

U.S. Department of Commerce		2. Award or Grant Number 44-10-S13044			
Performance Progress Report		4. EIN 05-6000522			
1. Recipient Name Rhode Island Emergency Management Agency		6. Report Date (MM/DD/YYYY) 10/30/2013			
3. Street Address 645 New London Avenue		7. Reporting Period End Date: 09/30/2013			
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: 08/31/2016				
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	Stakeholder Meetings	9			
2	Broadband Conferences	9			
3	Staff Hires SWIC	0			
4	Contract Executions	0			
5	Governance Meetings	0			
6	Outreach and Education	0			
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.					
Currently for this Quarter 1, RIEMA is finalizing stakeholder buy-in and the work plan has expenditures to be projected to start in quarter 3.					
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.					
Currently for this Quarter 1, no changes will be requested at this time.					
11c. Provide any other information that would be useful to NTIA as it assesses this project's progress.					
N/A					

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

N/A

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.

Cannot be assessed at this time as progress has not started.

12b. Staffing Table

Job Title	FTE %	Project(s) Assigned	Change
Add Row		Remove Row	

13. Subcontracts (Vendors and/or Subrecipients) – None at this time

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
Add Row		Remove Row							

13b. Describe any challenges encountered with vendors and/or sub-recipients.

None at this time.

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	\$0	\$46,094	\$46,094	\$0	\$0	\$0
b. Personnel Fringe Benefits	\$0	\$12,906	\$12,906	\$0	\$0	\$0
c. Travel	\$32,400	\$8,100	\$40,500	\$0	\$0	\$0

d. Equipment	\$0	\$0	0	\$0	\$0	\$0
e. Materials/Supplies	\$7,360	\$1,840	\$9,200	\$0	\$0	\$0
f. Subcontracts Total	\$641,263	\$101,816	\$743,079	\$0	\$0	\$0
g. Other	\$72,840	\$18,210	\$91,050	\$0	\$0	\$0
Indirect	\$2,000	\$0	\$2,000	\$0	\$0	\$0
h. Total Costs	\$755,863	\$188,966	\$944,829	\$0	\$0	\$0
i. % of Total	80%	20%	100%	\$0	\$0	\$0

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

Jamia R. McDonald

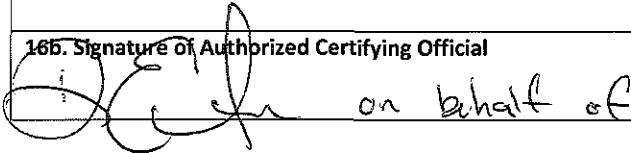
16c. Telephone (area code, number, and extension)

401-946-9996

16d. Email Address

Jamia.mcdonald@governor.ri.gov

16b. Signature of Authorized Certifying Official

 on behalf of

16e. Date Report Submitted (month, day, year)

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a currently valid OMB control number. Public reporting burden for this collection of information is estimated to average 10 hours per response for the application process, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Michael Dame, Director, State and Local Implementation Grant Program, Office of Public Safety Communications, National Telecommunications and Information Administration, U.S. Department of Commerce (DOC), 1401 Constitution Avenue, N.W., HCHB, Room 7324, Washington, D.C. 20230.