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: 01/29/2014	
3. Street Address: 645 New London Ave.	7. Reporting Period End Date: 12/31/2013	
5. City, State, Zip Code: Cranston, RI 02920	8. Final Report □ Yes X No	9. Report Frequency X 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	0			
2	Training Sessions	20			
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	45			
8	Outreach and Education	12			

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.

- Collaborative decision making processes that support interoperability efforts for broadband to improve communication, coordination, and cooperation across disciplines and jurisdictions. Governance is the critical foundation of all of Rhode Island's efforts to address this new interoperable communications system.
- Developed an outreach and education plan to support education initiatives, resources, and technologies as build-out begins.
- Planning for involvement of Statewide Interoperability Coordinator (SWIC), State Digital Excellence Coordinator (DEC – broadband), and State Chief Information Officer (data collection).

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.

- Please note; through the second quarter, the personnel involved in this program have been employees of the State of Rhode Island, and as such, no expenditures have been made towards this grant.

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

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

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	$0.00	$46,094.00	$46,094.00	$0.00	$0.00	$0.00
b. Personnel Fringe Benefits	$0.00	$12,906.00	$12,906.00	$0.00	$0.00	$0.00
c. Travel	$32,400.00	$8,100.00	$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	$7,360.00	$1,840.00	$9,200.00	$0.00	$0.00	$0.00
f. Subcontracts Total	$641,263.00	$101,816.00	$743,079.00	$0.00	$0.00	$0.00
g. Other	$72,840.00	$16,210.00	$93,050.00	$0.00	$0.00	$0.00
h. Indirect Costs	$2,000.00	$2,000.00	$2,000.00	$0.00	$0.00	$0.00
i. Total Costs	$755,863.00	$188,966.00	$944,829.00	$0.00	$0.00	$0.00
j. % of Total	80%	20%	100%	$0.00	$0.00	$0.00

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	16c. Telephone (area code, number, and extension)
Jamia R. McDonald	(401)946-9996
	16d. Email Address
	David.Eaton@ema.ri.gov
16b. Signature of Authorized Certifying Official	**16e. Date Report Submitted (month, day, year)**
on behalf of	3/7/14
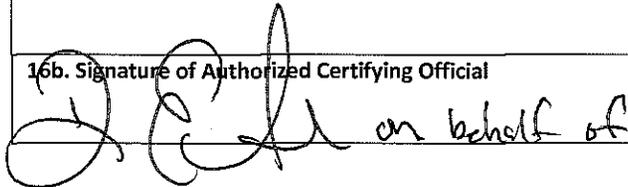
According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a currently valid OMB control number. Public reporting burden for this collection of information is estimated to average 10 hours per response for the application 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.