

U.S. Department of Commerce SLIGP 2.0 Performance Progress Report		2. Award or Grant Number: 44-10-S18044
1. Recipient Name Rhode Island Emergency Management Agency		4. EIN: 05-6000522
3. Street Address 645 New London Ave.		6. Report Date (MM/DD/YYYY) 10/30/2020
5. City, State, Zip Code Cranston, RI 02920		7. Reporting Period End Date: (MM/DD/YYYY) 09/30/2020
10a. Project/Grant Period Start Date: (MM/DD/YYYY) 03/01/2018		9. Report Frequency Quarterly <input checked="" type="checkbox"/> X
10b. End Date: (MM/DD/YYYY) 03/31/2021		
11. List the individual projects in your approved Project Plan		
Activity Type (Planning, Governance Meetings, etc.)	Was this Activity Performed during the Reporting Quarter? (Yes/No)	Project Deliverable Quantity (Number & Indicator Description)
Activities/Metrics for All Recipients during the Reporting Quarter		
1. Governance Meetings	Yes	1
2. Individuals Sent to Broadband Conferences	No	
3. Convened Stakeholder Events	No	
4. Staff Hired (Full-Time Equivalent)(FTE)	No	
5. Contracts Executed	No	
6. Subrecipient Agreements Executed	No	
7. Data Sharing Policies/Agreements Developed	No	
8. Further Identification of Potential Public Safety Users	No	
9. Plans for Emergency Communications Technology Transitions Identified and Planned to Transition PS Apps & Databases	No	
10. Identify Ongoing Coverage Gaps	No	
11. Data Collection Activities	No	
Activities for Opt-Out States only in the Pre-SMLA Phase during the Reporting Quarter		
13. Stakeholders Engaged Education and Outreach Materials Distributed In-Person		
14. Education and Outreach Materials distributed Electronically		
15. Stakeholders Engaged Education and Outreach Materials Distributed In-Person		
Description of Milestone Category		
Actual number of governance, subcommittee, or working group meetings related to the NPSBN held during the quarter		
Actual number of individuals who were sent to national or regional third-party conferences with a focus area or training track related to the NPSBN using SLIGP grant funds during the quarter		
Actual number of events coordinated - or held using SLIGP grant funds during the quarter, as requested by FirstNet.		
Actual number of state personnel FTEs who began supporting SLIGP activities during the quarter (may be a decimal).		
Actual number of contracts executed during the quarter.		
Actual number of agreements executed during the quarter.		
Yes or No if data sharing policies and/or agreements were developed during this reporting quarter.		
Yes or No if further identification of potential public safety users occurred during this reporting quarter.		
Yes or No if plans for future emergency communications technology transitions occurred during this reporting quarter.		
Yes or No if public safety applications or databases within the State or territory were identified and transition plans were developed this reporting quarter		
Yes or No if participated in identifying ongoing coverage gaps using SLIGP funds during this reporting quarter.		
(Opt-In and Opt-Out Post-SMLA Phase Only) Yes or No if participated in data collection activities as requested by FirstNet or following a documented data collection determination by Opt-Out (Post-SMLA) grantees.		
Actual number of individuals reached via stakeholder meetings or events during the quarter.		
Actual number of materials distributed in-person during this quarter.		
Actual volume of hits or impressions to any website, e-newsletter, social media post, or other account supported by SLIGP during the quarter.		

11a. Narrative description for each activity reported in Question 11 for this quarter; any challenges or obstacles encountered and mitigation strategies you have employed; planned major activities for the next quarter; and any additional project during Q3CY20 project personnel and contractors were entirely focused on COVID-19 pandemic response. Governance meeting held as virtual on 9/15/20.

12. Personnel

12a. Staffing table - Please include all staff that have contributed time to the project with current quarter's utilization. Please only include FTE staff employed by the state not contractors. Please do not remove individuals from this table.

Job Title	FTE%	Project (s) Assigned	Change
RIEMA Operations Section Chief	0%	FirstNet Program Officer	N
RIEMA Finance Branch Chief	6%	SLUGP Grant Finance	N

12b. Narrative description of any staffing challenges, vacancies, or changes.
 N/A

13. Contractual (Contract and/or Subrecipients)

13a. Contractual Table - Include all contractors. The totals from this table should equal the "Contractual" in Question 14f.

Name	Subcontract Purpose	Type (Contract/Subrec.)	RFP/RFQ Issued (Y/N)	Contract Executed (Y/N)	Start Date	End Date	Total Federal Funds Allocated	Total Matching Funds Allocated
RI Commerce Corp	SLUGP 2.0/FirstNet Project Manager	Subrecipient	N	Y	03/01/2018	06/30/2020	\$259,140.00	\$133,272.00
Technology Transition Plan	Policies and procedures to transition Public Safety to	Contract	N	N	TBD	TBD	\$75,000.00	\$0.00
Data Collection Project	FirstNet-directed data collection	Contract	N	N	TBD	TBD	\$12,980.00	\$0.00

13b. Narrative description any challenges, updates, or changes related to contracts and/or subrecipients.
 We received guidance from NIST (through Natalie Romanoff in the SLUGP 2.0 Program Office) that we can apply the proposed indirect rate of 45 percent to Mr. Freiman's time starting July 1, 2019. This is effective until the Federal government (either Commerce or Interior) approves the RI Commerce Corporation proposal or negotiates the rate further. This change is reflected in the below adjusted "Approved Matching Funds Expended" calculation increased to \$91,270.09 from \$84,994.72 last quarter.

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)	NTE Total Federal Funds Approved (2)	NTE Total Matching Funds Approved (3)	NTE Total Budget (4)	Federal Funds Obligated to Date (5)	Matching Funds Approved to Date (6)	Total Budget to Date (7)	Federal Funds Expended (8)	Approved Matching Funds Expended (9)	Total Funds Expended (10)
a. Personnel Salaries	\$174,855.00		\$174,855.00	\$174,855.00		\$174,855.00	\$109,634.13		\$109,634.13
b. Personnel Fringe Benefits	\$83,008.00		\$83,008.00	\$83,008.00		\$83,008.00	\$52,932.46		\$52,932.46
c. Travel	\$10,800.00		\$10,800.00	\$10,800.00		\$10,800.00	\$1,993.95		\$1,993.95
d. Equipment	\$0.00		\$0.00	\$0.00		\$0.00	\$0.00		\$0.00
e. Materials/Supplies	\$11,500.00		\$11,500.00	\$11,500.00		\$11,500.00	\$1,199.83		\$1,199.83
f. Contractual	\$347,120.00	\$133,272.00	\$480,392.00	\$347,120.00	\$133,272.00	\$480,392.00	\$227,009.51	\$91,270.09	\$318,279.60
g. Other	\$0.00	\$23,718.00	\$23,718.00	\$0.00	\$23,718.00	\$23,718.00	\$65.39		\$65.39
h. Indirect	\$0.00		\$0.00	\$0.00		\$0.00	\$0.00		\$0.00
i. Total Costs	\$627,283.00	\$156,990.00	\$784,273.00	\$627,283.00	\$156,990.00	\$784,273.00	\$392,835.27	\$91,270.09	\$484,105.36
j. Proportionality Percent	79.98%	20.02%	100.00%	79.98%	20.02%	100.00%	81.15%	18.85%	100.00%
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: Marc Pappas, Director, Rhode Island Emergency Management Agency									
16b. Signature of Authorized Certifying Official: <i>Marc R. Pappas</i>									
16c. Telephone (area code, number, and extension) 401-946-9996									
16d. Email Address: marc.pappas@ema.ri.gov									
Date: 10/30/2020									

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