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

| | | | | | | | Expiration Date: 8/31/2016 |
|-------------|----------------------------------|-------------|--|---|---------------------------------------|--|----------------------------------|
| | | U.S. I | 2. Award or Grant Number | | | | |
| 3 3.34 | | | 25-10-S13025 | | | | |
| | | Perf | 4. EIN | | | | |
| | | | 04-6002284 | | | | |
| 1. Recipie | ent Name- Massachusett | s Executive | 6. Report Date (MM/DD/YYYY) 10/10/13 | | | | |
| 3. Street | | 34 | 7. Reporting Period End Date: September 30, 2013 | | | | |
| | laza, Suite 3720 | | | | | | · · · · · |
| | ate, Zip Code | | | 8. Final Report | 9. Report Frequency | | |
| Boston, N | MA 02116 | | | | 🗆 Yes | Dx Quarterly | |
| | | | | A Marine Concerning of the State | | 🗆 x No | |
| 1.00 | ect/Grant Period | 10b. End | Date: 07/31/2016 | | | | |
| | ate: 08/01/2013 | | | | | | |
| 11. List tl | he individual projects in | your approv | red Project Plan | | | | |
| | Project Type (Capacity Building, | | Project Deliverable Quantity | Total Federal | Total Federal Funding Amount expended | | Percent of Total Federal Funding |
| | SCIP Update, | | (Number & Indicator | Funding Amount | at the end of this reporting period | | Amount expended |
| | Outreach, Training et | | Description) | | | | |
| 1 | Stakeholder Meet | ings | 20 | | | | |
| 2 | Training Sessions | | 0 | | | | |
| 3 | Broadband Confe | rences | 0 | | | | |
| 4 | Staff Hires (Full T | ime | 0 | | - 1 | | |
| | Equivalent) | | | | A start of the start | | |
| 5 | Contract Executio | ns | 0 | | 1 States and the second | | |
| 6 | Statutory or Regulatory | | 0 | | | | |
| 7 | Changes Governance Meetings | | 0 | Maria and Andreas and Andre | | | |
| 8 | Sub-recipient Agreements | | 0 | | | | |
| 9. | Education and Outreach Materials | | 0 | | | | |
| | Phase II Activities | | 0 | - Constant of the Constant of | And an and the second standards | and the second | |

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.

For this reporting period limited activity has taken place. Monthly meetings of the Greater Boston Police Council, the Statewide Interoperability Executive Committee as well as the UASI region network group, PSNet, all of whom are stakeholders of the NPSBN, have been given short updates as to the status of the NPSBN, current ongoing discussions at FIRSTNET, and the current status of SLIGP. This included 20 stakeholders. There was a general awareness of the NPSBN but a degree of misinformation and varying expectations, providing us with a gap to be filled with increased communication next quarter. A number of existing administrative state employees have spent time on grant preparation and communication with our FIRSTNET and NTIA federal partners. No federal funds are in place to commence the program. Planning is under way to hire staff/contractors and prepare for grant activity/objectives. State principals who have portions of their time and salaries to the SLIGP state match have spent time planning identifying relevant stakeholders and users for an effective outreach and education effort, as well as to identify a blueprint for our website and quarterly newsletters.

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.

Milestones identified as 1st quarter activities generally have not been met due to the grant award "slippage" and our inability to execute any contracts. An attempt will be made to make for this, as best we can, in subsequent quarters.

11c. Provide any other information that would be useful to NTIA as it assesses this project's progress.

Although the mechanics involved in the SLIGP funding have not been completed as of the date of this quarterly report, therefore no contract executions have occurred, planning has been, and continues to be, conducted in anticipation of an increase in activities next quarter.

11d. Describe any success stories or best practices you have identified. Please be as specific as possible.

Numerous calls as well as conference calls have been conducted involving milestone development, grant coordination and reporting. Numerous meetings with our state financial team to discuss the appropriate state and federally mandated procedures, have taken place to assure smooth and effective overall grant implementation.

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. N/A

12b. Staffing Table

| Job Title | FTE % | Project(s) Assigned | Change |
|-----------|-------|--|--------|
| | | | |
| | | and the second | |

Add Row Remove Row

13. Subcontracts (Vendors and/or Subrecipients) N/A

13a. Subcontracts Table – Include all subcontractors. The totals from this table must equal the "Subcontracts Total" in Question 14f.

| Name | Subcontract Purpose | Type (Vendor/Subrec.) | RFP/RFQ Issued (Y/N) | Contract Execute d (Y/N) | Start Date | End Date | Total Federal Funds Allocated | Total Matching Funds Allocated | Project and % Assigned |
|---------------------------------------|--|--------------------------|----------------------------|--------------------------------|------------|----------|-------------------------------------|-----------------------------------|------------------------|
| Project Director | Project Director Staff Augmentation | Vendor | N | N | TBD | TBD | \$ 231,000 | | |
| Broadband Subject Matter Expert | Broadband Subject Matter Expert Staff Augmentation | Vendor | N | N | TBD | TBD | \$ 480,000 | · | |
| Project Manager | Project Manager Staff Augmentation | Vendor | N | N | TBD | TBD | \$ 300,000 | | |

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| Outreach | Education a Outreach Coord | | endor | N | N | TBD | TBD | \$ 225,000 | | |
|---|--|--|-------------------------------------|---------------------------|---|----------------------------|--|--------------------------|-----------|--------------------------|
| Coordinator Data | Staff Augment Data Collect | | | | | | | \$ 65,000 | | |
| Collection Coordinator | Coordinator Augmentati | 1. | endor | N | N | TBD | TBD | \$ 05,000 | | |
| Data Collection Staff | Data Collection Augmentati | I VI | endor | N | N | TBD | TBD | \$ 100,000 | | |
| Consultant - Integration of Broadband into SCIP Plan | Consultant i Integration Broadband into Plan | of | endor | N | N | TBD | TBD | | \$ 343,75 | D |
| Legal Services | Legal and Po Services | licy V | endor | N | N | TBD | твр | \$ 156,000 | | |
| Phase 2 Subject Matter Consulting | Phase 2 Subj Matter Consu | | endor | N | N | TBD | TBD | \$ 165,730 | \$ 72,28 | 0 |
| Project and Collaboration Web Site | Project an Collaboration Site and Adr | Web V | endor | N | N | TBD | TBD | \$ 54,000 | | |
| 13b. Describe a | ny challenges end | countered with v | endors and/ | | Add Row | Rem | ove Row | | | |
| | | | | | | | | | 5 | |
| | ksheet d 4 must match y | our current proje | ct budget fo | or the entire a | | is the SF-4 | 24A on file. | | | |
| Columns 2, 3 an | | | | | award, which | n is the SF-4 | 24A on file. | | | |
| Columns 2, 3 an Only list matchir | d 4 must match y ng funds that the Element (1) F | Department of C ederal Funds | | s already app | award, which | set (4) F | 24A on file. ederal Funds Expended (5) | Approved Matc Expende | | Total Funds Expended (7) |
| Columns 2, 3 an Dnly list matchir Project Budget E | d 4 must match y ng funds that the Element (1) F A | Department of C | ommerce ha Approved Funds (3) | s already app | award, which proved. Total Budg | set (4) F | ederal Funds | 15 T. | | Total Funds Expended (7) |
| Columns 2, 3 an Only list matchir Project Budget E a. Personnel Sala | d 4 must match y ng funds that the Element (1) F A aries | Department of C ederal Funds warded (2) | ommerce ha Approved Funds (3) | s already app Matching | ward, which proved. Total Budg \$ 232 | et (4) F | ederal Funds | 15 T. | | Total Funds Expended (7) |
| Columns 2, 3 an Only list matchir Project Budget E a. Personnel Sala D. Personnel Fri | d 4 must match y ng funds that the Element (1) F A aries | Department of C ederal Funds warded (2) \$ 107,658 | ommerce ha Approved Funds (3) | s already app Matching | ward, which proved. Total Budg \$ 233 \$ 29 | ret (4) F 1 2,158 | ederal Funds | 15 T. | | Total Funds Expended (7) |
| Columns 2, 3 an Only list matchir Project Budget E a. Personnel Sala D. Personnel Frir C. Travel | d 4 must match y ng funds that the Element (1) F A aries | Department of C ederal Funds warded (2) \$ 107,658 \$ 29,358 | ommerce ha Approved Funds (3) | s already app Matching | ward, which proved. Total Budg \$ 233 \$ 29 | et (4) F 2,158 9,358 | ederal Funds | 15 T. | | Total Funds Expended (7) |
| | d 4 must match y ng funds that the Element (1) F A aries nge Benefits | Department of C ederal Funds warded (2) \$ 107,658 \$ 29,358 | ommerce ha Approved Funds (3) | s already app Matching | ward, which proved. Total Budg \$ 233 \$ 29 | et (4) F 2,158 9,358 | ederal Funds | 15 T. | | Total Funds Expended (7) |

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|-----------------------------------|---|--|----------------------|---|--|--------------------------------|--|--|--|
| g. Other | \$ 60,000 | • | \$ 60,000 | | | | | | |
| h. Indirect Charges | \$ 147,123 | | \$ 147,123 | | | | | | |
| i. Total Costs | Costs \$ 2,162,120 \$ 540,530 \$ 2,70 | | \$ 2,702,650 | \$0 | \$0 | \$0 | | | |
| j. % of Total | 80% | 20% | 100% | | | | | | |
| 15. Certification: I certify to t | he best of my knowler | dge and belief that this | report is correct an | nd complete for pe | rformance of activities for the pur | pose(s) set forth in the award | | | |
| documents. | | an a | | | n an | | | | |
| 16a. Typed or printed name a | and title of Authorized | Certifying Official | 1 | 16c. Telephone (area code, number, and extension)- 617.725.3325 | | | | | |
| Jeffrey Brownell, Compliance | Jeffrey Brownell, Compliance and Data Coordinator | | | | | | | | |
| | | | 10 | 16d. Email Address- <u>Jeffrey.brownell@state.ma.us</u> | | | | | |
| | | Λ | | | | | | | |
| 16b. Signature of Authorized | Certifying Official | // | 1 | 16e. Date Report Submitted (month, day, year) | | | | | |
| Jella | And | | 12 | 2.04.2013 | | | | | |
| 110 | . ! | | | | | | | | |

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