			Department of Commerce ormance Progress Report	2. Award or Grant Number: 4. EIN:	33-10-S13033 02-6000618				
		Nous Hampshire Department of Cofess							
1. Recipient Name	New Hampshire Department	6. Report Date (MM/DD/YYYY)	4/1/2017						
3. Street Address	33 Hazen Drive	7. Reporting Period End Date: (MM/DD/YYYY)	3/31/2017						
5. City, State, Zip Code	Concord, NH 03305	8. Final Report Yes	9. Report Frequency Quarterly						
10a. Project/Grant Period	No x								
Start Date: (MM/DD/YYYY)	9/1/2003	10b. End Date: (MM/DD/YYYY)	2/28/2018						
11. List the individual projects	in your approved Project Pla	n							
	Project Type (Capacity Building, SCIP Update,	Project Deliverable Quantity (Number & Indicator Description)		Description of Milestone Category					
1	Stakeholders Engaged	188	Actual number of individuals reached via stakeh	older meetings during the quarter					
2	Individuals Sent to Broadband Conferences	1	Actual number of individuals who were sent to t	hird-party broadband conferences using SLIGP grant fund	is during the quarter				
3	Staff Hired (Full-Time Equivalent)(FTE)	o	Actual number of state personnel FTEs who beg	an supporting SLIGP activities during the quarter (may be	a decimal)				
4	Contracts Executed	Actual number of contracts executed during the quarter							
5	Governance Meetings	6	Actual number of governance, subcommittee, or	r working group meetings held during the quarter					
6	Education and Outreach Materials Distributed	O Supported by St.							
7	Subrecipient Agreements Executed	O 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	4	Stage 4 - Data Submitted to FirstNet						
12	Phase 2 – State Plan Stage 5 - Continued/Iterative Data Collection Stage 6 - Submitted Iterative Data to FirstNet								
Decision 11a. Describe your progress meeting each major activity/milestone approved in the Baseline Report for this project; any challenges or obstacles encountered and mitigation strategies you have employed; planned major activities for the next quarter; and any additional project milestones or information.									
basis, or whenever issues develo	op that require their attention	 Meetings surrounding ex 	pected FirstNet deployment have included in the I	g will take place on May 12th, 2017. The SIEC Working Gro ast quarter meetings with the New Hampshire Attorney's C &T has met with New Hampshire on three different occass	Office The Governor's	nostly on a monthly Office, and with			
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.									
No changes are expected.									
11c. Provide any other informa	tion that would be useful to N	NTIA as it assesses this pro	ject's progress.						
New Hampshire is looking forward to our continued association with NTIA and will continue our conversation regarding NTIA 2.0.									

		be as specific as possible.

New Hampshire has completed in the first quarter of 2017 a host of interoperability inintiatives that will better serve first responders throughout the State. Recruit level training at the State's Police Academy and Fire Academy continues, In-Service Interoperability Training Module continues to be available for all first responders, and an Interoperabuility Table-top Exercise (TTX) was conducted that included the New Hampshire State Police, Massachusetts State Police, and police departments from Nashua, Manchester, and Concord. One of the results of this TTX will be to provide an Interoperable Template for Critical Incidents that can be utilized for all disciplines and jurisdictions throughout the State. FirstNet is addressed in all the aforementioned accomplishments and has become a critical component to our next generation communication network needs. As AT&T activates its resources in New Hampshire, New Hampshire will continue to work with FirstNet in its anticipated goals.

12. Personnel

12a. If the project is not fully staffed, describe how any lack of staffing may impact the project's time line and when the project will be fully staffed.

12b. Staffing Table - Please include all staff that have contributed time to the project. Please do not remove individuals from this table

Job Title	FTE%	Project (s) Assigned	Change
SWIC	0.65	Management and coordination of grant project activities	
Program Specialist IV	0.01	Financial Tracking and Reporting	
Informational Representative	0.5	Web development, social media outreach programs, newletters, general SPOC support	

13. Subcontracts (Vendors and/or Subrecipients)

13a. Subcontracts Table - Include all subcontractors. The totals from this table must equal the "Subcontracts 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	Υ	Υ	2/10/2005	6/30/2016	\$192,898.00	\$0.00

13b. Describe any challenges encountered with vendors and/or subrecipients.

None at this time

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)	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	\$264,038.00	\$201,776.00	\$465,814.00	\$14,461,62	\$173,532,97	\$187,994.59
b. Personnel Fringe Benefits	\$106,347.00	\$15,812.00	\$122,159.00	\$1,219.61	\$13,626,00	\$14,845.61
c. Travel	\$59,460.00	\$1,035.00	\$60,495.00	\$8,367.01	\$406.45	\$8,773.46
d. Equipment			\$0.00		7	\$0.00
e. Materials/Supplies	\$8,943.00	\$1,350.00	\$10,293.00	\$1,416.28		\$1,416,28
f. Subcontracts Total	\$360,630.00		\$360,630.00	\$192,898.00		\$192,898.00
g. Other	\$21,280.00		\$21,280.00	\$3,964.08		\$3,964.08
h. Indirect	\$59,189.00		\$59,189.00	\$3,004,98		\$3,004.98
i. Total Costs	\$879,887.00	\$219,973.00	\$1,099,860.00	\$225,331.58	\$187,565.42	\$412,897.00
j. % of Total	80%	20%	100%	55%	45%	100%
Certification: I certify to the best of my knowled	ge and belief that this report is correct and complete	for performance of activities f	or the purpose(s) set forth i	n the award documents.		

16c. Typed or printed name and title of Authorized Certifying Official:

Pamela Urban-Morin, Grant Administrator

16b. Signature of Authorized Certifying Official:

16c. Telephone (area code, number, and extension)

16d. Email Address:

Pamela.Urban-Morin@dos.nh.gov

Date: 4/27/2017