OMB Control No. 0660-0042 Expiration Date: 01/31/2021

			2. Award or Grant Number: 4. EIN:	50-10-S18050 03-6000264					
1. Recipient Name	Vermont Department of Public Safety (1)						01/21/2021		
3. Street Address	45 State Drive						12/31/2020		
5. City, State, Zip Code	Waterbury, VT 05671-1300					8. Final Report Yes No V	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	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	No	0		ance, 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 conferences with a focus area or training track related to the NPSBN using SLIGP grant funds during the quarter					
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 reporting quarter.					
8	Further Identification of Potential Public Safety Users	No		Yes or No if further identification of potential public safety users occurred during this reporting quarter.					
9	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 of this reporting quarter	applications or databases within the State or territory were	identified and transitio	n plans were developed		
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		(Opt-In and Opt-Out Post-SMLA Phase Only) Yes or No if participated in data collection activities as requested by FirstNet or following a documented data collection determination by Opt-Out (Post-SMLA) grantees.					
Activities for Opt-Out States only in	the Pre-SMLA Phase during	the Reporting Quarter							
13	Stakeholders Engaged			Actual number of individu	ials reached via stakeholder meetings or events during the qu	uarter.			
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			Actual volume of hits or in quarter.	mpressions to any website, e-newsletter, social media post, o	r other account suppo	rted by SLIGP during the		

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11a. Narrative description for each (Other) The COVID-19 emergency h									
12. Personnel									
12a. Staffing Table - Please include	all staff that have contribu	ted time to the project wit	h current quarter's ut	tilization. Please only includ	e FTE staff employ	yed by the state no	t contractors. Please do	not remove individuals	from this table.
Job Title	FTE%			Proj	ect (s) Assigned				Change
Single Officer	100%	Act as overall coordinato	r of consultation effor	ts, directs program manage	r & other support s	staff, convenes ECA	C, coordinates grant im	plementation.	Yes
Program Manager	0%	Facilitates & executes cod	ordination efforts inclu	uding identified SLIGP activi	ies, RFP process, v	vork with contracto	ors & support staff, & Fir	stNet outreach.	Yes
12b. Narrative description of any st			tivina affaativa lulu 24	2020 This manage will say	*:	Single Officer on a	**************************************	DDC In Avenue 2020 A	.h
The person who has acted as the Sin position was discontinued and the s		duration of the grant is re	tiring effective July 31	., 2020. This person will cor	tinue to act as the	Single Officer as a	temporary employee f	or DPS. In August 2020, t	ne program manager
position was discontinued and the s	tan member was laid on.								
13. Contractual (Contract and/or Su	brecipients)								
13a. Contractual Table – Include all	contractors. The totals from	m this table should equal t	he "Contractual" in Q	uestion 14f.					
Name	Subcontract Purpose		Туре	RFP/RFQ Issued (Y/N)	Contract	Start Date	End Date	Total Federal Funds	Total Matching Funds
		ct i di pose	(Contract/Subrec.)	Y	Executed (Y/N)			Allocated	Allocated
Televate	FirstNet Planning Process		Contract	Y	Υ	12/01/2018	11/30/2020	\$86,400.00	\$21,600.00
13b. Narrative description any chall									
DPS has received invoices from Tele	vate for work completed o	n coverage testing of the F	irstNet-AT&T network	k. All invoices were process	ed for payment.				

14. Budget Worksheet

16b. Signature of Authorized Certifying Official:

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)	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	58,250.38	\$0.00	\$58,250.38
i. Total Costs	\$432,988.00	\$108,247.00	\$541,235.00	\$432,988.00	\$108,247.00	\$541,235.00	\$371,613.02	\$111,048.26	\$482,661.28
j. Proportionality Percent	80.00%	20.00%	100.00%	80.00%	20.00%	100.00%	76.99%	23.01%	100.00%
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									
Terry LaValey, Director Radio Technology Services					code, number, and extension)	(802) 241-5215			

Public Burden Statement: 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 number. Public reporting burden for this collection of information is estimated to average 12.5 hours per response. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Michael Dame, Program Director, State and Local Implementation Grant Program, National Telecommunications and Information Administration, U.S. Department of Commerce, 1401 Constitution Avenue, NW, Room 4078, Washington, DC 20230.

16d. Email Address:

Date:

terry.lavalley@vermont.gov