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	1	J.S. Department of Commerce		2. Award or Grant Number: 44-10-S13044							
		Performance Progress Report	4. EIN: 05-6000522								
1. Rec	ipient Name: State of Rhode Island	Emergency Management Agency	6. Report Date (MM/DD/YYYY): 10/30/2015								
3. Stre	et Address: 645 New London Ave.		7. Reporting Period End Date: 9/30/2015								
5. City	, State, Zip Code: Cranston, RI 029	20			8. Final Report  Yes  No	9. Report Frequency x Quarterly					
10a. Project/Grant Period 10b. En Start Date: 09/01/2013		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		l Funding Amount expended fthis reporting period	Percent of Total Federal Funding Amount expended					
1	Stakeholder Meetings (ppl reache this quarter)										
2	Training Sessions (held this quarter)										
3	Broadband Conferences or Meetings										
5	Staff Hires (FTE) Contract Executions										
6	Statutory or Regulatory Changes										
7	Governance Meetings (held this quarter)	1		,A <sub>4</sub>							
8	Outreach and Education (materia / web site issued)	ls 80									
9	Phase 2 – Coverage (survey responses)	Stages 2 and 3									
10	<b>Phase 2 –</b> Users and Operational Areas (survey response)	Stages 2 and 3									
11	Phase 2 – Capacity planning	Stages 2 and 3									
12	Phase 2 – Current providers / procurement	Stages 2 and 3									

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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. Stakeholder meetings: RI Fire Chief Association Conference (reached approximately 80 stakeholders) Governance Meetings: 1 ICC meeting held (25 stakeholders) Phase 2: 239 Public Safety Entities identified and surveyed, 80 responded (outreach/education) Phase 2: Data collection and analysis of that data to produce initial data collection report, which has been submitted to FirstNet 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. 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 RFP/RFQ Contract Start End Total Federal Total Matching Project and % Assigned (Vendor/Subrec Funds Allocated Issued Executed Date Date Funds Allocated (Y/N)(Y/N)Site Map Data and GIS Υ \$100,000 \$20,000 City Works Vendor Ν 6/1/15 data collection (under current (projected, see EA Engineering Change to Science and Previous approved budget) proportionality waiver) Technology, Inc. contracti

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IP Gateway	Statewide Ass Databa	se	Vendor N Dept. of Homeland Security		Estimate 6/1/15							
Add Row Remove Row  13b. Describe any challenges encountered with vendors and/or subrecipients.												
14. Pudest Workshoot												
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.												
Only list match	ng runus mat m	ie Department	of commerce has affeauly a	pproveu.								
Project Budget Element (1)		Federal Funds	Approved Matching	Total Budget	Federal Funds	Approved Matching Funds	Total Funds Expended (7)					
		Awarded (2)	Funds (3)	(4)	Expended (5)	Expended (6)	rotarranas Experiaca (7)					
a. Personnel Sal	laries	\$242,008	0.00	\$242,008	\$106,158.70	0.00	\$106,158.70					
b. Personnel Fri		\$145,819	0.00	\$145,819	\$48,622.70	0.00	\$48,622.70					
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	\$1,400.86	0.00	\$1,400.86					
f. Subcontracts Total		\$301,983	0.00	\$301,983	\$19,973.79	0.00	\$19,973.79					
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	\$176,685.10	\$14,536.32	\$191,221.42					
i. % of Total		80%	20%	100%	92%	8%	100%					
15. Certification	n: I certify to the	e best of my ki	nowledge and belief that th	is report is corre	t and complete for per	formance of activities for the pur	pose(s) set forth in the award					
documents.												
16a. Typed or p	orinted name ar	nd title of Auth	orized Certifying Official		16c. Telephone (area code, number, and extension): (401)946-9996							
Thomas Guthle	in, SPOC											
					16d. Email Address: thomas.guthlien@ema.ri.gov							
16b. Signature of Authorized Certifying Official					16e. Date Report Submitted (month, day, year): 11/18/2015							
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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.