						2. Award Or Grant Number 09-50-M09060				
	Performance Progress Report							4. Report Date (MM/DD/YYYY) 01-11-2011		
1. Recipient Name							6. Designate	ed Entity	On Behalf Of:	
Connecticut Depa	rtment of Publ	ic Utility	y Control				State of Connecticut			
3. Street Address							8. Final Rep	ort?	9. Report Frequency	
10 Franklin Square	Э,								Quarterly Semi Annual	
5. City, State, Zip C	ode						● No		Annual	
New Britain, CT 06	3051								Final	
7. Project / Grant Start Date: (MM		7a.	Data: (MM/DD/VVVV)	7b	o. eporting Period End Date:		9a. If Other	, please	describe:	
01-01-2010	(ווא איטטעוו		Date: (MM/DD/YYYY) -2014	1	-31-2010		Not apply			
10. Broadband	Manning		10a. Provider Table	L						
i io. Broadband	wapping		Tod. I Tovider Table							
Number of Providers Identified	Number of Providers Cor	ntacted	Number of Agreement Reached for Data Sha	ts aring	Number of Partial Data Sets Received	Number	r of te Data Sets	Numbe Data S	er of ets Verified	
0	0		0	_		0		0	cts vermed	
			/IDER DATA by using th						OVes (a No	
-	-		h any providers that indi			-	-	_		
· ·		-	with each of these provi				1110 p. 0, - 1.	O	()	
Not Apply										
	cting data throu undertaken in th		r means (e.g. data extra e	ction	, extrapolation, etc), pl	ease desc	cribe your pro	gress to	date and the relevant	
			ty information through er data for verification					I and S	peed test data	
Compare data with	franchise are ed and indust	as; Ver ry; Spe	es you plan to implemen rify data is in state; Co eed test to verify spee on	omp						
10g. Have you initia										
Web sites are all up, and we have enough data to validate against the provider's submissions.										
10i. If verification activities have not been initiated please provide a projected time line for beginning and completing such activities										
Not Apply										
Staffing										
10j. How many jobs	have been crea	ated or r	etained as a result of thi	is pro	oject?					
	(228/520) for	plannir	ng activities. Any hou						d in the fourth quarter h. Other expenditures	

Performance Progress Report OMB Approval Number: 0660-0034 Expiration Date: 12/31/2013

10k. Is the project currently fully staffed? • Yes • No 10l. If no, please explain how any lack of staffing may impact the project's time line and when the project will be fully staffed										
Not Apply.										
10m. When fully staffed, how many full-time equivalent (FTE) jobs do you expect to create or retain as a result of this project?										
1/2 FTE for CT Broadl	1/2 FTE for CT Broadband Policy and Programs Coordinator.									
10n. Staffing Table										
Job Title FTE % Date of Hire										
CT Broadband Policy and Programs Coordinator 44 10/22/2010										
		Add Row	,	Remove	e Row					
Sub Contracts 10o. Subcontracts Table	ı									
Name of Subcontractor	Purpose of Subconti	ract RFP Issued (Y/N)	Contract Executed (Y/N)	Start Da	ate End Da	ate Federal F	unds	In	n-Kind Funds	
Applied Geographics, Inc.	Broadband Data development & Mapp	ing Y	Y	01/13/2010	12/31/201	2,928,097	,	585,61	19	
Connecticut Academy of Science and Education	Planning	Y	Y	06/14/2010	01/13/201	390,312		78,062)	
Applied Geographics, Inc.	Planning	Y	Y	08/27/2010	12/31/201	85,000		17,000)	
			•		A	dd Row		Rem	ove Row	
Funding										
10p. How much Federal	funding has been exp	ended as of the end	d of the last	quarter? \$	873,248	10q. How much	n Rema	ins?	\$2,909,690	
10r. How much matching	g funds have been exp	pended as of the en	d of last qua	rter? \$	797,990	10s. How much	Rema	ins?	\$225,464	
10t. Budget Worksheet Mapping Budget Eleme	Federal nt Funds Granted	Proposed In-Kind		otal idget	Federal Funds Expended	Matching Expen			Total Funds Expended	
Personal Salaries	\$208,866	\$165,237	\$37	74,103	\$0	\$32,2	86		\$32,286	
Personnel Fringe Benef	its \$121,142	\$95,837	\$21	16,979	\$0	\$15,7	15		\$15,715	
Travel	\$20,000	\$0	\$2	0,000	\$0	\$0			\$0	
Equipment	\$0	\$0		\$0	\$0	\$0			\$0	
Materials / Supplies	\$0	\$0		\$0	\$0	\$0			\$0	
Subcontracts Total	\$3,403,409	\$0	\$3,4	03,409	\$873,248	\$0			\$873,248	
Subcontract #1	\$2,928,097	\$0	\$2,9	28,097	\$843,440	\$0			\$843,440	
Subcontract #2	Subcontract #2 \$390,312		\$39	90,312	\$20,834	\$0	\$0		\$20,834	
Subcontract #3	\$85,000	\$0	\$8	5,000	\$8,974	\$8,974 \$0			\$8,974	
Subcontract #4	\$0	\$0		\$0	\$0	\$0			\$0	
Subcontract #5	\$0	\$0		\$0	\$0		\$0		\$0	
Construction	\$0	\$0		\$0	\$0	\$0			\$0	
Other	\$29,521	\$740,483	\$77	70,004	\$0	\$740,4	183		\$740,483	
Total Direct Costs	\$3,782,938	\$1,001,557	\$4,7	84,495	\$873,248	\$48,0	01		\$921,249	

Mapping Budget Element	Federal Funds Granted	Proposed In-Kind	Total Budget	Federal Funds Expended	Matching Funds Expended	Total Funds Expended
Total Indirect Costs	\$0	\$21,897	\$21,897	\$0	\$9,506	\$9,506
Total Costs	\$3,782,938	\$1,023,454	\$4,806,392	\$873,248	\$797,990	\$1,619,979
% Of Total	79	21	100	52	48	100

% Of Total	79	21	100	52	48	100
Hardware / Softwar	е					
10u. Has the project team p	urchased the softwar	e / hardware describ	ped in the application	n?	0	
10v. If yes, please list						
Not apply.						
10w. Please note any softwa	are / hardware that h	as yet to be purchas	sed and explain why	it has not been purcl	nased	
Not apply						
10x. Has the project team p	urchased or used an	y data sets? •Ye	s (No			
10y. If yes, please list						
Some data was purchase team is using TeleAtlas d	•		00	•	•	
10z. Are there any additional 10aa. If yes, please list	al project milestones	or information that h	as not been included	d?		
Not apply.						
10bb. Please describe any o	challenge or obstacle	that you have enco	untered and detail th	e mitigation strategion	es the project team	s employing

Some providers were not willing to provide broadband service information without non-disclosure agreements (NDAs). The project team crafted NDAs to meet the needs of those providers to secure that information.

10cc. Please provide any other information that you think would be useful to NTIA as it assesses your Broadband Mapping Project

Not apply at this time.

11. Broadband Planning

11a. Please describe progress made against all goals, objectives, and milestones detailed in the approved Project Plan. Be sure to include a description of each major activity / milestone that you plan to complete and your current status

See 4Q Supplemental answers.

11b. Please describe any challenge or obstacle that you have encountered and detail the mitigation strategies the project team is employing

See 4Q Supplemental answers.

11c. Does the Project Team anticipate ar	y changes to the project plan for Broadband Planning?	No

Not apply. The proposed project plan remains in effect and will be followed.

Funding

11e. How much Federal fur	nding has been expend) 11f.	11f. How much Remains? \$0			
11g. How much matching f	unds have been expen	0 11h	. How much Remains	? \$0		
11i. Planning Worksheet						
Personal Salaries	\$0	\$0	\$0	\$0	\$0	\$0
Personnel Fringe Benefits	\$0	\$0	\$0	\$0	\$0	\$0
Travel	\$0	\$0	\$0	\$0	\$0	\$0
Equipment	\$0	\$0	\$0	\$0	\$0	\$0
Materials / Supplies	\$0	\$0	\$0	\$0	\$0	\$0
Subcontracts Total	\$0	\$0	\$0	\$0	\$0	\$0
Subcontract #1	\$0	\$0	\$0	\$0	\$0	\$0
Subcontract #2	\$0	\$0	\$0	\$0	\$0	\$0
Subcontract #3	\$0	\$0	\$0	\$0	\$0	\$0
Subcontract #4	\$0	\$0	\$0	\$0	\$0	\$0
Subcontract #5	\$0	\$0	\$0	\$0	\$0	\$0
Construction	\$0	\$0	\$0	\$0	\$0	\$0
Other	\$0	\$0	\$0	\$0	\$0	\$0
Total Direct Costs	\$0	\$0	\$0	\$0	\$0	\$0
Total Indirect Costs	\$0	\$0	\$0	\$0	\$0	\$0
Total Costs	\$0	\$0	\$0	\$0	\$0	\$0
% Of Total	0	0	0	0	0	0

Additional Planning Information

11j. Are there any additional project milestones or information that has not been included?

No. The project is on schedule.

11k. Please describe any challenge or obstacle that you have encountered and detail the mitigation strategies the Project Team is employing

See 4Q Supplemental answers.

¹¹d. If yes, please describe these anticipated changes. Please note that NTIA will need to approve changes to the Project Plan before they can be implemented

11I. Please provide any other information that you think would be useful to NTIA as it assesses your Broadband Mapping Project						
See 4Q Supplemental answers.						

12. 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.							
12a. Typed or Printed Name and Title of Authorized Certifying Official	12c. Telephone (area code, number, and extension)						
Tom Sholtes	860-827-2845						
3.13.133	12d. Email Address						
	thomas.sholtes@po.state.ct.us						
12b. Signature of Authorized Certifying Official	12e. Date Report Submitted (Month, Day, Year)						
Submitted Electronically	01-28-2011						