

U.S. DEPARTMENT OF COMMERCE

## Performance Progress Report

**2. Award or Grant Number**

09-50-M09060N

**4. Report Date (MM/DD/YYYY)**

01-21-2015

**1. Recipient Name**

State of Connecticut Dept. of Energy and Environmental Protection

**6. Reporting Period End Date:**

12-31-2014

**3. Street Address**

70 Elm Street,

**5. City, State, Zip Code**

Hartford, CT 06106 -1650

**7a. Project / Grant Period  
Start Date: (MM/DD/YYYY)**

08-01-2013

**7b. End Date: (MM/DD/YYYY)**

01-31-2015

**8. Designated Entity on Behalf of:**

State of Connecticut

**9. List the individual projects in your approved project plan**

	Project Type (Data Collection, Capacity Building, Technical Assistance, etc.)	Project Name (if different from Project Type)	Total Federal Funding Amount	Total Federal Funding Amount expended at the end of this reporting period	Percent of Total Federal Funding amount expended
1	Data Collection	Data Collection & Mapping	718,655	645,489	90%
2	Capacity Building	Capacity Building & Planning	157,981	123,542	78%
3	N/A				
4	N/A				
5	N/A				
6	N/A				
			\$876,636	\$769,031	88%

**10. Personnel**

**10a. If the project is not fully staffed, describe how any lack of staffing may impact the project's timeline and when the project will be fully staffed.**

Project is fully staffed. Only the Connecticut Broadband Policy and Program Coordinator is funding by the grant. However, at least six DEEP employees continue to provide support (3-5% of their time) for the project. even though our match has been met.

10b. Staffing Table									
Job Title				FTE %	Project(s) Assigned			Change	
Connecticut Broadband Policy and Program Coordinator				80	Capacity Building & Planning			No Change	
			Add Row			Remove Row			
11. Subcontracts									
11a. Subcontracts Table - Include all subcontractors. The totals from this table equal the "Subcontracts Total" from the Program Budget Worksheet (Q. 12, Column 2, 3, and 4)									
Name	Subcontract Purpose	RFP Issued (Y/N)	Contract Executed (Y/N)	Start Date	End Date	Total Federal Funds Allocated	Total Matching Funds Allocated	Project and % Assigned (Example: Data Collection 75)	
Applied Geographics, Inc.	Data Collection	Yes	Yes	08/01/2013	12/31/2014	718,655	0	Data Collection	100
Connecticut Economic Resource Center, Inc. (CERC)	Capacity Building	Yes	Yes	04/28/2014	12/31/2014	25,000	0	Capacity Building	100
					Add Row	Remove Row			
11b. Describe any challenges encountered with vendors or subrecipients.									
None this quarter.									

<b>12. Budget worksheet</b>						
Columns 2, 3, and 4 will match your current project budget for your entire award, which is the SF-424A on file. Only list matching funds that the Department of Commerce has already approved.						
<b>Project Budget Element</b>	<b>Federal Funds Awarded</b>	<b>Approved Matching Funds</b>	<b>Total Budget</b>	<b>Federal Funds Expended</b>	<b>Approved Matching Funds Expended</b>	<b>Total Funds Expended</b>
<b>Personnel Salaries</b>	\$71,855	\$0	\$71,855	\$71,855	\$0	\$71,855
<b>Personnel Fringe Benefits</b>	\$46,512	\$0	\$46,512	\$46,512	\$0	\$46,512
<b>Travel</b>	\$14,615	\$0	\$14,615	\$5,175	\$0	\$5,175
<b>Equipment</b>	\$0	\$0	\$0	\$0	\$0	\$0
<b>Materials / Supplies</b>	\$0	\$0	\$0	\$0	\$0	\$0
<b>Subcontracts Total</b>	\$743,654	\$0	\$743,654	\$645,489	\$0	\$645,489
<b>Construction</b>	\$0	\$0	\$0	\$0	\$0	\$0
<b>Other</b>	\$0	\$0	\$0	\$0	\$0	\$0
<b>Total Direct Costs</b>	\$876,636	\$0	\$876,636	\$769,031	\$0	\$769,031
<b>Total Indirect Costs</b>	\$0	\$0	\$0	\$0	\$0	\$0
<b>Total Costs</b>	\$876,636	\$0	\$876,636	\$769,031	\$0	\$769,031
<b>% of Total</b>	100		100	100		100
<b>13. Hardware / Software</b>						
13a. List any hardware/software purchased during this reporting period.						
n/a						
13b. Please note any hardware/software that has yet to be purchased and explain why it has not been purchased.						
n/a						
<b>14. SBI PPR Project Attachment (Skip question 14b if Data Collection is your only project).</b>						
14a. Complete a SBI PPR Project Data Collection Attachment and attach it to the PPR.						
14b. Complete a SBI PPR Attachment for each additional funded project and attach it to the PPR.						

**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 set forth in the award documents.**

15a. Typed or Printed Name and Title of Authorized Certifying Official

Tom Sholtes

15c. Telephone  
(area code, number, and extension)

860-827-2845

15d. Email Address

thomas.sholtes@po.state.ct.us

15b. Signature of Authorized Certifying Official

Submitted Electronically

15e. Date Report Submitted  
(MM/DD/YYYY)

02-09-2015