OMB Control No. 0660-0038 Expiration Date: 8/31/2016

		11.0	. Department of Commerce	2. Award or Grant Number			
		0	. Department of Continerce	50-10-\$13050			
		Do	rformance Progress Report	4. EIN			
		PC	Tottillalice Frogress Report	03-6000264			
1 Decision	+ Name			6. Report Date (MM/DD/YYYY)			
1. Recipien				05/8/2014 revised			
3. Street Ad	epartment of Public Safe	e Ly					
				7. Reporting Period End Date: 03/31/2014			
	Main Street			The state of the s			
1	te, Zip Code			8. Final Report	9. Report Frequency		
waterbury,	, Vermont 05671-2101			□ Yes	√ Quarterly		
		T			√ No		
T			nd Date: (MM/DD/YYYY)				
Start Date: (MM/DD/YYYY)						<u> </u>	
08/01/2013 07/31/							
11. List the	e individual projects in y				<del>,</del>	<u> </u>	
	Project Type (Capacity Building, SCIP Update,		Project Deliverable Quantity	Total Federal		Funding Amount expended	Percent of Total Federal Funding Amount expended
			(Number & Indicator	Funding Amount	at the end of	this reporting period	
	Outreach, Training etc.)		Description)				
1	Stakeholder Meetings		None during this qtr.				
2	Broadband Conferences		Four attended in Atlanta, GA				
3	Staff Hires		None hired at this time.		Wallesham kedhen kana ana da da je magana a		ALLEGE MARK TORKS
4	Contract Executions		None executed at this time.				
5	Governance Meetings		1 meeting, 14 attendees				
6	6 Education and Outreach		None during this qtr.				
Materials					Application of the second		
	· <del></del>			,			

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.

We did not hire any staff, nor did we execute any contracts. Our commission has met once during the performance period.

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 at this time. However, we reserve the right to make changes as the Vermont program continues to develop.

Please note: In regards to section 14 only showing federal expenditures and no match - we do have the sufficient match contribution to report however; as of 3/31/14 we have not moved them to the SLIGP grant. The match expenditures will be moved to the grant and will be reported in the next quarter.

OMB Control No. 0660-0038 Expiration Date: 8/31/2016

11c. Provide any other information that would be useful to NTIA as it assesses this project's progress.													
None at this time.													
11d. Describe a	11d. Describe any success stories or best practices you have identified. Please be as specific as possible.												
None at this tim	None 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.													
The Department of Public Safety has received approval to proceed with this award from the State of Vermont's Joint Fiscal Office (JFO). We have also received approval for the hiring of a full time project manager to help guide this project. The hiring process will begin in the next reporting period. We are hopeful that the person who will fill this position will be hired in this next quarter and the Temporary Employees in the third quarter of year one.													
12b. Staffing Table													
Job Title			E %		Change								
						_							
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				···········			***************************************						
	<del>.</del>												
Add Row Remove Row													
	s (Vendors and/or Subre							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,				
13a. Subcontrac	ts Table – Include all sub	contractors. The to	tals from this	s table must ed	qual the "Su	bcontracts	Total" in Question 14	ıf.					
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	Project and % Assigned				
TBD	Project Manager for Technical Support	Personal Services Contract		N	TBD	TBD	199,840.00	0	0%				
							-						

OMB Control No. 0660-0038 Expiration Date: 8/31/2016

Add Row Remove Row 13b. Describe any challenges encountered with vendors and/or subrecipients. 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. Approved Matching Project Budget Element (1) Federal Funds Total Budget Federal Funds Approved Matching Funds Total Funds Expended (7) Awarded (2) Funds (3) (4) Expended (5) Expended (6) a. Personnel Salaries 238.821 129,918 368,739 0 0 0 b. Personnel Fringe Benefits 72.336 47,817 120,153 0 0 0 1939 c. Travel 14,700 14,700 0 1939 d. Equipment 0 0 0 0 0 e. Materials/Supplies 7509 0 7509 0 0 0 f. Subcontracts Total 199.840 0 199.840 0 0 0 0 g. Other (Indirect Costs) 177.735 0 177,735 0 Ò h. Total Costs 710,941 177,735 888,676 1939 0 i. % of Total 80% 20% 100% 100% 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 16c. Telephone (area code, number, and extension) Francis (Paco) X. Aumand III 802-241-5488 **Division Director** 16d. Email Address Division of Criminal Justice Services grantnotification@state.vt.us 16b. Signature of Authorized Certifying Official 16e. Date Report Submitted (month, day, year)

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 control number. Public reporting burden for this collection of information is estimated to average 10 hours per response for the application process, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Michael Dame, Director, State and Local Implementation Grant Program, Office of Public Safety Communications, National Telecommunications and Information Administration, U.S. Department of Commerce (DOC), 1401 Constitution Avenue, N.W., HCHB, Room 7324, Washington, D.C. 20230.