U.S. Department of Commerce SLIGP 2.0 Performance Progress Report							39MB Gorges JNo. 0660-00 Expiration Date: 01/31/202 02-60000618			
1. Recipient Name New Hampshire Department of Safety						6. Report Date	10/15/2018			
z. necipient rume	Trem tramponine departmen		(MM/DD/YYYY) 7. Reporting Period	10/13/2010						
3. Street Address	33 Hazen Drive						09/30/2018			
5. City, State, Zip Code	Concord, NH 03305	cord, NH 03305					9. Report Frequency ) Quarterly X			
10a. Project/Grant Period						No				
Start Date: (MM/DD/YYYY)	03/01/2018	10b. End Date: (MM/DD/YYYY)	02/29/2020							
11. List the individual projects in you	ur 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)							
Activities/Metrics for All Recipients of	during the Reporting Quart	er					是如此是由自己的			
	Governance Meetings	Yes	7		nce, subcommittee, or working group meetings related to th					
2	Individuals Sent to Broadband Conferences	No	0		als who were sent to national or regional third-party confere grant funds during the quarter	ences with a focus area	or training track related			
3	Convened Stakeholder Events	Yes	2	Actual number of events coordinated - or held using SLIGP grant funds during the quarter, as requested by FirstNet.						
4	Staff Hired (Full-Time Equivalent)(FTE)	No	0.00	Actual number of state personnel FTEs who began supporting SLIGP activities during the quarter (may be a decimal).						
5	Contracts Executed	No	0	Actual number of contracts executed during the quarter.						
6	Subrecipient Agreements Executed	No	0	Actual number of agreements executed during the quarter.						
7	Data Sharing Policies/Agreements Developed	No		Yes or No if data sharing policies and/or agreements were developed during this reporting quarter.						
8	Further Identification of Potential Public Safety Users	Yes		Yes or No if further identification of potential public safety users occurred during this reporting quarter.						
9	Plans for Emergency Communications Technology Transitions	Yes		Yes or No if plans for future emergecy communications technology transitions occurred during this reporting quarter.  Yes or No if public safety applications or databases within the State or territory were identified and transition plans were developed this reporting quarter						
10	Identified and Planned to Transition PS Apps & Databases	No								
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		(Opt-In and Opt-Out Post-SMLA Phase Only) Yes or No if participated in data collection activities as requested by FirstNet or following a documented data collection determination by Opt-Out (Post-SMLA) grantees.						
Activities for Opt-Out States only in t	the Pre-SMLA Phase during	the Reporting Quarter					THE RESERVE OF THE RESERVE OF			
13	Stakeholders Engaged			Actual number of individu	als reached via stakeholder meetings or events during the q	uarter.				
14	Education and Outreach Materials Distributed In- Person			Actual number of materia	s 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, o	or other account suppor	ted by SLIGP during the			

Personnel  Staffing Table - Please include all staff that have contributed time to the project with current quarter's utilitation. Please only include FTE staff employed by the state not contractors. Please do not remove individuals from this toble.  Job Title FTE% Project (s) Assigned Change gram Specialist IV 10% Financial / Performance Reporting no change gram Specialist IV 10% Financial / Performance Reporting no change Total Federal Funds Name Subcontract by Subcontract Purpose Type [Contractual Table - Include all contractors. The totals from this table should equal the "Contractual" in Question 14f.  REP/IRFQ Issued (Y/N) Executed (Y/N) Executed (Y/N) Executed (Y/N) Start Date End Date Allocated Allocated Allocated Name Name Name Subcontract Purpose Type [Contract/Subrec.] [	. Narrative description for each		antian 11 facthic acceptant an	challaness as abstacl	an annumbered and mising	tion etrotogics vo	· bassa amminundi	alanand maior activities	a for the part avartors a	ad anu additional projet
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IC/SPOC 40% Management and coordination of grant project activities no change gram Specialist IV 10% Financial / Performance Reporting no change no change on change on change in common state of the scription of any staffing challenges, vacancies, or changes.  2. Office of Interoperability transitioned a part-time support person to full-time status.  Contractual (Contract and/or Subrecipients)  1. 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) Executed (Y/N) Start Date End Date Allocated Allocated Allocated Allocated Allocated Allocated Allocated Allocated Subrary Start Start Date End Date Allocated Allocated Allocated Allocated Allocated Allocated Allocated Subrary Start Start Date End Date Allocated Allocated Allocated Subrary Start Date End Date Allocated Allocated Subrary Start Date End Date Subrary Start Date Su										
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gram Specialist IV 10% Financial / Performance Reporting no change			Management and coord	ination of grant project		ect (s) Assigned				
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		Subcon	ntract Purpose	1 ''	RFP/RFQ Issued (Y/N)		Start Date	End Date	1	1 *
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14. Budget Worksheet									OMB Control No. 0660-00
Columns 2, 3 and 4 must match yo	our current project budget for	the entire award, which i	s the SF-424A on file.				<del></del>		Expiration Date: 01/31/20
Only list matching funds that the I	Department of Commerce has	already approved.							Expiration butc. 01/31/20
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	\$177,051.00	\$135,798.00	\$312,849.00	\$66,374.00	\$50,924.00	\$117,298.00	\$22.60	\$15,066.09	\$15,088.69
b. Personnel Fringe Benefits	\$86,955.00	\$21,755.00	\$108,710.00	\$32,628.00	\$8,158.00	\$40,786.00	\$4.44	\$1,878.64	\$1,883.08
c. Travel	\$12,544.00	\$17,406.00	\$29,950.00	\$4,704.00	\$3,000.00	\$7,704.00	\$0.00		\$0.00
d. Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00
e. Materials/Supplies	\$7,800.00	\$418.00	\$8,218.00	\$2,925.00	\$418.00	\$3,343.00	\$119.69		\$119.69
f. Contractual	\$380,000.00	\$0.00	\$380,000.00	\$130,075.00	\$0.00	\$130,075.00	\$0.00		\$0.00
g. Other	\$4,299.00	\$0.00	\$4,299.00	\$1,600.00	\$0.00	\$1,600.00	\$0.05		\$0.05
h. Indirect	\$31,185.00	\$0.00	\$31,185.00	\$11,694.00	\$0.00	\$11,694.00	\$4.71		\$4.71
i. Total Costs	\$699,834.00	\$175,377.00	\$875,211.00	\$250,000.00	\$62,500.00	\$312,500.00	\$151.49	\$16,944.73	\$17,096.22
j. Proportionality Percent	79.96%	20.04%	100.00%	80.00%	20.00%	100.00%	0.89%	99.11%	100.00%
15. Certification: I certify to the be	st of my knowledge and belie	f that this report is correc	t and complete for pe	erformance of activities for	the purpose(s) se	et forth in the awa	rd documents.		
16a. Typed or printed name and title of Authorized Certifying Official:  Pamela Urban-Morin, Grants Administrator  Pamela Urban-Morin, Grants Administrator							16c. Telephone (area code, number, and extension)	603-271-7663	
16b. Signature of Authorized Certi	fying Official:						16d. Email Address:	Pamela.Urban-Morin@o	dos.nh.gov
							Date:	11/26/2018	

Public Burden Statement: According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a currently valid OMB number. Public reporting burden for this collection of information is estimated to average 12.5 hours per response. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Michael Dame, Program Director, State and Local Implementation Grant Program, National Telecommunications and Information Administration, U.S. Department of Commerce, 1401 Constitution Avenue, NW, Room 4078, Washington, DC 20230.