U.S. Department of Commerce Performance Progress Report					44-10-\$13044				
	4. EIN:	05-6000522							
1. Recipient Name	Rhode Island Emergency Mar	6. Report Date (MM/DD/YYYY)	4/28/2017						
3. Street Address	645 New London Ave.	7. Reporting Period End Date: (MM/DD/YYYY)	12/31/2016						
5. City, State, Zip Code	Cranston, RI 02920			8. Final Report Yes No X	9. Report Frequency Quarterly X				
10a. Project/Grant Period									
Start Date: (MM/DD/YYYY)	9/1/2013	10b. End Date: (MM/DD/YYYY)	2/28/2018						
11. List the individual projects	in your approved Project Pla	1							
	Project Type (Capacity Building SCIP Undate	Project Deliverable Quantity (Number & Indicator Description)	Description of Milestone Category						
1	Stakeholders Engaged	74	Actual number of individuals reached via stakeholder meetings during the quarter						
2	Individuals Sent to Broadband Conferences	0	Actual number of individuals who were sent to third-party broadband conferences using SLIGP grant funds during the quarter						
3	Staff Hired (Full-Time Equivalent)(FTE)		Actual number of state personnel FTEs who began supporting SLIGP activities during the quarter (may be a decimal)						
4	Contracts Executed		Actual number of contracts executed during the quarter						
5	Governance Meetings	3	Actual number of governance, subcommittee, or working group meetings held during the quarter						
6	Education and Outreach Materials Distributed		Actual volume of materials distributed (inclusive of paper and electronic materials) plus hits to any website or social media account supported by SLIGP during the quarter						
7	Subrecipient Agreements Executed		Actual number of agreements executed during the quarter						
8	Phase 2 - Coverage	Stage 6			Fragressia pare transcription				
9	Phase 2 – Users and Their Operational Areas	Stage 6	For each Phase 2 milestone category, please provide the status of the activity during the quarter: * Stage 1 - Process Development						
10	Phase 2 – Capacity Planning	Stage 6	Stage 2 - Data Collection in Progress Stage 3 - Collection Complete; Analyzing/Aggregating Data		en eel vacasii keel				
11	Phase 2 – Current Providers/Procurement	Stage 6	Stage 4 - Data Submitted to FirstNet Stage 5 - Continued/Iterative Data Collection	1.25a 1.35a - 1.55a - 1.55a - 1.55a - 1.55a					
12	Phase 2 – State Plan Decision	Stage 2	Stage 6 - Submitted Rerative Data to FirstNet						
			Baseline Report for this project; any challenges or obstacles encountered and mitigation strategies you	have employed; plann	ed major activities for				
the next quarter; and any addi	tional project milestones or i	nformation.							
State Interoperable Communica FirstNet Regional Lead Mike Var		•	March) reaching 30 individuals ion Meeting in January reaching 44 individuals						

11b. If the project team anticipe Commerce before implementat		to the approved Baseline	e Report in the next qu	arter, describe those belov	w. Note that a	ny substantive ch	anges to the Baseline Re	port must be approved	by the Department of
No changes expected during nex	kt quarter								
11c. Provide any other informa	tion that would be useful to I	NTIA as it assesses this p	roject's progress.						
11d. Describe any success stori	es or best practices you have	identified. Please be as	specific as possible.						
12. Personnel									
12a. If the project is not fully st	affed, describe how any lack	of staffing may impact t	he project's time line a	nd when the project will b	e fully staffed	l .			
SWIC/SPOC Tom Guthlein tempo Personnel/Benefits line items fo	r this quarter (as well as last).	Tom is expected to return	n to his normal duties in	n Q2CY17.		. Stuart Freiman co	vering in his absence. Thi	s is reflected in reduced	spending on the
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	ude all staff that have contributed time to the project. Please do not remove individuals from this table.							
Job Title	FTE%	2	Project (s) Assigned  RI Interoperable Communications Network, RIEMA Operations Section Chief, SWIC, SPOC						Change
SWIC	0	Ri Interoperable Commu	inications Network, RiE	MA Operations Section Chie	er, SWIC, SPOL				Υ
						····			
40.01									
<ol> <li>Subcontracts (Vendors and, 13a. Subcontracts Table – Inclu</li> </ol>		f		to Tate!" in Question 146					
15a. Subcontracts Table – Inclu	de an subcontractors. The to	tais from this table musi	l equal the Subcontrac	cts rotal in Question 141.	Contract				• **
Name	Subcontract Purpose		Type (Vendor/Subrec.)	RFP/RFQ Issued (Y/N)	Executed (Y/N)	Start Date	End Date	Total Federal Funds Allocated	Total Matching Funds Allocated
City Works	Site mapping and GIS data collection		EA Engineering Science and Technology, Inc.		Y	6/1/2015		\$100,000.00	\$20,000.00
RI Commerce (Year 1)	Sub-grant award to leverage previous BTOP broadband grant deliverables and subject matter expertise (Year 1 - pilot)		RI Commerce Corp.	N	Y	7/1/2015	6/30/2016	\$94,000.00	approx \$35,000 hard match
RI Commerce (Year 2)	Sub-grant award to leverage previous BTOP broadband grant deliverables and subject matter expertise (Year 2 - this represents a separate agreement from the previous)		RI Commerce Corp.	 N	Y	7/1/2016	6/30/2017	\$100,431.00	approx \$25,000 soft match
								1	
13b. Describe any challenges e	ncountered with vendors and	d/or subrecipients.							

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	\$286,269.12		\$286,269.12	\$188,039.84		\$188,039.84
b. Personnel Fringe Benefits	\$119,019.38		\$119,019.38	\$86,683.04		\$86,683.04
c. Travel	\$20,800.04		\$20,800.04	\$3,031.01		\$3,031.01
d. Equipment	\$0.00		\$0.00	\$0.00		\$0.00
e. Materials/Supplies	\$5,822.04		\$5,822.04	\$3,816.59		\$3,816.59
f. Subcontracts Total	\$314,431.00		\$314,431.00	\$247,559.33		\$247,559.33
g. Other	\$9,521.42	\$188,966.00	\$198,487.42	\$0.00	\$76,515.70	\$76,515.70
h. Indirect	\$0.00		\$0.00	\$0.00		\$0.00
i. Total Costs	\$755,863.00	\$188,966.00	\$944,829.00	\$529,129.81	\$76,515.70	\$605,645.51
j. % of Total	80%	20%	100%	87%	13%	100%
15. Certification: I certify to the best of my knowledge and	belief that this report is correct and complet	e for performance of activities f	or the purpose(s) set forth	in the award documents.		
16a. Typed or printed name and title of Authorized Certify Director Peter T. Gaynor, CEM	16c. Telephone (area code, number, and extension)	(401)946-9996				
16b. Signature of Authorized Certifying Official:	16d. Email Address:	peter.gaynor@ema.ri.gov				
16b. Signature of Authorized Certifying Official:					4/28/2017	