	2. Award or Grant Number: 4. EIN:	50-10-S-13050 03-6000264								
1. Recipient Name	Vermont Department of Publ	6. Report Date (MM/DD/YYYY)	12/31/2017							
3. Street Address	45 State Drive	7. Reporting Period End Date: (MM/DD/YYYY)	12/31/2017							
5. City, State, Zip Code	Waterbury, VT 05671-1300	8. Final Report Yes No	9. Report Frequency Quarterly							
10a. Project/Grant Period										
Start Date: (MM/DD/YYYY)	8/1/2013	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	136	Actual number of individuals reached via stakeholder meetings during the quarter	A LANGE	and the state of t					
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	2	Actual number of governance, subcommittee, or working group meetings held during the quarter							
6	Education and Outreach Materials Distributed	2,351	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	Stage 4								
9	Phase 2 – Users and Their Operational Areas	Stage 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	Stage 4	Stage 2 - Data Collection in Progress Stage 3 - Collection Complete; Analyzing/Aggregating Data							
1,1	Phase 2 – Current Providers/Procurement	Stage 5	Stage 4 - Data Submitted to FirstNet Stage 5 - Continued/Iterative Data Collection Stage 6 - Submitted Iterative Data to FirstNet							
12	Phase 2 – State Plan Decision	Stage 5								
			Baseline Report for this project; any challenges or obstacles encountered and mitigation strategies you have	nave employed; plann	ed major activities for					
the next quarter; and any addi	tional project milestones or i	nformation.								
should opt-in or opt-out of the opt-in. Staff worked on a final roon the PSBC recommendation v	federal FirstNet plan. SPOC an ecommendation report for the vas sent out on November 20 y leaders on November 20 and	d PSBC Chair Terry LaValle e Governor. On November and staff assisted with the l 29. Looking toward the fil	Network Commission (PSBC) with the information they needed to make a formal recommendation to Gover by participated in two legislative hearings on the FirstNet project. On November 20, the PSBC met and voted to 29, the Governor officially opted-in to the FirstNet plan for Vermont. Staff worked to inform the public safet Governor's press release distributed on November 29. The press announcements were followed up with an irst quarter of 2018, we will be working to inform the larger public safety community about the implications of	to recommend to the O y community of these electronic notice that	Sovernor that Vermont decisions. A press release was sent to					
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 anticipated as this time. However, we reserve the right to make changes as the Vermont program continues to develop.										

11c. Provide any other information that would be useful to NTIA as it assesses this project's progress. None at this time. 11d. Describe any success stories or best practices you have identified. Please be as specific as possible. Nothing additional at this time. 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. FTE% Project (s) Assigned Job Title Change Permanently Vacant Managing Education and Outreach, Project Managements of SLIGP, and contractor/sub-contractor management New Position title added IT Project Manager IV 0 in April 2016 Managing Education and Outreach, Project Managements of SLIGP, and contractor/sub-contractor management FirstNet Outreach Manager 100 Temporary 100% FTE - Not to exceed 1,280 hours (State Funded Personnel) Project Manager 0 Project Manager 0 Temporary 100% FTE - Not to exceed 1,280 hours (State Funded Personnel) Project Manager Temporary 100% FTE - Not to exceed 1,280 hours (State Funded Personnel) 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. Contract Type **Total Federal Funds Total Matching Funds** RFP/RFQ Issued (Y/N) Executed End Date Name Subcontract Purpose Start Date (Vendor/Subrec.) Allocated Allocated (Y/N) GIS Services and Technical advising GIS Vendor 9/1/2015 10/30/2015 \$25,773.98 AppGeo Personal Services Televate Technical support and advising 3/1/2017 12/31/2017 \$90,000.00 Contract 13b. Describe any challenges encountered with vendors and/or subrecipients. N/A

14. Budget Worksheet						
Columns 2, 3 and 4 must match your current project budget	for the entire award, which is the SF-424A on fi	ile.				
Only list matching funds that the Department of Commerce h	nas already approved.		à:			1.
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	\$262,926	\$81,364	\$344,290	\$167,686	\$64,385	\$232,071
b. Personnel Fringe Benefits	\$87,537		\$94,795	\$82,095	\$7,178	\$89,273
c. Travel	\$34,506		\$34,506	\$28,465	\$0	\$28,465
d. Equipment	\$0		\$0	\$0	\$0	\$0
e. Materials/Supplies	\$12,000		\$12,000	\$2,263	\$0	\$2,263
f. Subcontracts Total	\$178,285		\$267,398	\$41,870	\$25,765	\$67,635
g. Other	\$6,431	- \$0	\$6,431	\$6,003	\$0	\$6,003
h. Indirect	\$129,256	\$0	\$129,256	\$57,446	\$0	\$57,446
i. Total Costs	\$710,941	\$177,735	\$888,676	\$385,828	\$97,328	\$483,156
j. % of Total	80%	20%	100%	80%	20%	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 i	n the award documents.		
16a. Typed or printed name and title of Authorized Certifyi	16c. Telephone (area	802-241-5216				
Terry LaValley, Radio Technology Services, Director, Vermont	code, number, and extension)					
	16d. Email Address:	grantnotification@listserv.dps.state.vt.us				
16b. Signature of Authorized Certifying Official:						
Topa Levala	Date: 1/16/248					