U.S. Department of Commerce Performance Progress Report					33-10-S13033 02-6000618
1. Recipient Name	New Hampshire Department	of Safety		4. EIN: 6. Report Date	Revised 8/10/15
3. Street Address	33 Hazen Drive			(MM/DD/YYYY) 7. Reporting Period End Date: (MM/DD/YYYY)	6/30/2015
5. City, State, Zip Code	Concord, NH 03305			8. Final Report Yes No	9. Report Frequency Quarterly
10a. Project/Grant Period					
Start Date: 09/01/2013		10b. End Date: 02/28/2018			
11. List the individual projects	in your approved Project Pla			A THE PARTY OF THE	
	Project Type (Capacity Building, SCIP Update,	Project Deliverable Quantity (Number & Indicator Description)	Total Federal Funding Total Federal Amount expended at the Funding Amount end of this reporting period Total Federal Amount expended Percent of Total Federal Amount expended		
1	Stakeholder Meetings	630			
2	Broadband Conferences	3			
3	Staff Hires	0			
4	Contract Executions	0			
5	Governance Meetings	7			
6	Education and Outreach	640			
7	Subrecipient Agreement Executed	0			
8	Phase 2 - Coverage	Stage 1			
9	Phase 2 – Users and Their Operational Areas	Stage 1			
10	Phase 2 – Capacity Planning	Stage 1			
11	Phase 2 – Current Providers/Procurement	Stage 2			
12	Phase 2 – State Plan Decision	Stage 2	和"的"的"这种"。"我们是是一个"我们是是一个"我们的"。		
11a. Describe your progress n the next quarter; and any addi		7/5	Baseline Report for this project; any challenges or obstacles encountered and mitigation strategies you	have employed; plann	ed major activities for
people); 5/8/2015 - Critical Incic Interoperability Consortium (20 outreach program, New Hamps several months to produce for I high demand of calls based on a 11b. If the project team anticip Commerce before implementa	dent Active Shooter discussion people); FirstNet On-Site Con hire is in the process of bringing FirstNet the data which would bur tourist population. Dates requesting any changes tion.	with Rockingham County sultation NH (60 people); ng on board an Engineerin support our anticipated go to the approved Baseline	ountry Interoperability Consortium (27 people); 4/7/15 - Chief Tara Laurent - FirstNet/Interoperability (1 people); Representatives (23 people); UNH/NHPTV (5 people); TERT Display (30 people); Peter Fried, CEO/President NH Emergency Preparedness Conference (350 people); TAB Meeting at DRED (10 people); 9-1-1 Commission in Consultant to work with our stakeholders in providing a landscape for the New Hampshire/FirstNet footpool to provide coverage not only in our most populated areas of the State, but to remain committed to our expectation of the New Hampshire (10 people); 9-1-1 Commission in Consultant to work with our stakeholders in providing a landscape for the New Hampshire/FirstNet footpool to provide coverage not only in our most populated areas of the State, but to remain committed to our in the next quarter, describe those below. Note that any substantive changes to the Baseline Research in the next quarter, describe those below. Note that any substantive changes to the Baseline Research in the next quarter, describe those below.	NHPTV (4 people); Nor n Meeting (20 people). rint. We anticipate over most rural areas of the	th Country Along with an aggrressive the course of the next State where we have a
At the time of this report, NH is	preparing their Phase II budg	et amendment to be sent i	in no later than July 23, 2015.		

11c. Provide any other informat	ion that would be useful	to NTIA as it assesses this	project's progress.						
The SIEC is scheduled to meet on quarterly basis as well, however and all its related requirements a New Hampshire wishes to be at t	with the number of taskin as we look to the future. SI	gs assigned to each group IEC participants as well as	, they have been meeting our associated stakeholde	on a monthly basis. NTIA/F ers and partners will be dilig	irstNet Phase I	l Grant requiremen	ts have invoked an ag	gressive schedule to accor	mplish data collection
11d. Describe any success storie	s or best practices you ha	ave identified. Please be a	as specific as possible.						
12. Personnel									
12a. If the project is not fully sta	affed, describe how any la	ack of staffing may impact	t the project's time line a	nd when the project will b	e fully staffed.				
12b. Staffing Table									
Job Title	FTE%	Project (s) Assigned Change							
SWIC	0.75	Management and coordination of grant project activities.							No Changes
Program Specialist III	0.01	Financial Tracking and	Financial Tracking and Reporting						No Changes
13. Subcontracts (Vendors and/	or Subrecipients) N/A								
13a. Subcontracts Table - Includ		e totals from this table mu	ust equal the "Subcontra	cts Total" in Question 14f					
Name	Subconto	Subcontract Purpose		RFP/RFQ Issued (Y/N)	Contract Executed (Y/N)	Start Date	End Date	Total Federal Funds Allocated	Total Matching Funds Allocated
13b. Describe any challenges en	countered with vendors	and/or subrecipients.							
None at this time.									
	*								

Columns 2, 3 and 4 must match your current project budget for Only list matching funds that the Department of Commerce has		file.				
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	\$280,698.00	\$144,357.00	\$425,055.00	\$706.67	\$119,919.41	\$120,626.08
b. Personnel Fringe Benefits	\$151,617.00	\$75,616.00	\$227,233.00	\$138.09	\$9,264.72	\$9,402.81
c. Travel (note that Phase II amendment request includes match for travel)	\$30,168.00	\$0.00	\$30,168.00	\$3,602.46	\$406.45	\$4,008.91
d. Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
e. Materials/Supplies	\$19,445.00	\$0.00	\$19,445.00	\$119.26	\$0.00	\$119.26
f. Subcontracts Total	\$335,550.00	\$0.00	\$335,550.00	\$0.00	\$0.00	\$0.00
g. Other	\$11,080.00	\$0.00	\$11,080.00	\$3,750.14	\$0.00	\$3,750.14
h. Indirect	\$51,329.00	\$0.00	\$51,329.00	\$837.29	\$0.00	\$837.29
i. Total Costs	\$879,887.00	\$219,973.00	\$1,099,860.00	,099,860.00 \$9,153.91		\$138,744.49
j. % of Total	80%	20%	100%	7%	93%	100%
15. Certification: I certify to the best of my knowledge and beli	ef that this report is correct and complet	e for performance of activities for	or the purpose(s) set forth	in the award documents.		
16a. Typed or printed name and title of Authorized Certifying of Pamela Urban-Morin, Grant Administrator	16c. Telephone (area code, number, and extension)	(603) 271-7663				
16b. Signature of Authorized Certifying Official:					Pamela.Urban-Morin@e	dos.nh.gov
Lamela Welm-mari				Date: 8 10 13	7/22/2015 and Revised 8/10/15	