

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: 10/30/2014			
3. Street Address: 645 New London Ave.		7. Reporting Period End Date: 9/30/2014			
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 (ppl reached in quarter)	0			
2	Training Sessions (meetings in quarter)	0			
3	Broadband Conferences/Meetings	0			
4	Staff Hires (Full Time Equivalent)	0			
5	Contract Executions	0			
6	Statutory or Regulatory Changes	0			
7	Governance Meetings (meetings held in quarter)	4			
8	Outreach and Education (materials / web site issued)	0			
<p>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.</p> <p>Training sessions: no updates</p> <p>Broadband Conferences/Meetings: no updates</p> <p>Governance Meetings: ICC meetings were held in July, Aug, Sept, and Oct. Increasing our Governance meetings to 7.</p> <p>Conference: no updates.</p> <p>Statewide Assessment Database: Working with EA Engineering to develop database and are working towards assessing the state's infrastructure.</p> <p>Outreach and Education: No documents have been created / or distributed to date.</p>					

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.

We have begun monthly programmatic meetings with internal stakeholders to assess the projects progress and to improve communication. We will be submitting a Match Wavier to excuse us from the quarterly match requirement as we have fallen behind with unanticipated documenting obstacles. The Match Waiver will outline where our match will be coming from as well as how we will be collecting it to meet the match requirement by the end of the grant year.

This quarterly report reflects our newly approved budget as of July 1, 2014. And we will be working with NTIA's staff to update our expenditure plan with the assigned mile stones.

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		Estimate 10/01/14				

IP Gateway	Statewide Assessment Database	Vendor Department of Homeland Security	N		6/11/14	6/11/15			
------------	-------------------------------	---	---	--	---------	---------	--	--	--

Add Row

Remove Row

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	\$37,360.33	\$0.00	\$37,360.33
b. Personnel Fringe Benefits	\$145,819	\$0.00	\$145,819	\$24,906.88	\$0.00	\$24,906.88
c. Travel	\$40,500	\$0.00	\$40,500.00	\$0.00	\$0.00	\$0.00
d. Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
e. Materials/Supplies	\$12,406	\$0.00	\$12,406	\$0.00	\$0.00	\$0.00
f. Subcontracts Total	\$301,983	\$0.00	\$301,983	\$0.00	\$0.00	\$0.00
g. Other	\$0.00	\$188,966	\$188,966	\$0.00	\$0.00	\$0.00
h. Indirect Costs	\$13,147	\$0.00	\$13,147	\$0.00	\$0.00	\$0.00
i. Total Costs	\$755,863.00	\$188,966.00	\$944,829.00	\$62,267.21	\$0.00	\$62,267.21
j. % of Total	80%	20%	100%	100%	0%	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

Jamia R. McDonald

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

(401)946-9996

16d. Email Address

jamia.mcdonald@ema.ri.gov

16b. Signature of Authorized Certifying Official

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

10/30/2014 (revised 11.17.14)

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.