

U.S. DEPARTMENT OF COMMERCE

Performance Progress Report

2. Award or Grant Number

09-50-M09060

4. Report Date (MM/DD/YYYY)

10-05-2012

1. Recipient Name

Connecticut Department of Public Utility Control

6. Reporting Period End Date:

09-30-2012

3. Street Address

10 Franklin Square,

5. City, State, Zip Code

New Britain, CT 06051

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

01-01-2010

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

12-31-2014

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	2,928,097	1,732,363	59
2	Capacity Building	Capacity Building & Planning	854,841	598,520	70
3	N/A	n/a	0	0	0
4	N/A	n/a	0	0	0
5	N/A	n/a	0	0	0

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

10b. Staffing Table

Job Title	FTE %	Project(s) Assigned	Change
Connecticut Broadband Policy and Program Coordinator	64	Capacity Building & Planning	No Change
Department of Public Utilities Control (DPUC) Grant Manager	5	Capacity Building & Planning	No Change

DPUC Rate Specialist	3	Capacity Building & Planning	No Change
DPUC Commissioner	3	Capacity Building & Planning	No Change
DPUC Director	3	Capacity Building & Planning	No Change
DPUC Engineer	3	Capacity Building & Planning	No Change
DPUC Fiscal Administrator	3	Capacity Building & Planning	No Change

11. Subcontracts (Vendors and Subrecipients)

11a. Subcontracts Table - Include all subcontractors. The totals from this table equal the "Subcontractor Total" for the Program Budget Worksheet (Q. 12, Column 2, 3, and 4)

Name	Subcontract Purpose	Type (Vendor/Subrec)	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	Vendor	Yes	Yes	01/13/2010	12/31/2014	2,928,097	0	Data Collection	97
Connecticut Academy of Science and Engineering	Capacity Building	Vendor	Yes	Yes	06/14/2010	01/13/2012	390,312	0	Capacity Buildi	100
Applied Geographics. Inc.	Capacity Building	Vendor	Yes	Yes	08/27/2010	12/31/2014	85,000	0	Capacity Buildi	300%

11b. Describe any challenges encountered with vendors or subrecipients.

No issues with vendors. Answer to 11a above for Applied Geographics. Inc. Capacity Building should be 3%, not 300% - the box will not allow a single number without converting it by two decimal places.

12. Budget worksheet

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.

Project Budget Element	Federal Funds Awarded	Approved Matching Funds	Total Budget	Federal Funds Expended	Approved Matching Funds Expended	Total Funds Expended
Personnel Salaries	\$208,866	\$165,237	\$374,103	\$77,814	\$124,437	\$202,251
Personnel Fringe Benefits	\$121,142	\$95,837	\$216,979	\$49,143	\$67,972	\$117,115
Travel	\$20,000	\$0	\$20,000	\$7,086	\$0	\$7,086

Project Budget Element	Federal Funds Awarded	Approved Matching Funds	Total Budget	Federal Funds Expended	Approved Matching Funds Expended	Total Funds Expended
Equipment	\$0	\$0	\$0	\$0	\$0	\$0
Materials / Supplies	\$0	\$0	\$0	\$0	\$0	\$0
Subcontracts Total	\$3,403,409	\$0	\$3,403,409	\$2,196,841	\$0	\$2,196,841
Construction	\$0	\$0	\$0	\$0	\$0	\$0
Other	\$29,521	\$740,483	\$770,004	\$0	\$740,483	\$740,483
Total Direct Costs	\$3,782,938	\$1,001,557	\$4,784,495	\$2,330,884	\$932,892	\$3,263,776
Total Indirect Costs	\$0	\$21,897	\$21,897	\$0	\$21,486	\$21,486
Total Costs	\$3,782,938	\$1,023,454	\$4,806,392	\$2,330,884	\$954,378	\$3,285,262
% of Total	79	21	100	71	29	100
13. Hardware / Software						
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						
14. SBI PPR Project Attachment (Skip question 14b if Data Collection is your only project).						
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				15c. Telephone (area code, number, and extension)		
Tom Sholtes				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) 11-08-2012