and signed by the NH Department of Safety (NHDOS) on 9/25/13, leaving just 5 days in this quarter. No activities have taken place to date. This aligns with the Baseline Report submitted by the NHDOS.					
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. At this time, we do not anticipate any changes to take place the next quarter.					

11c. Provide any other information that would be useful to NTIA as it assesses this project's progress.
 NH DOS is currently seeking approval from the State Legislature to formally accept these grant funds and establish financial accounting capabilities.

11d. Describe any success stories or best practices you have identified. Please be as specific as possible.
 N/A

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.
 As stated in the Baseline/Expenditure Plan, NHDOS anticipates hiring a Program Manager/Business Systems Analyst in Q4.

12b. Staffing Table


	FTE %	Project(s) Assigned	Change
N/A			

13. Subcontracts (Vendors and/or Subrecipients) N/A

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	Project and % Assigned
N/A									

13b. Describe any challenges encountered with vendors and/or subrecipients.
 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 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	280,698	144,357	425,055	0	0	0
b. Personnel Fringe Benefits	151,617	75,616	227,233	0	0	0
c. Travel	30,168	0	30,168	0	0	0
d. Equipment	0	0	0	0	0	0
e. Materials/Supplies	19,445	0	19,445	0	0	0
f. Subcontracts Total	335,550	0	335,550	0	0	0
g. Other	11,080	0	11,080	0	0	0
Indirect	51,329	0	51,329	0	0	0
h. Total Costs	879,887	219,973	1,099,860	0	0	0
i. % of Total	80%	20%	100%	0	0	0
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				16c. Telephone (area code, number, and extension)		
Pamela Urban-Morin, Grant Administrator				(603) 271-7663		
				16d. Email Address		
				Pamela.Urban-Morin@dos.nh.gov		
16b. Signature of Authorized Certifying Official				16e. Date Report Submitted (month, day, year)		
				October 18, 2013		

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