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

| | | | | | 2 Assert on Count | | | | |
|-------------------------------------|-------------------------------------|-------------------------------|--|--|---------------------------------------|-------------------------|--|--|--|
| | 2. Award or Grant Number: | 09-10-S18009 | | | | | | | |
| | 4. EIN: | 06-6000798 | | | | | | | |
| | 6. Report Date | | | | | | | | |
| 1. Recipient Name | Connecticut Department of | (MM/DD/YYYY) | 01/14/2020 | | | | | | |
| | | 7. Reporting Period | | | | | | | |
| 3. Street Address | 1111 Country Club Road | End Date: | 12/30/2019 | | | | | | |
| | | (MM/DD/YYYY) | | | | | | | |
| | | 8. Final Report Yes | 9. Report Frequency Quarterly X | | | | | | |
| 5. City, State, Zip Code | Middletown, Connecticut 0 | Middletown, Connecticut 06457 | | | | | | | |
| | | | | | No ☑ | | | | |
| 10a. Project/Grant Period | | 10b. End Date: | 1 | | | | | | |
| Start Date: (MM/DD/YYYY) | 03/01/2018 | (MM/DD/YYYY) | 03/31/2021 | | | | | | |
| 11. List the individual projects in | vour approved Project Plan | ((VIIVI) DD) TTTT) | | | | | | | |
| | | Was this Activity | Project Deliverable | | | | | | |
| | Activity Type (Planning, | Performed during the | Quantity (Number & | Description of Milestone Category | | | | | |
| | Governance Meetings, etc.) | Reporting Quarter? | Indicator | Description of Milestone Category | | | | | |
| | | | | | | | | | |
| Activities/Metrics for All Recipier | | | | | | | | | |
| 1 | Governance Meetings | Yes | | Actual number of governance, subcommittee, or working group meetings related to | | | | | |
| 2 | Individuals Sent to | Yes | 1 | Actual number of individuals who were sent to national or regional third-party conf | erences with a focus are | or training track | | | |
| | Broadband Conferences | | 0 | related to the NPSBN using SLIGP grant funds during the quarter | | | | | |
| 3 | Convened Stakeholder | No | 0 | Actual number of events coordinated - or held using SLIGP grant funds during the qu | arter, as requested by Fi | rstNet. | | | |
| | Events Staff Hired (Full-Time | | 0 | | | | | | |
| 4 | Equivalent)(FTE) | No | 0.00 | Actual number of state personnel FTEs who began supporting SLIGP activities during the quarter (may be a decima | | | | | |
| 5 | Contracts Executed | No | | Actual number of contracts executed during the quarter. | | | | | |
| | Subrecipient Agreements | | | The state of the s | | | | | |
| 6 | Executed | No | 0 | Actual number of agreements executed during the quarter. | | | | | |
| | Data Sharing | | 2950257 | | | | | | |
| 7 | Policies/Agreements | No | | Yes or No if data sharing policies and/or agreements were developed during this re | porting quarter. | | | | |
| | Developed | | | | | | | | |
| | Further Identification of | | | | | | | | |
| 8 | Potential Public Safety | No | | Yes or No if further identification of potential public safety users occurred during th | is reporting quarter. | | | | |
| | Users Plans for Emergency | | | | | | | | |
| 9 | Communications | No | 0.00 | Yes or No if plans for future emergecy communications technology transitions occur | curred during this reporting quarter. | | | | |
| , | Technology Transitions | 100 | | Tes of No I, plans for facult contrigety communications accumology transitions occur | | | | | |
| | Identified and Planned to | | | | | | | | |
| 10 | Transition PS Apps & | No | 国教授 2000年 | Yes or No if public safety applications or databases within the State or territory we | re identified and transition | on plans were develope | | | |
| | Databases | 98.2485 | | this reporting quarter | | | | | |
| 11 | Identify Ongoing Coverage | Yes | 国际公司等的 | Yes or No if participated in identifying ongoing coveage gaps using SLIGP funds dur | ing this reporting quarte | , | | | |
| | Gaps | res | | | | | | | |
| 12 | Data Collection Activities | No | 医集集 位及等的 | (Opt-In and Opt-Out Post-SMLA Phase Only) Yes or No if participated in data collect | ion activities as requeste | d by FirstNet or | | | |
| Activities for Opt-Out States only | | the Reporting Quarter | Section Control of the Party of | | | | | | |
| 13 | Stakeholders Engaged | | | Actual number of individuals reached via stakeholder meetings or events during the | e quarter. | | | | |
| District Control | Education and Outreach | District Control | | Actual number of materials distributed in-person during this quarter. | | | | | |
| 14 | Materials Distributed In- Person | | | | | | | | |
| | Education and Outreach | | | | | CISCO IS IS IN | | | |
| 15 | Materials distributed | | THE RESIDE | Actual volume of hits or impressions to any website, e-newsletter, social media pos quarter. | t, or other account suppo | rted by SLIGP during th | | | |
| | Electronically | | | | | | | | |

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

| 11a. Narrative description for each For October 1, 2019 through Decem | ber 30, 2019 Connecticut | Staff continued collecting co | overage and capacity g | gap information for AT&T t | be aware of and | consider in their f | uture build out plans. I | Two Governance Group (S | IEC) were held , |
|--|---|---|-------------------------|-----------------------------|-------------------------|---------------------|--------------------------|--|--------------------------------|
| October and November 2019. Conn | | | | | | • | | • | Broadband Working |
| Group, who in turn sent them out to | o to their discipline contac | cts.The Amendment to the F | inancial Assistance Aw | vard extending the period o | of performance to | 3/31/21 was fully (| executed and sent to N | ITIA. | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 12. Personnel | | | | | | | | | |
| 12a. Staffing Table - Please include | | buted time to the project wit | th current quarter's ut | | | red by the state no | ot contractors. Please a | lo not remove individuals | from this table. |
| Job Title | FTE% | | | | ect (s) Assigned | | | | Change |
| Emerg. Mgmnt. Prog. Spec. | 5% | | | and the Governance Group | 1.1 . mom/m | | | | None |
| Dir. Unified Communications | 20/ | | | ongoing business contacts w | itn AT&T/FirstNet | | | | Vacant |
| Telecom Eng 1 | 3% | Coverage gap identification | on, planning for techno | ology transitions | | | | | None |
| *** | | | | | | | | | |
| modification, leading the Public Saf Communications has left state servi 13. Contractual (Contract and/or Su 13a. Contractual Table – Include all Name Support vendor to be determined from State Contract List or RFP | brecipients) contractors. The totals fr | rom this table should equal tract Purpose | | | Contract Executed (Y/N) | Start Date | End Date | Total Federal Funds Allocated \$134,792.00 | Total Matching Funds Allocated |
| Process. Presently not being used. | | | | | | | | | |
| 13b. Narrative description any chal | enges undates er chang | as related to contracts and/s | | | <u> </u> | 1 | | | **** |
| 136. Narrative description any chai | enges, updates, or chang | es related to contracts and/o | or subrecipients. | | | | | | |
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OMB Control No. 0660-0042 Expiration Date: 01/31/2021

| 14. Budget Worksheet | | | | | | | | | |
|--|---|--|-----------------------|--|---|---|-------------------------------|--|------------------------------|
| Columns 2, 3 and 4 must match you | ur current project budget for t | he entire award, which is | the SF-424A on file. | | | | | | |
| Only list matching funds that the D | | | | | | | | | |
| 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 | \$5,710.76 | \$5,710.76 |
| b. Personnel Fringe Benefits | \$0.00 | \$14,867.00 | \$14,867.00 | \$0.00 | \$14,867.00 | \$14,867.00 | \$0.00 | \$4,862.50 | \$4,862.50 |
| 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 | \$10,573.26 | \$10,765.64 |
| j. Proportionality Percent | 80.00% | 20.00% | 100.00% | 80.00% | 20.00% | 100.00% | 1.79% | 98.21% | 100.00% |
| 15. Certification: I certify to the bes | st of my knowledge and belie | f that this report is correc | t and complete for pe | rformance of activities for | the purpose(s) se | t forth in the awar | d documents. | Selection of the Select | |
| 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. Gov | | | |

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