			Department of Commo			2. Award or Grant Number:	09-10-S18009		
		J		2 m = 100,000		4. EIN: 6. Report Date	06-6000798		
1. Recipient Name	Connecticut Department of Emergency Services and Public Protection						10/28/2020		
3. Street Address	1111 Country Club Road					7. Reporting Period End Date: (MM/DD/YYYY)	09/30/2020		
5. City, State, Zip Code	Middletown, Connecticut 06	5457				8. Final Report Yes □ No ☑	9. Report Frequency Quarterly χ		
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 your 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	Yes	1		ince, subcommittee, or working group meetings related to				
2	Individuals Sent to Broadband Conferences	No	0	[[[[[[[[[[[[[[[[[[[als who were sent to national or regional third-party confe g SLIGP grant funds during the quarter	erences with a focus area	a or training track		
3	Convened Stakeholder Events	No	0	Actual number of events o	coordinated - or held using SLIGP grant funds during the qu	arter, as requested by Fi	rstNet.		
4	Staff Hired (Full-Time Equivalent)(FTE)	No	0.00	Actual number of state pe	rsonnel FTEs who began supporting SLIGP activities during	the quarter (may be a a	lecimal).		
5	Contracts Executed	No	0	Actual number of contract	ts executed during the quarter.				
6	Subrecipient Agreements Executed	No	0	Actual number of agreem	ents executed during the quarter.				
	Data Sharing Policies/Agreements Developed	No		Yes or No if data sharing բ	policies and/or agreements were developed during this rep	orting quarter.			
	Further Identification of Potential Public Safety Users	No		Yes or No if further identif	fication of potential public safety users occurred during this	reporting quarter.			
•	Plans for Emergency Communications Technology Transitions	No		Yes or No if plans for futui	re emergecy communications technology transitions occurr	ed 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	e identified and transitio	on 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			<mark>SMLA Phase Only)</mark> Yes or No if participated in data collecti lata collection determination by Opt-Out (Post-SMLA) gran		d by FirstNet or		
Activities for Opt-Out States only in	the Pre-SMLA Phase during	the Reporting Quarter			(大) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	Magratis			
13	Stakeholders Engaged			Actual number of individu	als reached via stakeholder meetings or events during the	quarter.			
14	Education and Outreach Materials Distributed In- Person			Actual number of material	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 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 For July 1, 2020 through September 30, 2020 Connecticut Staff and our local partners have been focused on COVID-19 response and recovery operations. One (1) governance (SIEC) meetings was held. As needed Staff continued collecting coverage and capacity gap information for AT&T to be aware of and consider in their future build out plans. FirstNet biweekly information updates were sent out to members of the Governance Group and Broadband Working Group, who in turn sent them out to to their discipline contacts. In accordance with the State Plan Connecticut Staff and AT&T continue to make progress on three In-building coverage and capacity systems; The State EOC- 360 Broad Street STATUS: Planning completed, Alternate State EOC 269 Maxim Road STATUS planning underway, CT State Police Troop C Tolland, STATUS: Planning completed, signed agreement in place, work being started CT Staff have worked with FirstNet and completed an agenda for four (4) Virtual outreach events, November and December 2020 and January and February 2021, which covers the Radio Access Network Buildout status, Connecticut Roadmap, Coverage and Capacity, FirstNet Deployables, Situation Awareness Application and a Case Study how it was used, Push to Talk option, and LTE/LMR interface. This outreach will also allow for stakeholder input to FirstNet and AT&T.

12. Personnel

Job Title	FTE%	Project (s) Assigned	Change	
merg. Mgmnt. Prog. Spec.	5%	Planning, reporting, gathering gap information, and providing support to SLIGP Staff, Broadband Working Group, and the Governance Group.	None	
Dir. Unified Communications		Securing AT&T/FirstNet on State Contract and ongoing business contacts with AT&T/FirstNet	Vacant	
Telecom Eng 1	3%	Coverage gap identification, planning for technology transitions	None	

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

The staffing table (12a) lists the positions of three current State of Connecticut employees, who dedicate part of their time regular work hours to support the State and Local Implementation Grant Program. Their activities include state contract modification, leading the Public Safety Broadband Working Group Meetings, staff support at working group meetings and outreach events, coverage gap identification, and other technical assistance as appropriate. The Director of Unified Communications has left state service and is no longer supporting SLIGP.

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
	and stakeholder outreach events to continue planning for (NPSBN) implementation.	Contract	N	N			\$134,792.00	\$0.00

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

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)	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	\$0.00	\$19,086.00	\$19,086.00	\$0.00	\$19,086.00	\$19,086.00	\$0.00	\$6,080.26	\$6,080.26
b. Personnel Fringe Benefits	\$0.00	\$14,867.00	\$14,867.00	\$0.00	\$14,867.00	\$14,867.00	\$0.00	\$5,201.02	\$5,201.02
c. Travel	\$13,000.00		\$13,000.00	\$13,000.00		\$13,000.00	\$192.38	\$0.00	\$192.38
d. Equipment	\$0.00		\$0.00	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00
e. Materials/Supplies	\$1,440.00		\$1,440.00	\$1,440.00		\$1,440.00	\$0.00	\$0.00	\$0.00
f. Contractual	\$134,792.00		\$134,792.00	\$134,792.00		\$134,792.00	\$0.00	\$0.00	\$0.00
g. Other	\$15,000.00	\$4,000.00	\$19,000.00	\$15,000.00	\$4,000.00	\$19,000.00	\$0.00	\$0.00	\$0.00
h. Indirect		\$3,105.00	\$3,105.00	\$0.00	\$3,105.00	\$3,105.00	\$0.00	\$0.00	\$0.00
i. Total Costs	\$164,232.00	\$41,058.00	\$205,290.00	\$164,232.00	\$41,058.00	\$205,290.00	\$192.38	\$11,281.28	\$11,473.66
j. Proportionality Percent	80.00%	20.00%	100.00%	80.00%	20.00%	100.00%	1.68%	98.32%	100.00%
15. Certification: I certify to the best	t of my knowledge and belief	that this report is correct	and complete for pe	rformance of activities for	the purpose(s) se	t forth in the awar	d documents.		
16a. Typed or printed name and title of Authorized Certifying Official: William J. Hackett, State Emergency Management Director-SPOC					16c. Telephone (area code, number, and extension)	(860) 685-8182			
16b. Signature of Authorized Certifying Official:					16d. Email Address:	William.J.Hackett@CT.G	<u>ov</u>		

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