U.S. Department of Commerce SLIGP 2.0 Performance Progress Report							44-10-S18044			
						4. EIN:	05-6000522			
I. Recipient Name	Rhode Island Emergency M	6. Report Date (MM/DD/YYYY)	10/30/2019							
S. Street Address	645 New London Ave.	7. Reporting Period End Date: (MM/DD/YYYY)	9. Report Frequency Quarterly X							
. City, State, Zip Code	Cranston, RI 02920	8. Final Report Yes □ No ☑								
Oa. Project/Grant Period				***************************************			WIND SERVICE AND ADDRESS.			
Start Date: (MM/DD/YYYY)	03/01/2018	10b. End Date: (MM/DD/YYYY)	02/29/2020							
1. 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)		Description of Mileston	ne Category				
Activities/Metrics for All Recipient	ts during the Reporting Quart	er								
1	Governance Meetings	Yes	1	Actual number of governo	nce, subcommittee, or working group meeting	s related to the NPSBN held during	the quarter			
2	Individuals Sent to Broadband Conferences	Yes	1		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					
3	Convened Stakeholder Events	No		Actual number of events	oordinated - or held using SLIGP grant funds du	uring the quarter, as requested by Fi	irstNet.			
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 develon 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.						
ctivities for Opt-Out States only	in the Pre-SMLA Phase during	the Reporting Quarter								
13	Stakeholders Engaged			Actual number of individu	als reached via stakeholder meetings or events	s during the quarter.				
14	Education and Outreach Materials Distributed In- Person			Actual number of materia	ls distributed in-person during this quarter.					
15	Education and Outreach Materials distributed Electronically			Actual volume of hits or in quarter.	npressions to any website, e-newsletter, social	media post, or other account suppo	rted by SLIGP during th			

11a. Narrative description for each	activity reported in Question 11	for this quarter; any	challenges or obstacle	es encountered and mitigat	ion strategies you	have employed; p	olanned major activitie	s for the next quarter; an	any additional project
Governance meeting is Interoperal	ole Communications Committee m	neetings held Sep 3, 2	019. Stuart Freiman a	ttended the New England I	Regional FirstNet N	Viceting held in Ni	ł Sept 10 & 11. Continu	e working with AT&T on	fulfilling the
commitments they made in the Rh	ode Island State Plan.								
12. Personnel									
12a. Staffing Table - Please include		me to the project wit	h current quarter's ut			yed by the state n	ot contractors. Please o	do not remove individuals	
Job Title	FTE%	Project (s) Assigned							Change
RIEMA Operations Section Chief		tNet Program Officer							Y
RIEMA Finance Branch Chief	6% SLIG	P Grant Finance							N
12b. Narrative description of any s									
Tom Guthlein was promoted to Ch	ief Administrative Officer at RI Em	tergency Managemen	nt Agency and will no	longer be paid using SLIGP	funds as of May 2	2019 (hence the re	duction to 0% FTE). He	will stay connected to the	project.
13. Contractual (Contract and/or Si	ubreciplents)								
13a. Contractual Table - Include al		table should equal ti	ne "Contractual" In O	uestion 14f.					
		•	Туре	T	Contract			Total Federal Funds	Total Matching Funds
Name	Subcontract Pur	rpose	(Contract/Subrec.)	RFP/RFQ Issued (Y/N)	Executed (Y/N)	Start Date	End Date	Allocated	Allocated
RI Commerce Corp	SLIGP 2.0/FirstNet Project Manag	ger	Subrecipient	N	Υ Υ	03/01/2018	02/29/2020	\$222,120.00	\$135,427.00
Technology Transition Plan	Policies and procedures to transi			N	N	TBD	TBD	\$75,000.00	\$0.00
Data Collection Project	FirstNet-directed data collection		Contract	N	N	TBD	TBD	\$50,000.00	\$0.00
Bata concedent roject	TROUTER AIR COLOR STATE OF THE		CONTRACT	<u>``</u>		100	100	930,000,00	40.00
13b. Narrative description any cha	llenges undates or changes rolate	ed to contracts and/o	r subraciniants	<u>l</u>	l l				
Stuart Freiman continues to manag	ge suide & Firstivet project with hi	o other changes to re	port.						
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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	4=1=	\$174,855.00	\$102,323.16		\$102,323.16
o. Personnel Fringe Benefits	\$83,008.00		\$83,008.00	\$83,008.00		\$83,008.00	\$48,705.36		\$48,705.36
z. Travel	\$10,800.00		\$10,800.00	\$10,800.00		\$10,800.00	\$1,696.59		\$1,696.59
d. Equipment	\$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	\$169,712.71	\$66,281.59	\$235,994.30
g. Other	\$0.00	\$23,718.00	\$23,718.00	\$0.00		\$23,718.00	\$65.39		\$65.39
h. Indirect	\$0.00		\$0.00	\$0.00		\$0.00			\$0.00
. Total Costs	\$627,283.00	\$156,990.00	\$784,273.00	\$627,283.00	\$156,990.00	\$784,273.00	\$323,703.04	\$66,281.59	\$389,984.63
. Proportionality Percent	79.98%	20.02%	100.00%	79.98%	20.02%	100.00%	83.00%	17.00%	100.00%
15. Certification: I certify to the be	st of my knowledge and belief	that this report is correc	and complete for pe	rformance of activities for	the purpose(s) se	forth in the awar	d documents.		
6a. Typed or printed name and title of Authorized Certifying Official: Warc Pappas, Director, Rhode Island Emergency Mangement Agency						16c. Telephone (area code, number, and extension)	401-946-9996		
16b. Signature of Authorized Certif	0 1	201					16d. Email Address:	marc.pappas@ema.ri.go	<u>v</u>
/ /ane	1/1/	VYY					Date:	10/30/2019	

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