

<b>U.S. Department of Commerce</b>			2. Award or Grant Number: 44-10-S13044		
<b>Performance Progress Report</b>			4. EIN: 05-6000522		
1. Recipient Name: State of Rhode Island Emergency Management Agency			6. Report Date (MM/DD/YYYY): 1/30/2016		
3. Street Address: 645 New London Ave.			7. Reporting Period End Date: 12/31/2015		
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				
<b>11. List the individual projects in your approved Project Plan</b>					
	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 (ppl reached this quarter)	75			
2	Training Sessions (held this quarter)				
3	Broadband Conferences or Meetings	2			
4	Staff Hires (FTE)				
5	Contract Executions				
6	Statutory or Regulatory Changes				
7	Governance Meetings (held this quarter)	3			
8	Outreach and Education (materials / web site issued)				
9	Phase 2 – Coverage (survey responses)	Stage 4			
10	Phase 2 – Users and Operational Areas (survey response)	Stage 4			
11	Phase 2 – Capacity planning	Stage 4			
12	Phase 2 – Current providers / procurement	Stage 4			
13	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.

Stakeholders: 75 persons reached

Conference: in October, two people travelled to the SPOC conference held in Colorado

Governance: 3 Interoperable Communications Committee meetings held (Oct, Nov, Dec) – *will be liquidated next quarter*

During this quarter, the RI FirstNet Annual Report was completed

Planning has begun for Stage 5: continued and iterative data collection

Planning has begun for increased outreach and education efforts

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

Add Row

Remove Row

**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 6/1/15				
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**13b. Describe any challenges encountered with vendors and/or subrecipients.**

**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	\$242,008	0.00	\$242,008	\$124,394.34	0.00	\$124,394.34
b. Personnel Fringe Benefits	\$145,819	0.00	\$145,819	\$57,527.24	0.00	\$57,527.24
c. Travel	\$40,500	0.00	\$40,500	\$529.05	0.00	\$529.05
d. Equipment	0.00	0.00	0.00	0.00	0.00	0.00
e. Materials/Supplies	\$12,406	0.00	\$12,406	\$1,501.96	0.00	\$1,501.96
f. Subcontracts Total	\$301,983	0.00	\$301,983	\$85,074.12	0.00	\$85,074.12
g. Other	0.00	\$188,966	\$188,966	0.00	\$14,536.32	\$14,536.32
h. Indirect Costs	\$13,147	0.00	\$13,147	0.00	0.00	0.00
i. Total Costs	\$755,863	\$188,966	\$944,829	\$269,026.71	\$14,536.32	\$283,563.03
j. % of Total	80%	20%	100%	95%	5%	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.**

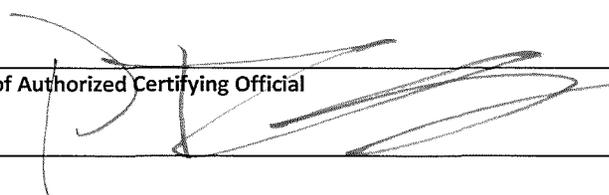
**16a. Typed or printed name and title of Authorized Certifying Official**

Peter Gaynor, Director

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

**16d. Email Address: peter.gaynor@ema.ri.gov**

**16b. Signature of Authorized Certifying Official**



**16e. Date Report Submitted (month, day, year): 1/29/16**

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.