			Department of Comme Performance Progress			2. Award or Grant Number: 4. EIN:	50-10-S18050 03-6000264		
1. Recipient Name	6 Report Date						04/17/2020		
3. Street Address	45 State Drive					7. Reporting Period End Date: (MM/DD/YYYY)	03/31/2020		
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	our approved Project Plan								
	Governance Meetings,	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 Quarter									
1	Governance Meetings	No			ance, subcommittee, or working group meetings related to th				
2	Individuals Sent to Broadband Conferences	No		•	als who were sent to national or regional third-party confere g SLIGP grant funds during the quarter	ences with a focus arec	a or training track		
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 identij	fication of potential public safety users occurred during this re	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 o this reporting quarter	applications or databases within the State or territory were in	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 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	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			Actual volume of hits or in quarter.	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 (11.11) Data collection and coverage gap activities were compiled into a final report and submitted to the Vermont Department of Public Safety in January. DPS selected the Televate company to conduct the coverage testing in select areas of the state to examine areas of specific concern for validation testing. Testing was done in locations previously identified as being priority areas for public safety coverage but were not located in areas where new FirstNet towers are scheduled to be built. On February 11, 2020, DPS submitted the coverage testing report to the FirstNet Authority. Vermont requested that FirstNet review the report and meet with DPS to discuss coverage concerns. FirstNet has acknowledged receipt of the report but has yet to agree to a meeting time to discuss the results. The coverage test report was posted on the DPS FirstNet were Baregency Communications Advisory Council. As staff await the first meeting, an ECAC briefing packet is being prepared to provide information for council members on the nationwide public safety broadband network and how this network and how this network and technology will interface with other communication systems.

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		Change		
Single Officer	20%	Act as overall coordinator of consultation efforts, directs program manager & other support staff, convenes ECAC, coordinates grant implementation.	No		
Program Manager	80%	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.

As we near the end of the grant period, the program manager duties have been shifted entirely onto grant supported work. At the same time, the weekly hours for this position have been reduced to 32 hours per week to enable the position to function for a longer period of time.

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	Type (Contract/Subrec.)	RFP/RFQ Issued (Y/N)	Contract Executed (Y/N)	Start Date	End Date	Total Federal Funds Allocated	Total Matching Funds 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. The invoices are now being 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 De	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	\$116,476.82	\$79,061.95	\$195,538.77
b. Personnel Fringe Benefits	\$62,637.00	\$18,385.00	\$81,022.00	\$62,637.00	\$18,385.00	\$81,022.00	\$66,784.73	\$31,847.57	\$98,632.30
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	\$18,962.00	\$0.00	\$18,962.00
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	\$35,026.34	\$0.00	\$35,026.34
i. Total Costs	\$432,988.00	\$108,247.00	\$541,235.00	\$432,988.00	\$108,247.00	\$541,235.00	\$241,670.19	\$111,048.26	\$352,718.45
j. Proportionality Percent	80.00%	20.00%	100.00%	80.00%	20.00%	100.00%	68.52%	31.48%	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	t forth in the awar	d documents.		
16a. Typed or printed name and title of Authorized Certifying Official: Terry LaValey, Director Radio Technology Services						16c. Telephone (area			
					code, number, and	(802) 241-5215			
extension)						extension)			
16b. Signature of Authorized Certifying Official: 16d.					16d. Email Address:	terry.lavalley@vermont.gov			
							Date:		

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