U.S. Department of Commerce SLIGP 2.0 Performance Progress Report							2. Award or Grant Number: 4. EIN:	44-10-S18044 05-6000522		
Recipient Name Rhode Island Emergency Management Agency						6. Report Date				
1. Recipient Name	Rhode Island Emergency Management Agency						(MM/DD/YYYY)	01/28/2021		
3. Street Address							7. Reporting Period End Date: (MM/DD/YYYY)	12/31/2020		
5. City, State, Zip Code							8. Final Report 9. Repor			
.0a. Project/Grant Period					MANUFACTURE OF THE PARTY OF THE		NO E			
Start Date: (MM/DD/YYYY)	03/01/2018	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)		Descri	iption of Milestone Category				
Activities/Metrics for All Recipien	ts during the Reporting Quart	er								
1	Governance Meetings	Yes	2			ng group meetings related to ti				
2	Individuals Sent to Broadband Conferences	No			uals who were sent to national ng SLIGP grant funds during th	l or regional third-party confer e quarter	ences with a focus area	a or training track		
3	Convened Stakeholder Events	No		Actual number of events	coordinated - or held using SLIG	GP grant funds during the quar	ter, as requested by Fi	rstNet.		
4	Staff Hired (Full-Time Equivalent)(FTE)	No		Actual number of state personnel FTEs who began supporting SLIGP activities during the quarter (may be a decimal).						
5	Contracts Executed	No		Actual number of contracts executed during the quarter.						
6	Subrecipient Agreements Executed	No		Actual number of agreements executed during the quarter.						
7	Data Sharing Policies/Agreements Developed	No		Yes or No if data sharing policies and/or agreements were developed during this reporting quarter.						
8	Further Identification of Potential Public Safety Users	No		Yes or No if further identification of potential public safety users occurred during this reporting quarter.						
9	Plans for Emergency Communications Technology Transitions	No		Yes or No if plans for future emergecy communications technology transitions occurred during this reporting quarter.						
10	Identified and Planned to Transition PS Apps & Databases	No		Yes or No if public safety applications or databases within the State or territory were identified and transition plans were developed this reporting quarter						
11	Identify Ongoing Coverage Gaps	No		Yes or No if participated in identifying ongoing coveage gaps using SLIGP funds during this reporting quarter.						
12	Data Collection Activities	No		(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.						
Activities for Opt-Out States only		the Reporting Quarter								
13	Stakeholders Engaged			Actual number of individ	uals reached via stakeholder n	neetings or events during the q	uarter.			
14	Education and Outreach Materials Distributed In- Person			Actual number of materia	als distributed in-person during	g this quarter.				
15	Education and Outreach Materials distributed Electronically			Actual volume of hits or impressions to any website, e-newsletter, social media post, or other account supported by SLIGP durin quarter.						

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a. 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
uring Q4CY20 project personnel and contractors were entirely focused on COVID-19 pandemic response. Governance meetings held as virtual on 11/17/20 & 12/14/20.

12. Personnel

Job Title	FTE%	Project (s) Assigned				
EMA Operations Section Chief	0%	FirstNet Program Officer	N			
IEMA Finance Branch Chief	6%	SLIGP Grant Finance	N			

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

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 06/30/2020	Total Federal Funds Allocated \$259,140.00	Total Matching Funds Allocated \$133,272.00
RI Commerce Corp	SLIGP 2.0/FirstNet Project Manager	Subrecipient			03/01/2018			
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.

Pursuant to last quarter's guidance (see Note: below), we received further guidance from the NTIA permitting us to submit a budget ammendment to include the RIEMA indirect rate as a matching funds component to the SLIGP 2.0 grant. The paperwork will be prepared in Q1CY21 prior to the end of the grant period. This new component will serve to cover the match deficit and complete RIEMA's matching funds requirements.

(Note: Previous guidance from Q3CY20: We received guidance from NIST (through Natalie Romanoff in the SLIGP 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.)

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		\$109,634.1
 b. Personnel Fringe Benefits 	\$83,008.00		\$83,008.00	\$83,008.00		\$83,008.00			
c. Travel	\$10,800.00		\$10,800.00	\$10,800.00		\$10,800.00			\$52,932.4
d. Equipment	\$0.00		\$0.00	\$0.00		\$0.00	7-,000		\$1,993.9
e. Materials/Supplies	\$11,500.00		\$11,500.00	\$11,500.00		\$11,500.00			\$0.0
f. Contractual	\$347,120.00	\$133,272.00		\$347,120.00	\$133,272.00				\$1,199.8
g. Other	\$0.00	\$23,718.00		\$0.00	\$23,718.00	\$23,718.00			\$318,279.6
h. Indirect	\$0.00	7-17/1-103	\$0.00	\$0.00	\$23,718.00	\$23,718.00	\$65.39		\$65.3
i. Total Costs	\$627,283.00	\$156,990.00			\$156,990.00	\$784,273.00	ć202 025 27	40	\$0.0
j. Proportionality Percent	79.98%	20.02%		79.98%	20.02%		\$392,835.27	\$91,270.09	\$484,105.3
15. Certification: I certify to the be		that this report is correct	t and complete for per	formance of activities for t	20.02%	100.00%	81.15%	18.85%	100.00%
16a. Typed or printed name and ti	tle of Authorized Certifying Off	icial:	t and complete for per	tormance of activities for t	ne purpose(s) set				
Marc Pappas, Director, Rhode Island Emergency Mangement Agency					16c. Telephone (area code, number, and extension)	401-946-9996			
16b. Signature of Authorized Certif	iying Official:	1/2	37/21				16d. Email Address:	marc.pappas@ema.ri.go	<u>v</u>

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