

U.S. Department of Commerce Performance Progress Report				2. Award or Grant Number:	44-10-S13044
				4. EIN:	05-6000522
1. Recipient Name	Rhode Island Emergency Management Agency			6. Report Date (MM/DD/YYYY)	7/29/2016
3. Street Address	645 New London Ave.			7. Reporting Period End Date: (MM/DD/YYYY)	6/30/2016
5. City, State, Zip Code	Cranston, RI 02920			8. Final Report	9. Report Frequency
				Yes <input type="checkbox"/>	Quarterly <input checked="" type="checkbox"/>
				No <input checked="" type="checkbox"/>	
10a. Project/Grant Period					
Start Date: (MM/DD/YYYY)	9/1/2013	10b. End Date: (MM/DD/YYYY)	2/28/2018		
11. List the individual projects in your approved Project Plan					
	Project Type (Capacity Building, SCIP Update,	Project Deliverable Quantity (Number & Indicator Description)	Description of Milestone Category		
1	Stakeholders Engaged	60	Actual number of individuals reached via stakeholder meetings during the quarter		
2	Individuals Sent to Broadband Conferences	2	Actual number of individuals who were sent to third-party broadband conferences using SLIGP grant funds during the quarter		
3	Staff Hired (Full-Time Equivalent)(FTE)		Actual number of state personnel FTEs who began supporting SLIGP activities during the quarter (may be a decimal)		
4	Contracts Executed		Actual number of contracts executed during the quarter		
5	Governance Meetings		Actual number of governance, subcommittee, or working group meetings held during the quarter		
6	Education and Outreach Materials Distributed		Actual volume of materials distributed (inclusive of paper and electronic materials) plus hits to any website or social media account supported by SLIGP during the quarter		
7	Subrecipient Agreements Executed		Actual number of agreements executed during the quarter		
8	Phase 2 - Coverage	Stage 5	For each Phase 2 milestone category, please provide the status of the activity during the quarter: <ul style="list-style-type: none"> <li>• Stage 1 - Process Development</li> <li>• Stage 2 - Data Collection in Progress</li> <li>• Stage 3 - Collection Complete; Analyzing/Aggregating Data</li> <li>• Stage 4 - Data Submitted to FirstNet</li> <li>• Stage 5 - Continued/Iterative Data Collection</li> <li>• Stage 6 - Submitted Iterative Data to FirstNet</li> </ul>		
9	Phase 2 – Users and Their Operational Areas	Stage 5			
10	Phase 2 – Capacity Planning	Stage 5			
11	Phase 2 – Current Providers/Procurement	Stage 5			
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.					
State Interoperable Communications Commission held 3 meetings reaching 45 individuals Two people travelled to April 12 SPOC State Plan Decision process development is now in full swing GIS/CodeRed/E911 meeting was held reaching 15 people					
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.**

In this report, cost share has been distributed across different budget object codes. Personnel code used to identify soft match captured on sign in sheets from stakeholder engagement or any FirstNet related activity.

**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 - Please include all staff that have contributed time to the project. Please do not remove individuals from this table.**

Job Title	FTE%	Project (s) Assigned	Change
SWIC	75	RI Interoperable Communications Network, RIEMA Operations Section Chief, SWIC, SPOC	N

**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
City Works	Site mapping and GIS data collection	EA Engineering Science and Technology, Inc.	N (change order to existing contract)	Y	6/1/2015		\$100,000.00	\$20,000.00
RI Commerce (Year 1)	Sub-grant award to leverage previous BTOP broadband grant deliverables and subject matter expertise	RI Commerce Corp.	N	Y	7/1/2015	6/30/2016	\$94,000.00	approx \$35,000 hard match

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

<b>14. Budget Worksheet</b>						
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	\$303,190.00		\$303,190.00	\$159,301.00	\$15,847.00	\$175,148.00
b. Personnel Fringe Benefits	\$129,211.00		\$129,211.00	\$72,954.00		\$72,954.00
c. Travel	\$61,400.00		\$61,400.00	\$2,630.00		\$2,630.00
d. Equipment	\$0.00		\$0.00	\$0.00		\$0.00
e. Materials/Supplies	\$15,298.00		\$15,298.00	\$1,986.00		\$1,986.00
f. Subcontracts Total	\$228,890.00		\$228,890.00	\$148,849.00	\$20,901.00	\$169,750.00
g. Other	\$0.00	\$188,966.00	\$188,966.00	\$0.00		\$0.00
h. Indirect	\$17,874.00		\$17,874.00	\$0.00		\$0.00
i. Total Costs	\$755,863.00	\$188,966.00	\$944,829.00	\$385,720.00	\$36,748.00	\$422,468.00
j. % of Total	80%	20%	100%	91%	9%	100%
<b>15. Certification:</b> 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.						
<b>16a. Typed or printed name and title of Authorized Certifying Official:</b>				<b>16c. Telephone (area code, number, and extension)</b>	(401)946-9996	
Peter T. Gaynor, Director				<b>16d. Email Address:</b>	<a href="mailto:peter.gaynor@ema.ri.gov">peter.gaynor@ema.ri.gov</a>	
<b>16b. Signature of Authorized Certifying Official:</b>				<b>Date:</b>	7/29/2016	
						