

U.S. Department of Commerce Performance Progress Report				2. Award or Grant Number:	33-10-513033
1. Recipient Name		New Hampshire Department of Safety		4. EIN:	02-6000618
3. Street Address		33 Hazen Drive		6. Report Date (MM/DD/YYYY)	1/15/2018
5. City, State, Zip Code		Concord, NH 03305		7. Reporting Period End Date: (MM/DD/YYYY)	12/31/2017
				8. Final Report Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	9. Report Frequency Quarterly <input checked="" type="checkbox"/>
10a. Project/Grant Period					
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 Plan					
	Project Type (Capacity Building, SCIP Update,	Project Deliverable Quantity (Number & Indicator Description)			
1	Stakeholders Engaged	651	Actual number of individuals reached via stakeholder meetings during the quarter		
2	Individuals Sent to Broadband Conferences	0	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	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	6	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: <ul style="list-style-type: none"> • Stage 1 - Process Development • Stage 2 - Data Collection in Progress • Stage 3 - Collection Complete; Analyzing/Aggregating Data • Stage 4 - Data Submitted to FirstNet • Stage 5 - Continued/Iterative Data Collection • Stage 6 - Submitted Iterative Data to FirstNet 		
10	Phase 2 – Capacity Planning	4			
11	Phase 2 – Current Providers/Procurement	4			
12	Phase 2 – State Plan Decision	4			
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.					

New Hampshire because of its "due diligence" over the past year has gotten considerable notoriety. National publications, in-state articles written about FirstNet, and interviews on New Hampshire Public Radio and our local Channel-9 WMUR-TV ABC affiliate has provided us wide coverage regarding FirstNet and intended purpose.

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.

N/A

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, newsletters, 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	Y	Y	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	\$27,424.09	\$202,852.51	\$230,276.60
b. Personnel Fringe Benefits	\$106,347.00	\$15,812.00	\$122,159.00	\$2,211.27	\$16,021.55	\$18,232.82
c. Travel	\$59,460.00	\$1,035.00	\$60,495.00	\$16,819.50	\$406.45	\$17,225.95
d. Equipment			\$0.00			\$0.00
e. Materials/Supplies	\$8,943.00	\$1,350.00	\$10,293.00	\$1,569.88		\$1,569.88
f. Subcontracts Total	\$360,630.00		\$360,630.00	\$192,898.00		\$192,898.00
g. Other	\$21,280.00		\$21,280.00	\$3,989.85		\$3,989.85
h. Indirect	\$59,189.00		\$59,189.00	\$5,560.56		\$5,560.56
i. Total Costs	\$879,887.00	\$219,973.00	\$1,099,860.00	\$250,473.15	\$219,280.51	\$469,753.66
j. % of Total	80%	20%	100%	53%	47%	100%

15. Certification: I certify to the best of my knowledge and belief that this report is correct and complete for performance of activities for the purpose(s) set forth in the award documents.

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

Pamela Urban-Morin, Grant Administrator

Pamela Urban-Morin 2/9/18

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

603-271-7663

16d. Email Address:

Pamela.Urban-Morin@dos.nh.gov

16b. Signature of Authorized Certifying Official:

Date:

2/9/2018