

| U.S. Department of Commerce<br>SLIGP 2.0 Performance Progress Report                         |                                                                    |                                                               |                                   | 2. Award or Grant Number:                                                                                                                                                                      | 50-10-S18050                                                      |
|----------------------------------------------------------------------------------------------|--------------------------------------------------------------------|---------------------------------------------------------------|-----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| 1. Recipient Name                                                                            |                                                                    |                                                               |                                   | 4. EIN:                                                                                                                                                                                        | 03-6000264                                                        |
| 3. Street Address                                                                            |                                                                    |                                                               |                                   | 6. Report Date (MM/DD/YYYY)                                                                                                                                                                    | 07/23/2019                                                        |
| 5. City, State, Zip Code                                                                     |                                                                    |                                                               |                                   | 7. Reporting Period End Date: (MM/DD/YYYY)                                                                                                                                                     | 06/30/2019                                                        |
| 10a. Project/Grant Period                                                                    |                                                                    |                                                               |                                   | 8. Final Report Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                                                                       | 9. Report Frequency Quarterly <input checked="" type="checkbox"/> |
| Start Date: (MM/DD/YYYY)                                                                     | 03/01/2018                                                         | 10b. End Date: (MM/DD/YYYY)                                   | 02/29/2020                        |                                                                                                                                                                                                |                                                                   |
| 11. List the individual projects in your 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) | Description of Milestone Category |                                                                                                                                                                                                |                                                                   |
| <b>Activities/Metrics for All Recipients during the Reporting Quarter</b>                    |                                                                    |                                                               |                                   |                                                                                                                                                                                                |                                                                   |
| 1                                                                                            | Governance Meetings                                                | No                                                            | 0                                 | Actual number of governance, subcommittee, or working group meetings related to the NPSBN held during the quarter                                                                              |                                                                   |
| 2                                                                                            | Individuals Sent to Broadband Conferences                          | No                                                            | 0                                 | Actual number of individuals who were sent to national or regional third-party conferences with a focus area or training track related to the NPSBN using SLIGP grant funds during the quarter |                                                                   |
| 3                                                                                            | Convened Stakeholder Events                                        | No                                                            | 0                                 | 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            | No                                                            |                                   | Yes or No if further identification of potential public safety users occurred during this reporting quarter.                                                                                   |                                                                   |
| 9                                                                                            | Plans for Emergency Communications Technology Transitions          | No                                                            |                                   | Yes or No if plans for future emergency communications technology transitions occurred during this reporting quarter.                                                                          |                                                                   |
| 10                                                                                           | Identified and Planned to Transition PS Apps & Databases           | Yes                                                           |                                   | Yes or No if public safety applications or databases within the State or territory were identified and transition plans were developed this reporting quarter                                  |                                                                   |
| 11                                                                                           | Identify Ongoing Coverage Gaps                                     | Yes                                                           |                                   | Yes or No if participated in identifying ongoing coverage gaps using SLIGP funds during this reporting quarter.                                                                                |                                                                   |
| 12                                                                                           | Data Collection Activities                                         | Yes                                                           |                                   | <b>(Opt-In and Opt-Out Post-SMLA Phase Only)</b> Yes or No if participated in data collection activities as requested by FirstNet or                                                           |                                                                   |
| <b>Activities for Opt-Out States only in the Pre-SMLA Phase during the Reporting Quarter</b> |                                                                    |                                                               |                                   |                                                                                                                                                                                                |                                                                   |
| 13                                                                                           | Stakeholders Engaged                                               |                                                               |                                   | Actual number of individuals reached via stakeholder meetings or events during the quarter.                                                                                                    |                                                                   |
| 14                                                                                           | Education and Outreach Materials Distributed In-Person             |                                                               |                                   | 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, or other account supported by SLIGP during the quarter.                                                  |                                                                   |

11a. Narrative description for each activity reported in Question 11 for this quarter; any challenges or obstacles encountered and mitigation strategies you have employed; planned major activities for the next quarter; and any additional project (1.11) Data collection and coverage gap activities continued from Quarter 5 to Quarter 6. We are collecting first responder feedback on their experience with the AT&T/FirstNet network in their local area. Of specific concern are locations previously identified as being priority areas for coverage but are not located in areas where new FirstNet towers are scheduled to be built. If the public safety community indicates weak or no coverage in an area where AT&T/FirstNet indicates there is coverage, that area will be considered for validation. Securing cooperation from FirstNet on the methodology the Authority is using to validate coverage remains a challenge. However, we will proceed with plans to conduct coverage needs/gaps work in hopes of providing information useful to securing the best coverage possible for the public safety community. (1.12) Data collection was completed on the FirstNet Emergency Operations Center Questionnaire. Planning work continues on the use of FirstNet deployables in an emergency or other event. (1.10) Building off of the information gathered from the survey on application use among Vermont first responders, planning work was done for a proposal to FirstNet to conduct a broadband application seminar in the state. We plan to submit a SLIGP 2.0 Request Summary form to FirstNet in Quarter 7. The seminar would be planned for early in 2020. (Other) A FirstNet update was sent in May to Vermont's first responder community. Working with FirstNet/AT&T, the update included information on the buildout and interviews with first responders utilizing the network in Vermont.

12. Personnel

12a. Staffing Table - Please include all staff that have contributed time to the project with current quarter's utilization. Please only include FTE staff employed by the state not contractors. Please do not remove individuals from this table.

| Job Title       | FTE% | Project (s) Assigned                                                                                                                                      | Change |
|-----------------|------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| Single Officer  | 50%  | Act as overall coordinator of consultation efforts, directs program manager & other support staff, convenes PSBC, coordinates grant implementation.       | No     |
| Program Manager | 100% | Facilitates & executes coordination efforts including identified SLIGP activities, RFP process, work with contractors & support staff, FirstNet outreach. | No     |
|                 |      |                                                                                                                                                           |        |
|                 |      |                                                                                                                                                           |        |

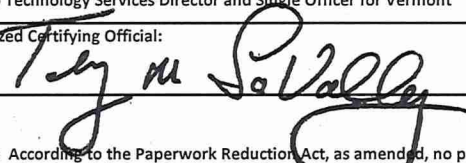
12b. Narrative description of any staffing challenges, vacancies, or changes.

13. Contractual (Contract and/or Subrecipients)

13a. 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) | Contract Executed (Y/N) | Start Date | End Date   | Total Federal Funds Allocated | Total Matching Funds Allocated |
|----------|---------------------------|-------------------------|----------------------|-------------------------|------------|------------|-------------------------------|--------------------------------|
| Televate | FirstNet Planning Process | Contract                | Yes                  | Y                       | 12/01/2018 | 11/30/2020 | \$86,400.00                   | \$21,600.00                    |
|          |                           |                         |                      |                         |            |            |                               |                                |
|          |                           |                         |                      |                         |            |            |                               |                                |

13b. Narrative description any challenges, updates, or changes related to contracts 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.<br>Only list matching funds that the Department of Commerce has already approved. |                                      |                                       |                      |                                     |                                     |                                                                                                   |                            |                                      |                           |
| 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                                                                                                                                                                           | \$179,471.00                         | \$65,203.00                           | \$244,674.00         | \$ 179,471.00                       | \$ 65,203.00                        | \$244,674.00                                                                                      | \$70,155.71                | \$64,810.07                          | \$134,965.78              |
| b. Personnel Fringe Benefits                                                                                                                                                                    | \$62,637.00                          | \$18,385.00                           | \$81,022.00          | \$ 62,637.00                        | \$ 18,385.00                        | \$81,022.00                                                                                       | \$39,613.22                | \$25,526.03                          | \$65,139.25               |
| c. Travel                                                                                                                                                                                       | \$12,792.00                          | \$0.00                                | \$12,792.00          | \$ 12,792.00                        | \$ -                                | \$12,792.00                                                                                       | \$1,561.55                 | \$0.00                               | \$1,561.55                |
| d. Equipment                                                                                                                                                                                    | \$0.00                               | \$0.00                                | \$0.00               | \$ -                                | \$ -                                | \$0.00                                                                                            | \$0.00                     | \$0.00                               | \$0.00                    |
| e. Materials/Supplies                                                                                                                                                                           | \$3,600.00                           | \$1,500.00                            | \$5,100.00           | \$ 3,600.00                         | \$ 1,500.00                         | \$5,100.00                                                                                        | \$0.00                     | \$0.00                               | \$0.00                    |
| f. Contractual                                                                                                                                                                                  | \$86,400.00                          | \$21,600.00                           | \$108,000.00         | \$ 86,400.00                        | \$ 21,600.00                        | \$108,000.00                                                                                      | \$17,715.00                | \$0.00                               | \$17,715.00               |
| g. Other                                                                                                                                                                                        | \$6,941.00                           | \$1,559.00                            | \$8,500.00           | \$ 6,941.00                         | \$ 1,559.00                         | \$8,500.00                                                                                        | \$878.96                   | \$138.74                             | \$1,017.70                |
| h. Indirect                                                                                                                                                                                     | \$81,147.00                          | \$0.00                                | \$81,147.00          | \$ 81,147.00                        | \$ -                                | \$81,147.00                                                                                       | \$26,538.56                | \$0.00                               | \$26,538.56               |
| i. Total Costs                                                                                                                                                                                  | \$432,988.00                         | \$108,247.00                          | \$541,235.00         | \$432,988.00                        | \$108,247.00                        | \$541,235.00                                                                                      | \$156,463.00               | \$90,474.84                          | \$246,937.84              |
| j. Proportionality Percent                                                                                                                                                                      | 80.00%                               | 20.00%                                | 100.00%              | 80.00%                              | 20.00%                              | 100.00%                                                                                           | 63.36%                     | 36.64%                               | 100.00%                   |
| 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:<br>Terry LaValley, DPS Radio Technology Services Director and Single Officer for Vermont                                |                                      |                                       |                      |                                     |                                     | 16c. Telephone (area code, number, and extension)<br>(802) 241-5215                               |                            |                                      |                           |
| 16b. Signature of Authorized Certifying Official:<br>                                                          |                                      |                                       |                      |                                     |                                     | 16d. Email Address:<br><a href="mailto:terry.lavalley@vermont.gov">terry.lavalley@vermont.gov</a> |                            |                                      |                           |
|                                                                                                                                                                                                 |                                      |                                       |                      |                                     |                                     | Date:<br>7/23/19                                                                                  |                            |                                      |                           |

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.