	2. Award or Grant Number: 4. EIN:	39MB Squagghno. 0660-00 Expiration Date: 01/31/20 02-60000618									
1. Recipient Name New Hampshire Department of Safety						06/30/2019					
3. Street Address	33 Hazen Drive	7. Reporting Period End Date: (MM/DD/YYYY)	06/30/2019								
5. City, State, Zip Code	8. Final Report 9. Report Frequenc y 0 Quarterly X No										
.0a. Project/Grant Period				自己 10 00 00 00 00 00 00 00 00 00 00 00 00							
Start Date: (MM/DD/YYYY)	03/01/2018	10b. End Date: (MM/DD/YYYY)	02/29/2020								
11. List the individual projec ts in yo	ur approved Projec t Plan										
	Activity Type (Planning, Governance Meetings, etc.)	Was this Activity Performed during the Reporting Quarter? (Yes/No)	Project Deliverable Quantity (Number & Indicator Description)	Description of Milestone Category							
Activities/Metrics for All Recipients	during the Reporting Quarte	r Indiana and a	The state of the state of								
1	Governance Meetings	Yes	1	Actual number of governance, subcommittee, or working group meetings related to th	e NPSBN held during the	e quarter					
2	Individuals Sent to Broadband Conferenc es	Yes	1	Actual number of individuals who were sent to national or regional third-party confere to the NPSBN using SLIGP grant funds during the quarter	al number of individuals who were sent to national or regional third-party conferences with a focus area or training track related the NPSBN using SLIGP grant funds during the quarter						
3	Convened Stakeholder Events	No	0	tual 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 t	ber 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		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 repo	ting quarter.						
8	Further Identification of Potential Public Safety Users	Yes		Yes or No if further identification of potential public safety users occurred during this r	dentification of potential public safety users occurred during this reporting quarter. future emergecy communications technology transitions occurred during this reporting quarter.						
9	Plans for Emergency Communications Technology Transitions	Yes		Yes or No if plans for future emergecy communications technology transitions occurre							
10	Identified and Planned to Transition PS Apps & Databases	No		Yes or No if public safety applications or databases within the State or territory were this reporting quarter	identified and transition	plans were developed					
11	Identify Ongoing Coverage Gaps	Yes		r 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 documented data collection determination by Opt-Out (Post-SMLA) grantees.							
Activities for Opt-Out States only in		the Reporting Quarter		The second of th	REPRESENTATION OF THE PARTY OF	AND LOCAL CO.					
13	Stakeholders Engaged Education and Outreach	3.17		Actual number of individuals reached via stakeholder meetings or events during the q	unrier.						
14	Materials Distributed In- Person		RATE OF	Actual number of materials distributed in-person during this quarter.							
15	Education and Outreach Materials distributed Electronically			Actual volume of hits or impressions to any website, e-newsletter, social media post, a quarter.	r ather account support	ed by SLIGP during the					

.1a. Narrative description for each a 1.1 Governance Meetings: The State	activity reported in Que	estion 11 for this quarter	; any challenges or obstacle	es encountered and mitiga	ation strategies you	have employed; pl	anned major activitie	es for the next quarter; ar	dany additional project
resented one of its "Road Map" seg	ments.	xecutive committee met	on way 10th, 2019. The Siet	C S Data Communications (working Group met	with FirstNet on Ap	orii 1st, iviay 30tn, and	June 25th, 2019. On May	2x5Patt67708te: 01/31/20
1.2 Broadband Conferences attende		April 22-26, 2019 in Pittsb	urgh. Pennsylvania.						
1.8 Identification of Potential Public				ally makes presentations t	hroughout the State	e regarding FirstNet	coverage and capabil	lity.	
1.9 Plans for Emergency Communica									
1.11 Identifying Ongoing Coverage G							, ,		
2. Personnel	# - FF.1 - 1								
2a. Staffing Table - Please include of		buted time to the project	t with current quarter's utiliz			by the state not co	ntractors. Please do r	not remove individuals fro	
Job Title WIC/SPOC	FTE%	Management	The state of the s		ect (s) Assigned				Change
rogram Specialist IV	7%		pordination of grant project	activities					Match Equivalent
rogram Specialist I	0%	Financial / Performa	The state of the s						Match Equivalent
Togram Specialist I	5%	Coordination of grai	nt project activities						Match Equivalent
2b. Narrative description of any stat									
is italiante accempation of any sea	mig entancinges, recente	ics, or charges.							
3. Contractual (Contract and/or Sub	urecipients)								
		from this table should equ	ual the "Contractual" in Que	estion 14f.					
3a. Contractual Table – Include all c	ontractors. The totals f		ual the "Contractual" in Que		Contract			Total Federal Funds	Total Matching Funds
	ontractors. The totals f	from this table should equ ntract Purpose		estion 14f. RFP/RFQ Issued (Y/N)	Contract Executed (Y/N)	Start Date	End Date	Total Federal Funds Allocated	Total Matching Funds Allocated
3a. Contractual Table – Include all c	ontractors. The totals f		Туре			Start Date	End Date		_
3a. Contractual Table – Include all c	ontractors. The totals f		Туре			Start Date	End Date		_
3a. Contractual Table – Include all c	ontractors. The totals f		Туре			Start Date	End Date		_
3a. Contractual Table – Include all c Name	ontractors. The totals f Subcon	ntract Purpose	Type (Contract/Subrec.)			Start Date	End Date		_
3a. Contractual Table – Include all c Name	ontractors. The totals f Subcon	ntract Purpose	Type (Contract/Subrec.)			Start Date	End Date		_
3a. Contractual Table – Include all c Name Name 3b. Narrative description any challe	ontractors. The totals f Subcon	ntract Purpose	Type (Contract/Subrec.)			Start Date	End Date		_
3a. Contractual Table – Include all c Name Name 3b. Narrative description any challe	ontractors. The totals f Subcon	ntract Purpose	Type (Contract/Subrec.)			Start Date	End Date		_
3a. Contractual Table – Include all c Name Name 3b. Narrative description any challe	ontractors. The totals f Subcon	ntract Purpose	Type (Contract/Subrec.)			Start Date	End Date		_
3a. Contractual Table – Include all c Name Name 3b. Narrative description any challe	ontractors. The totals f Subcon	ntract Purpose	Type (Contract/Subrec.)			Start Date	End Date		_
3a. Contractual Table – Include all c Name Name 3b. Narrative description any challe	ontractors. The totals f Subcon	ntract Purpose	Type (Contract/Subrec.)			Start Date	End Date		_
3a. Contractual Table – Include all c Name Name 3b. Narrative description any challe	ontractors. The totals f Subcon	ntract Purpose	Type (Contract/Subrec.)			Start Date	End Date		_
3a. Contractual Table – Include all c Name Name 3b. Narrative description any challe	ontractors. The totals f Subcon	ntract Purpose	Type (Contract/Subrec.)			Start Date	End Date		_
3a. Contractual Table – Include all c Name Name 3b. Narrative description any challe	ontractors. The totals f Subcon	ntract Purpose	Type (Contract/Subrec.)			Start Date	End Date		_
3a. Contractual Table – Include all c Name Name 3b. Narrative description any challe	ontractors. The totals f Subcon	ntract Purpose	Type (Contract/Subrec.)			Start Date	End Date		_
13. Contractual (Contract and/or Sub 13a. Contractual Table – Include all o Name Name 13b. Narrative description any challe No changes, no new contracts.	ontractors. The totals f Subcon	ntract Purpose	Type (Contract/Subrec.)			Start Date	End Date		_
3a. Contractual Table – Include all c Name Name 3b. Narrative description any challe	ontractors. The totals f Subcon	ntract Purpose	Type (Contract/Subrec.)			Start Date	End Date		_
3a. Contractual Table – Include all c Name Name 3b. Narrative description any challe	ontractors. The totals f Subcon	ntract Purpose	Type (Contract/Subrec.)			Start Date	End Date		_
3a. Contractual Table – Include all c Name Name 3b. Narrative description any challe	ontractors. The totals f Subcon	ntract Purpose	Type (Contract/Subrec.)			Start Date	End Date		_

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	\$177,051.00	\$135,798.00	\$312,849.00	\$22.60	\$21,835.49	\$21,858.0
b. Personnel Fringe Benefits	\$86,955.00	\$21,755.00	\$108,710.00	\$86,955.00	\$21,755.00	\$108,710.00	\$4.44	\$2,278.45	\$2,282.8
c. Travel	\$12,544.00	\$17,406.00	\$29,950.00	\$12,544.00	\$17,406.00	\$29,950.00	\$0.00		\$0.0
d. Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.0
e. Materials/Supplies	\$7,800.00	\$418.00	\$8,218.00	\$7,800.00	\$418.00	\$8,218.00	\$199.94	\$823.00	\$1,022.9
f. Contractual	\$380,000.00	\$0.00	\$380,000.00	\$380,000.00	\$0.00	\$380,000.00	\$0.00		\$0.0
g. Other	\$4,299.00	\$0.00	\$4,299.00	\$4,299.00	\$0.00	\$4,299.00	\$22.66		\$22.6
h. Indirect	\$31,185.00	\$0.00	\$31,185.00	\$31,185.00	\$0.00	\$31,185.00	\$4.89		\$4.8
i. Total Costs	\$699,834.00	\$175,377.00	\$875,211.00	\$699,834.00	\$175,377.00	\$875,211.00	\$254.53	\$24,936.94	\$25,191.4
. Proportionality Percent	79.96%	20.04%	100.00%	79.96%	20.04%	100.00%	1.01%	98.99%	100.009
15. Certification: I certify to the be	st of my knowledge and belief	that this report is correct	and complete for perf	ormance of activities for th	e purpose(s) set fo	orth in the award	documents.		
16a. Typed or printed name and title of Authorized Certifying Official: Pamela Urban-Morin, Grants Administrator						16c. Telephone (area code, number, and extension)	603-271-7663		
16b. Signature of Authorized Certi	fying Official:	10 - 1	-				16d. Email Address:	Pamela Urban-Morin@c	los.nh.gov

OMB Control No. 0660-00

14. Budget Worksheet

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.