1	2. Award or Grant Number: 4. EIN:	33-10-S13033 02-6000618								
	6. Report Date	02-6000618								
1. Recipient Name	New Hampshire Department	(MM/DD/YYYY)	9/30/2016							
3. Street Address	33 Hazen Drive	7. Reporting Period End Date: (MM/DD/YYYY)	9/30/2016							
5. City, State, Zip Code	Concord, NH 03305	8. Final Report Yes No _x	9. Report Frequency Quarterly							
10a. Project/Grant Period										
Start Date: (MM/DD/YYYY)	9/1/2003	10b. End Date: (MM/DD/YYYY)	2/28/2018		HIENER					
11. List the individual projects	in your approved Project Pla	1	1							
	Project Type (Capacity Building, SCIP Update,	Project Deliverable Quantity (Number & Indicator Description)	Description of Milestone Category							
11	Stakeholders Engaged	20	Actual number of individuals reached via stake	holder meetings during the quarter						
2	Individuals Sent to Broadband Conferences	1	Actual number of individuals who were sent to third-party broadband conferences using SLIGP grant funds during the quarter							
3	Staff Hired (Full-Time Equivalent)(FTE)	0.5	Actual number of state personnel FTEs who began supporting SLIGP activities during the quarter (may be a decimal)							
4	Contracts Executed	0	Actual number of contracts executed during the quarter							
5	Governance Meetings	9	Actual number of governance, subcommittee, or working group meetings held during the quarter							
6	Education and Outreach Materials Distributed	0	Actual volume of materials distributed (inclusive of paper and electronic materials) plus hits to any website or social media account supported by SLIGP during the quarter							
7	Subrecipient Agreements Executed	0	Actual number of agreements executed during the quarter							
8	Phase 2 - Coverage	4								
9	Phase 2 – Users and Their Operational Areas	4	For each Phase 2 milestone category, please provide the status of the activity during the quarter:  Stage 1 - Process Development							
10	Phase 2 – Capacity Planning	4	Stage 2 - Data Collection in Progress Stage 3 - Collection Complete; Analyzing/Aggregating Data							
11	Phase 2 – Current Providers/Procurement	2	Stage 4 - Data Submitted to FirstNet  Stage 5 - Continued/Iterative Data Collection							
12	Phase 2 – State Plan Decision	2	Stage 6 - Submitted Iterative Data to FirstNet							
Technical Section and Control of the		ACCOUNT OF THE PERSON OF THE P	Baseline Report for this project; any challenges	or obstacles encountered and mitigation strategies you h	ave employed; planne	d major activities for the				
next quarter; and any addition			intermber 16th 2016 The three SEC Westing Cro	ups, i.e. Frequency/Interoperability, Operations, and First	Net/Broadband contin	nije to meet on a				
				-by-side with FirstNet Region I Coordinator Mike Varney, a						
				nd SPOC meeting, attended by all New England States and						
The same of the sa				ditional meetings included July 12th meeting with the SIEC		20 0000				
				il on Emergency Preparedness and Security) meeting with						
meeting was held with the North Country Interoperability Consortium, August 4th an Interoperability Training Class was held at Police Standards & Training Center in which a governance briefing was given. August 4th an interoperability Training Class was held at Police Standards & Training Center in which a governance briefing was given. August 4th an interoperability Training Class was held at Police Standards & Training Center in which a governance briefing was given. August 4th an interoperability Training Class was held at Police Standards & Training Center in which a governance briefing was given.										
Chiefs of Police in Stratham, NH was held adn August 22 a SIEC Executive Committee Meeting was held.										
11b. If the project team anticipates requesting any changes to the approved Baseline Report in the next quarter, describe those below. Note that any substantive changes to the Baseline Report must be approved by the Department of										
Commerce before implementation.										

11/29/2016

Date:

11c. Provide any other informa	ation that would be useful	to NTIA as it assesses this pro	oject's progress.								
New Hampshire looks forward	to working with NTIA regard	ding discussions on how to be	est utilize the remaini	ng grant monies and how if	possible at th	e end to transfer	them if New Hampshire dec	ides to build its own Fi	rstNet RAN.		
11d. Describe any success stor	ies or best practices you ha	ve identified. Please be as sp	ecific as possible.								
12. Personnel					-						
12a. If the project is not fully s	taffed, describe how any la	ick of staffing may impact th	e project's time line a	and when the project will be	e fully staffed						
The position of Informational R	Representative that is listed	below was filled in Q12 but n	ot reported during th	at quarter in error, which is	why we are I	isting it on this re	port.				
12b. Staffing Table - Please in	clude all staff that have co	ntributed time to the project	. Please do not remo	ve individuals from this tab	le.						
Job Title	FTE%		Project (s) Assigned								
SWIC	0.65	Management and coordination of grant project activities							Change		
Program Specialist IV	0.01	Financial Tracking and Re	Financial Tracking and Reporting								
Informational Representative 0.5 Web development, social media outreach programs, newletters, general SPOC support											
13. Subcontracts (Vendors and											
13a. Subcontracts Table – Incli	ude all subcontractors. The	totals from this table must	equal the "Subcontra	cts Total" in Question 14f.							
Name	Subcontract Purpose		Type (Vendor/Subrec.)	RFP/RFQ Issued (Y/N)	Contract Executed (Y/N)	Start Date	End Date	Total Federal Funds Allocated	Total Matching Funds Allocated		
Data Collection Activities	Consulting Services		Mission Critical Partners	Y	Υ	2/10/2005	6/30/2016	\$203,208.00	\$0.00		
13b. Describe any challenges e	encountered with vendors a	and/or subrecipients.									
None at this time											
14. Budget Worksheet											
Columns 2, 3 and 4 must match	h your current project budge	et for the entire award, which	h is the SF-424A on file	P							
Only list matching funds that the			The street of th								
Project Budget Element (1)		Federal Funds Awarded (2)		Approved Matching Funds (3)	Total Budget (4)		Federal Funds Expended (5)	Approved Matching Funds Expended (6)	Total funds Expended (7)		
a. Personnel Salaries		\$264,03	\$264,038.00		\$465,814.00		\$4,569.90	\$163,599.41	\$168,169.31		
b. Personnel Fringe Benefits		\$106,347.00		\$15,812.00	\$122,159.00		\$453.96	\$12,812.04	\$13,266.00		
c. Travel		\$59,460.00		\$1,035.00	\$60,495.00		\$6,539.72	\$406.45	\$6,946.17		
d. Equipment				\$1,350.00	\$0.00				\$0.00		
e. Materials/Supplies			\$8,943.00		\$10,293.00		\$757.30		\$757.30		
f. Subcontracts Total		\$360,630.00			\$360,630.00		\$192,898.00		\$192,898.00		
g. Other		\$21,280.00			\$21,280.00		\$3,950.23		\$3,950.23		
h. Indirect			\$59,189.00		\$59,189.00		\$1,654.99		\$1,654.99		
i. Total Costs \$879,			\$219,973.00		99,860.00	\$210,824.10	\$176,817.90	\$387,642.00			
j. % of Total 80  15. Certification: I certify to the best of my knowledge and belief that this report is c			20% 100%		54%	46%	100%				
			rrect and complete for	or performance of activities	for the purp	ose(s) set forth in	_				
16a. Typed or printed name as Pamela Urban-Morin, Grant Ad		16c. Telephone (area code, number, and extension)	ber, and 603-271-7663								
16b. Signature of Authorized C		16d. Email Address: Pamela Urban-Morin@dos.nh.gov		os.nh.gov							