			Department of Comme Performance Progress			2. Award or Grant Number: 4. EIN:	50-10-S18050 03-6000264		
1. Recipient Name	Vermont Department of Pub	olic Safety				6. Report Date (MM/DD/YYYY)	10/28/2020		
3. Street Address	45 State Drive					7. Reporting Period End Date: (MM/DD/YYYY)	09/30/2020		
5. City, State, Zip Code	Waterbury, VT 05671-1300					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)	03/31/2021						
11. List the individual projects in yo	ur approved Project Plan								
	Governance Meetings,	Performed during the Reporting Quarter?	Project Deliverable Quantity (Number & Indicator Description)	Description of Milestone Category					
Activities/Metrics for All Recipients during the Reporting Quarter									
1	Governance Meetings	No							
2	Individuals Sent to Broadband Conferences	No		•		nces with a focus arec	a or training track		
3	Convened Stakeholder Events	No	0	Actual number of events c	ter, as requested by Fi	rstNet.			
4	Staff Hired (Full-Time Equivalent)(FTE)	No	0.00	Actual number of state pe	ne quarter (may be a d	ecimal).			
5	Contracts Executed	No	0	Actual number of contract					
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 reporting quarter.					
8	Further Identification of Potential Public Safety Users	No		Yes or No if further identij	fication 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 futu	re 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 identified and transition plans were devel this reporting quarter					
11	Identify Ongoing Coverage Gaps	No		Yes or No if participated in identifying ongoing coveage gaps using SLIGP funds during this reporting quarter.					
12	Data Collection Activities	No		No Image: Constraint of the second secon					
Activities for Opt-Out States only in	the Pre-SMLA Phase during	the Reporting Quarter							
13	Stakeholders Engaged			Actual number of individu	als reached via stakeholder meetings or events during the qu	ıarter.			
14	Education and Outreach Materials Distributed In- Person			Actual number of materia	ls distributed in-person during this quarter.				
15	Education and Outreach Materials distributed Electronically				npressions to any website, e-newsletter, social media post, or	r other account suppor	rted 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 (Other) The COVID-19 emergency has delayed the scheduling of the first meeting of the newly formed Emergency Communications Advisory Council. We have eliminated our FirstNet administative person due to the loss of federal funding.

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	Job Title FTE% Project (s) Assigned				
Single Officer	100%	Act as overall coordinator of consultation efforts, directs program manager & other support staff, convenes ECAC, coordinates grant implementation.	Yes		
Program Manager	0%	Facilitates & executes coordination efforts including identified SLIGP activities, RFP process, work with contractors & support staff, & FirstNet outreach.	Yes		

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

The person who has acted as the Single Officer throughout the duration of the grant is retiring effective July 31, 2020. This person will continue to act as the Single Officer as a temporary employee for DPS. In August 2020, the program manager position was discontinued and the staff member was laid off.

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	Subcontract Purpose	Туре	RFP/RFQ Issued (Y/N)	Contract	Start Date	End Date	Total Federal Funds	Total Matching Funds
	Subcontract Purpose	(Contract/Subrec.)		Executed (Y/N)			Allocated	Allocated
Televate	FirstNet Planning Process	Contract	Y	Y	12/01/2018	11/30/2020	\$86,400.00	\$21,600.00

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

DPS has received invoices from Televate for work completed on coverage testing of the FirstNet-AT&T network. All invoices were processed for payment.

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 D	epartment of Commerce has	already approved.							
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	\$179,471.00	\$65,203.00	\$244,674.00	\$179,471.00	\$65,203.00	\$244,674.00	150,601.61	\$79,061.95	\$229,663.56
b. Personnel Fringe Benefits	\$62,637.00	\$18,385.00	\$81,022.00	\$62,637.00	\$18,385.00	\$81,022.00	87,474.73	\$31,847.57	\$119,322.30
c. Travel	\$12,792.00	\$0.00	\$12,792.00	\$12,792.00	\$0.00	\$12,792.00	1,734.86	\$0.00	\$1,734.86
d. Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
e. Materials/Supplies	\$3,600.00	\$1,500.00	\$5,100.00	\$3,600.00	\$1,500.00	\$5,100.00	\$0.00	\$0.00	\$0.00
f. Contractual	\$86,400.00	\$21,600.00	\$108,000.00	\$86,400.00	\$21,600.00	\$108,000.00	70,866.00	\$0.00	\$70,866.00
g. Other	\$6,941.00	\$1,559.00	\$8,500.00	\$6,941.00	\$1,559.00	\$8,500.00	2,685.44	\$138.74	\$2,824.18
h. Indirect	\$81,147.00	\$0.00	\$81,147.00	\$81,147.00	\$0.00	\$81,147.00	53,047.43	\$0.00	\$53,047.43
i. Total Costs	\$432,988.00	\$108,247.00	\$541,235.00	\$432,988.00	\$108,247.00	\$541,235.00	\$366,410.07	\$111,048.26	\$477,458.33
j. Proportionality Percent	80.00%	20.00%	100.00%	80.00%	20.00%	100.00%	76.74%	23.26%	100.00%
15. Certification: I certify to the bes	t of my knowledge and belie	f that this report is correc	t and complete for pe	rformance of activities for	the purpose(s) set	forth in the awar	d documents.		
16a. Typed or printed name and tit	le of Authorized Certifying Of	ficial:					16c. Telephone (area		
Terry LaValey, Director Radio Technology Services					code, number, and	(802) 241-5215			
extension)									
16b. Signature of Authorized Certifying Official:					16d. Email Address:	terry.lavalley@vermont.gov			
							Date:		

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