

U.S. Department of Commerce		2. Award or Grant Number: 44-10-S13044	
Performance Progress Report		4. EIN: 05-6000522	
1. Recipient Name: State of Rhode Island Emergency Management Agency		6. Report Date (MM/DD/YYYY): 4/30/2016	
3. Street Address: 645 New London Ave.		7. Reporting Period End Date: 3/31/2016	
5. City, State, Zip Code: Cranston, RI 02920		8. Final Report <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	9. Report Frequency <input checked="" type="checkbox"/> Quarterly
10a. Project/Grant Period Start Date: 09/01/2013	10b. End Date: 02/28/2018		

**11. List the individual projects in your approved Project Plan**

	Project Type (Capacity Building, SCIP Update, Outreach, Training etc.)	Project Deliverable Quantity (Number & Indicator Description)	Total Federal Funding Amount	Total Federal Funding Amount expended at the end of this reporting period	Percent of Total Federal Funding Amount expended
1	1. Stakeholder Meetings (Number of individuals reached via stakeholder meetings)	85 people			
2	2. Broadband Conferences (personnel attending)				
3	3. Staff Hires (FTE)				
4	4. Contract Executions				
5	5. Governance Meetings				
6	6. Education and Outreach Materials				
7	7. Sub recipient Agreements Executed	1			
8	8. Phase 2 - Coverage	Stage 4			
9	9. Phase 2 - Users and their Operational Areas	Stage 4			
10	10. Phase 2- Capacity Planning	Stage 4			
11	11. Phase 2 -Current Providers/Procurement	Stage 4			
12	12. Phase 2 - State Plan Decision	Stage 1			

**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.**  
 During this quarter, a new Region I FirstNet Coordinator began and held two meetings in Rhode Island one in January and one in March  
Stakeholders: 85 persons reached (3 Interoperable Communications Committee held, 2 meetings held with new FirstNet Coordinator)  
Contracts: payment made to CityWorks project, payment made towards sub-grant award with RI Commerce  
 Throughout the quarter development continued on RI FirstNet web page for public information and outreach – expected to be launched during first month of next quarter  
 FirstNet RFP was released during this quarter  
 2 personnel participated in the Feb 26 SPOC webinar  
 Internal meetings were held with RIEMA Communications Group regarding data collection and FirstNet implementation  
 Planning has begun for Stage 5: continued and iterative data collection – data collection will begin during next quarter

**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.**

**11c. Provide any other information that would be useful to NTIA as it assesses this project's progress.**  
 While compiling this report it was determined that a review and update of in kind match is necessary. It is expected that there will be a large increase in match applied during the next reporting cycle. It is also anticipated that Stage 5 activities and future outreach efforts will increase the local cost share.

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

**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.**

**12b. Staffing Table**

Job Title	FTE %	Project(s) Assigned	Change
Thomas Guthlein	100%	Statewide Interoperability Coordinator (SWIC)	No change
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**13. Subcontracts (Vendors and/or Subrecipients)**

**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 Executed (Y/N)	Start Date	End Date	Total Federal Funds Allocated	Total Matching Funds Allocated	Project and % Assigned
City Works	Site Map Data and GIS data collection	Vendor EA Engineering Science and Technology, Inc.	N Change to Previous contract)	Y	6/1/15		\$100,000 (under current approved budget)	\$20,000 (projected, see proportionality waiver)	

IP Gateway	Statewide Assessment Database	Vendor Dept. of Homeland Security	N	N	Estimate 6/1/16				
RI Commerce	Sub-grant award (leverage BTOP grant deliverables and broadband subject matter expertise)	Commerce RI	N	Y	7/1/15	6/30/16	\$94,000	Approx. \$35,000 (see match proportionality waiver)	

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**13b. Describe any challenges encountered with vendors and/or subrecipients.**

The sub-grant with RI Commerce has been excluded from previous reports because the award itself was pending approval of Phase 2 budget. Upon receipt of budget approval, a reimbursement request was made and processed.

**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. Only list matching funds that the Department of Commerce has already approved.

Project Budget Element (1)	Federal Funds Awarded (2)	Approved Matching Funds (3)	Total Budget (4)	Federal Funds Expended (5)	Approved Matching Funds Expended (6)	Total Funds Expended (7)
a. Personnel Salaries	\$303,190	0.00	\$303,190	\$140,013	0.00	\$140,013
b. Personnel Fringe Benefits	\$129,211	0.00	\$129,211	\$64,458	0.00	\$64,458
c. Travel	\$61,400	0.00	\$61,400	\$529	0.00	\$529
d. Equipment	0.00	0.00	0.00	0.00	0.00	0.00
e. Materials/Supplies	\$15,298	0.00	\$15,298	\$1,758	0.00	\$1,758
f. Subcontracts Total	\$228,890	0.00	\$228,890	\$141,918	0.00	\$141,918
g. Other	0.00	\$188,966	\$188,966	0.00	\$35,437	\$35,437
h. Indirect Costs	\$17,874	0.00	\$17,874	0.00	0.00	0.00
i. Total Costs	\$755,863	\$188,966	\$944,829	\$348,676	\$35,437	\$384,113
j. % of Total	80%	20%	100%	90%	10%	100%

**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**

**16c. Telephone (area code, number, and extension): (401)946-9996**

<b>Peter Gaynor, Director</b> 	<b>16d. Email Address:</b> peter.gaynor@ema.ri.gov
<b>16b. Signature of Authorized Certifying Official</b>	<b>16e. Date Report Submitted (month, day, year):</b> 4/30/16

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