-	2. Award or Grant Number: 4. EIN:	50-10-S18050 03-6000264									
Recipient Name Vermont Department of Public Safety						04/15/2019					
3. Street Address	45 State Drive	(MM/DD/YYYY) 7. Reporting Period End Date: (MM/DD/YYYY)	03/31/2019								
5. City, State, Zip Code	8. Final Report Yes ^D	9. Report Frequency Quarterly X									
10a. Project/Grant Period	*	ic.,									
Start Date: (MM/DD/YYYY)	03/01/2018	10b. End Date: (MM/DD/YYYY)	02/29/2020								
11. List the individual projects in yo	ur 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 Quart	er		all the second of the second of the second of							
1	Governance Meetings	Yes	1	Actual number of governance, subcommittee, or working group meetings related to the							
2	Individuals Sent to Broadband Conferences	Yes	1	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	新河南	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	想達	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	Ño		Yes or No if public safety applications or databases within the State or territory were identified and transition plans were develop 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		(Opt-In and Opt-Out Post-SMLA Phase Only) Yes or No if participated in data collectio	n activities as requeste	ed by FirstNet or					
Activities for Opt-Out States only in	the Pre-SMLA Phase during	the Reporting Quarter	and straining the		THE REPORT OF THE	BORNES AND THE SECOND					
13	Stakeholders Engaged Education and Outreach	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		Actual number of individuals reached via stakeholder meetings or events during the q	uarter.						
14	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, quarter.	or other account suppo	orted by SLIGP during the					

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	·								
11a. Narrative description for ea									
The Public Safety Broadband Net									
participated in the January 24 NT		•	-				• • •	•	•
application use was finalized and									
challenge for the SLIGP 2.0 work									
coverage gaps and needs will be									
FirstNet in the field. The one-day							of the VT-based FirstNet	deployable in a statewi	de emergency
management exercise this fall. The	he intent is to test the AT&T	response and VT DPS inter	nal processes for deploy	ying the SatCOLT and refine	our emergency p	rocedures.			
12. Personnel	" ' , "" ' ' , , , , , ' '				***************************************			* 2	
12a. Staffing Table - Please inclu	de all staff that have contri	ibuted time to the project w	vith current quarter's ut	ilization. Please only includ	e FTE staff employ	yed by the state n	ot contractors. Please do	not remove individuals	from this table.
Job Title	FTE%		•		ct (s) Assigned				Change
Single Officer	50%	Act as overall coordinat	or of consultation effort	s, directs program manage		staff, convenes PS	BC, coordinates grant imp	lementation.	No
Program Manager	100%			ding identified SLIGP activit					No
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							· · · · · · · · · · · · · · · · · · ·		
12b. Narrative description of any	ctaffing challenges vacano	ies or changes						<u></u>	
Lab. Nandave description of any	starring critationges, vacant	acs, or changes.							
·									
			,						
									İ
13. Contractual (Contract and/or									
13a. Contractual Table – Include	all contractors. The totals f	from this table should equa		uestion 14f.	·		•		
Name	Subcon	tract Purpose	Type	RFP/RFQ issued (Y/N)	Contract	Start Date	End Date	Total Federal Funds	Total Matching Funds
		•	(Contract/Subrec.)		Executed (Y/N)			Allocated	Allocated
Televate	FirstNet Planning Proces	SS	Contract	Yes	Y	12/01/2018	11/30/2020	\$86,400.00	\$21,600.00
									•
									:
13b. Narrative description any cl	nallenges, updates, or chang	ges related to contracts and	or subrecipients.						2
1									
1									

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Columns 2, 3 and 4 must match you Only list matching funds that the D Project Budget Element (1)			NTE Total Budget (4)	Federal Funds Obligated to Date (5)	Matching F Approved Date (6	I to Total But		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	\$ 65,20	3.00 \$244	,674.00	\$57,793.21	\$52,061.92	\$109,855.13
b. Personnel Fringe Benefits	\$62,637.00	\$18,385.00	\$81,022.00	\$ 62,637.00	\$ 18,38	\$5.00 \$81	,022.00	\$32,613.76	\$20,104.29	\$52,718.05
c. Travel	\$12,792.00	\$0.00	\$12,792.00	\$ 12,792.00	\$	- \$12	,792.00	\$0.00	\$0.00	\$0.00
d. Equipment	\$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	\$ 1,50	0.00 \$5	,100.00	\$0.00	\$0.00	\$0.00
f. Contractual	\$86,400.00	\$21,600.00	\$108,000.00	\$ 86,400.00	\$ 21,60	00.00 \$108	,000.00	\$12,689.00	\$0.00	\$12,689.00
g. Other	\$6,941.00	\$1,559.00	\$8,500.00	\$ 6,941.00	\$ 1,5	9.00 \$8	,500.00	\$878.96	\$138.74	\$1,017.70
h. Indirect	\$81,147.00	\$0.00	\$81,147.00	\$ 81,147.00		\$81	,147.00	\$17,570.16	\$0.00	\$17,570.16
i. Total Costs	\$432,988.00	\$108,247.00	\$541,235.00	\$432,988.00	\$108,2	47.00 \$541	,235.00	\$121,545.09	\$72,304.95	\$193,850.04
j. Proportionality Percent	80.00%	20.00%	100.00%	80.00%	20	0.00%	00.00%	62.70%	37.30%	100.00%
15. Certification: I certify to the bes	st of my knowledge and belief	that this report is correct	and complete for pe	rformance of activities for	the purpose	(s) set forth in t	ne awar	rd documents.		
16a. Typed or printed name and title of Authorized Certifying Official: Terry LaValley, DPS Radio Technology Services Director and Single Officer for Vermont						16c. Telephone (area code, number, and extension)	(802) 241-5215			
16b. Signature of Authorized Certif	ying Official:	e ,		*		8		16d. Email Address:	terry.lavalley@vermont	gov

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