	2. Award or Grant Number:	44-10-S18044								
	4. EIN:	05-6000522								
I. Recipient Name Rhode Island Emergency Management Agency					6. Report Date (MM/DD/YYYY) 7. Reporting Period	06/29/2020				
Street Address 645 New London Ave.						03/31/2020				
5. City, State, Zip Code	Cranston, RI 02920				8. Final Report Yes ^[] No ^[]	9. Report Frequency Quarterly X				
LOa. Project/Grant Period										
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)	Description of Milestone Category						
Activities/Metrics for All Recipien	ts during the Reporting Quart	er								
1	Governance Meetings	Yes	3	Actual number of governance, subcommittee, or working group meetings related to t	he NPSBN held during t	he quarter				
2	Individuals Sent to Broadband Conferences	No		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 coordinated - or held using SLIGP grant funds during the qua	rter, as requested by Fi	stNet.				
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 d	ecimal).				
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 develops this reporting quarter						
11	Identify Ongoing Coverage Gaps	No	(Land	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 state of the s	the Reporting Quarter								
13	Stakeholders Engaged			Actual number of individuals reached via stakeholder meetings or events during the q	uarter.					
14	Education and Outreach Materials Distributed In- Person			Actual number of materials distributed in-person during 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 during quarter.						

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11a. Narrative description for each Governance meetings are Interope a State of Emergency for the COVIT	rable Communications Comm	ittee meetings held Jan. 7	7, 2020 & Feb. 4, 2020), as well as Statewide Com	munications Inter				
12. Personnel									
12a. Staffing Table - Please include	all staff that have contribute	ed time to the project wit	h current quarter's ut	tilization. Please only includ	le FTE staff emplo	yed by the state no	ot contractors. Please o	lo not remove individuals	from this table.
Job Title	FTE%			Proj	ect (s) Assigned				Change
RIEMA Operations Section Chief	0%	FirstNet Program Officer							N
RIEMA Finance Branch Chief	6%	SLIGP Grant Finance							N
12b. Narrative description of any s									
13. Contractual (Contract and/or S 13a. Contractual Table – Include al Name RI Commerce Corp Technology Transition Plan		Purpose lanager	he "Contractual" in Q Type (Contract/Subrec.) Subrecipient Contract	uestion 14f. RFP/RFQ Issued (Y/N) N	Contract Executed (Y/N) Y	Start Date 03/01/2018 TBD	End Date 06/30/2020 TBD	Total Federal Funds	Total Matching Funds Allocated \$133,272.00 \$0.00
Data Collection Project	FirstNet-directed data collec		Contract	N N	N N	TBD	TBD	\$12,980.00	\$0.00
Sata Concedion Project	The street and collect	Alon .	COMMACE	LY LY	1.4	100	100	312,300.00	φοίνο
13b. Narrative description any cha	llenges, updates, or changes r	elated to contracts and/o	or subrecipients.					1	
N/A									

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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		\$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	\$52,932.46		\$52,932.4
c. Travel	\$10,800.00		\$10,800.00	\$10,800.00		\$10,800.00	\$1,993.95		\$1,993.9
d. Equipment	\$0.00		\$0.00	\$0.00		\$0.00			\$0.0
e. Materials/Supplies	\$11,500.00		\$11,500.00	\$11,500.00		\$11,500.00	\$1,199.83		\$1,199.8
f. Contractual	\$347,120.00	\$133,272.00	\$480,392.00	\$347,120.00	\$133,272.00	\$480,392.00	\$227,009.51	\$84,994.72	\$312,004.23
g. Other	\$0.00	\$23,718.00	\$23,718.00	\$0.00	\$23,718.00	\$23,718.00	\$65.39		\$65.3
h. Indirect	\$0.00		\$0.00	\$0.00		\$0.00			\$0.0
. Total Costs	\$627,283.00	\$156,990.00	\$784,273.00	\$627,283.00	\$156,990.00	\$784,273.00	\$392,835.27	\$84,994.72	\$477,829.9
. Proportionality Percent	79.98%	20.02%	100.00%	79.98%	20.02%	100.00%	82.21%	17.79%	100.009
15. Certification: I certify to the be	st of my knowledge and belief	that this report is correc	t and complete for pe	rformance of activities for	the purpose(s) set	t forth in the awar	d documents.		
16a. Typed or printed name and title of Authorized Certifying Official: Marc Pappas, Director, Rhode Island Emergency Mangement Agency						16c. Telephone (area code, number, and extension)	401-946-9996		
16b. Signature of Authorized Certi	fying Official:	(arc of	. Pap	pas 1	2		16d. Email Address:	marc.pappas@ema.ri.go	<u>v</u>

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