

Recipient Name: State of Rhode Island Emergency Management Agency

MILESTONE CATEGORIES

All projects must be completed within three years following the date of the issuance of the award. Please use the table provided to indicate your anticipated number of activities you plan to complete each quarter for every year of your project. Year One begins July 1, 2013. Please include any data attributable to early activities (i.e., January - June 2013) in your baseline data for "Q1, Year 1."

Please also provide a brief description (100 words or less) of the primary activities involved in meeting each milestone (a single description should be provided for each milestone, covering all quarters in years one through three). Please write "N/A" if your project does not include an activity. If necessary, please insert additional milestones at the bottom of the chart.

MILESTONE ACTIVITY CATEGORIES	Description of Activity	TOTAL	Quarter Ending												
			Q1-7	Q8	Q9	Q10	Q11	Q12	Q13	Q14	Q15	Q16	Q17	Q18	Q19
			9/30/2013-3/31/2015	6/30/2015	9/30/2015	12/31/2015	3/31/2016	6/30/2016	9/30/2016	12/31/2016	3/31/2017	6/30/2017	9/30/2017	12/31/2017	3/31/2018
1. Stakeholder Meetings (Number of individuals reached via stakeholder meetings)	Data collection for NPSBN	1656	612	87	87	87	87	87	87	87	87	87	87	87	87
2. Broadband Conferences	Personnel attending conference	41	11	3	2	3	2	3	2	3	2	3	3	2	2
3. Staff Hires (Full Time Equivalent)	State personnel FTE supporting SLIGP (Stage 1-6)	0.85	0.75	0	0.10	0	0	0	0	0	0	0	0	0	0
4. Contract Executions	Data collection (Stage 2-4)	3	0	1	1	1	0	0	0	0	0	0	0	0	0
5. Governance Meetings	Validation of data (Stage 1-6)	119	59	5	5	5	5	5	5	5	5	5	5	5	5
6. Education and Outreach Materials	NPSBN brochures	2833	13	260	210	260	210	260	210	260	210	260	260	210	210
7. Subrecipient Agreements Executed	Number of sub-recipient agreements executed (Stage 1-6)	1	0	0	1	0	0	0	0	0	0	0	0	0	0
8. Phase 2 - Coverage	Data collection survey	N/A	Stage 1		Stage 2	Stage 3			Stage 4	Stage 5		Stage 6			
9. Phase 2 - Users and their Operational Areas	Data collection survey	N/A	Stage 1		Stage 2	Stage 3			Stage 4	Stage 5		Stage 6			
10. Phase 2- Capacity Planning	Data collection survey	N/A	Stage 1		Stage 2	Stage 3			Stage 4	Stage 5		Stage 6			
11. Phase 2 -Current Providers/Procurement	Data collection survey	N/A	Stage 1		Stage 2	Stage3			Stage 4	Stage 5		Stage 6			
12. Phase 2 - State Plan Decision	Document process for state plan review and decision making	N/A	Stage 1			Stage 2		Stage 3		Stage 4	Stage 5				

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is OMB No. 0660-0038, expiring 8/31/2016. Public reporting burden for this collection of information is estimated to average 3 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Michael Dame, Director, State and Local Implementation Grant Program, Office of Public Safety Communications, National Telecommunications and Information Administration, U.S. Department of Commerce (DOC), 1401 Constitution Avenue, N.W., HCHB, Room 7324, Washington, D.C. 20230.

Recipient Name: State of Rhode Island Emergency Management Agency

Cost Class Category Federal Expenditures

The completion of your project budget (federal funds) should be reported in the quarter you are anticipating expending the funds. Year One begins July 1, 2013. Please include any data attributable to early activities (i.e., January - June 2013) in your baseline data for "Q1, Year 1."

Quarterly Cost Category Expenditures	TOTAL FEDERAL	Quarter Ending												
		Q1-7	Q8	Q9	Q10	Q11	Q12	Q13	Q14	Q15	Q16	Q17	Q18	Q19
		9/30/2013-3/31/15	6/30/2015	9/30/2015	12/31/2015	3/31/2016	6/30/2016	9/30/2016	12/31/2016	3/31/2017	6/30/2017	9/30/2017	12/31/2017	3/31/2018
a. Personnel	\$ 303,190	\$ 67,912.57	\$ 88,240.11	\$ 108,567.64	\$ 128,895.18	\$ 149,222.71	\$ 169,550.25	\$ 189,877.78	\$ 210,205.32	\$ 230,532.86	\$ 250,860.39	\$ 271,187.93	\$ 291,515.46	\$ 303,190
b. Fringe Benefits	\$ 129,211	\$ 45,275.05	\$ 52,456.80	\$ 59,638.54	\$ 66,820.29	\$ 74,002.03	\$ 81,183.78	\$ 88,365.52	\$ 95,547.27	\$ 102,729.02	\$ 109,910.76	\$ 117,092.51	\$ 124,274.25	\$ 129,211
c. Travel	\$ 61,400	\$ -	\$ 4,270.83	\$ 8,541.66	\$ 12,812.50	\$ 17,083.33	\$ 21,354.16	\$ 25,625.00	\$ 29,895.83	\$ 34,166.66	\$ 38,437.50	\$ 42,708.33	\$ 46,979.16	\$ 61,400
d. Equipment	\$ -	\$ -												
e. Supplies	\$ 15,297	\$ -	\$ 1,274.00	\$ 2,548.00	\$ 3,822.00	\$ 5,096.00	\$ 6,370.00	\$ 7,644.00	\$ 8,918.00	\$ 10,192.00	\$ 11,466.00	\$ 12,740.00	\$ 14,014.00	\$ 15,297
f. Contractual	\$ 228,890	\$ -	\$ 18,958.33	\$ 37,916.66	\$ 56,875.00	\$ 75,833.33	\$ 94,791.66	\$ 113,750.00	\$ 132,708.33	\$ 151,666.66	\$ 170,625.00	\$ 189,583.33	\$ 208,541.66	\$ 228,890
g. Construction	\$ -	\$ -												
h. Other	\$ 206,840	\$ -	\$ 17,291.00	\$ 34,582.00	\$ 51,873.00	\$ 69,164.00	\$ 86,455.00	\$ 103,746.00	\$ 121,037.00	\$ 138,328.00	\$ 155,619.00	\$ 172,910.00	\$ 190,201.00	\$ 206,840
i. Total Direct Charges (sum of a-h)	\$ 944,829	\$ 113,187.62	\$ 182,491.06	\$ 251,794.51	\$ 321,097.96	\$ 390,401.41	\$ 459,704.85	\$ 529,008.30	\$ 598,311.75	\$ 667,615.20	\$ 736,918.65	\$ 806,222.10	\$ 875,525.54	\$ 944,829
j. Indirect Charges	\$ -	\$ -												
k. TOTAL (sum i and j)	\$ 944,829	\$ 113,187.62	\$ 182,491.06	\$ 251,794.51	\$ 321,097.96	\$ 390,401.41	\$ 459,704.85	\$ 529,008.30	\$ 598,311.75	\$ 667,615.20	\$ 736,918.65	\$ 806,222.10	\$ 875,525.54	\$ 944,829

Cost Class Category Non-Federal Expenditures

The completion of your project budget (non-federal, matching funds) should be reported in the quarter you are anticipating expending the funds. Year One begins July 1, 2013. Please include any data attributable to early activities (i.e., January - June 2013) in your baseline data for "Q1, Year 1."

Quarterly Cost Category Expenditures	TOTAL NON-FEDERAL	Quarter Ending												
		Q1-7	Q8	Q9	Q10	Q11	Q12	Q13	Q14	Q15	Q16	Q17	Q18	Q19
		9/30/2013-3/31/2015	6/30/2015	9/30/2015	12/31/2015	3/31/2016	6/30/2016	9/30/2016	12/31/2016	3/31/2017	6/30/2017	9/30/2017	12/31/2017	3/31/2018
a. Personnel	\$0.00	\$ -												
b. Fringe Benefits	\$0.00	\$ -												
c. Travel	\$0.00	\$ -												
d. Equipment	\$0.00	\$ -												
e. Supplies	\$0.00	\$ -												
f. Contractual	\$0.00	\$ -												
g. Construction	\$0.00	\$ -												
h. Other	\$188,966.00	\$ 4,845.44	\$ 20,188.82	\$ 35,532.20	\$ 50,875.58	\$ 66,218.96	\$ 81,562.34	\$ 96,905.72	\$ 112,249.10	\$ 127,592.48	\$ 142,935.86	\$ 158,279.24	\$ 173,622.62	\$ 188,966.00
i. Total Direct Charges (sum of a-h)	\$188,966.00	\$ 4,845.44	\$ 20,188.82	\$ 35,532.20	\$ 50,875.58	\$ 66,218.96	\$ 81,562.34	\$ 96,905.72	\$ 112,249.10	\$ 127,592.48	\$ 142,935.86	\$ 158,279.24	\$ 173,622.62	\$ 188,966.00
j. Indirect Charges	\$0.00	\$ -												
k. TOTAL (sum i and j)	\$188,966.00	\$ 4,845.44	\$ 20,188.82	\$ 35,532.20	\$ 50,875.58	\$ 66,218.96	\$ 81,562.34	\$ 96,905.72	\$ 112,249.10	\$ 127,592.48	\$ 142,935.86	\$ 158,279.24	\$ 173,622.62	\$ 188,966.00

**Rhode Island Emergency Management Agency
State and Local Implementation Program (SLIGP) Budget Narrative (Phase 2)**

a. **Personnel: \$303,190**

Funding in this object class category is for 75% of one full-time, salaried position and 10% of a Public Information Officer position that supports all of the functions required for SLIGP and FirstNet activities for the State of Rhode Island. These functions include the development of governance, infrastructure assessment, education and outreach.

a. Statewide Interoperability Coordinator (SWIC)

The SWIC spends 75% of their time on SLIGP. SWIC serves as liaison between RIEMA Director and the Interoperable Communications Committee (ICC). SWIC serves as Single Point of Contact (SPOC) for FirstNet. SWIC maintains governance structures, coordinates interoperability, and oversee daily interoperability efforts.

$\$84,820.48$ per year (mean salary) \times 4.5 years \times .75 = $\$286,267.50$

b. Public Information Officer (PIO)

The PIO will spend approximately 10% of their time on information awareness and outreach related to the FirstNet and SLIGP grant. This will include social media messaging and website maintenance.

$\$48,350$ per year (mean salary) \times 3.5 years \times .10 = $\$16,922.50$

b. **Fringe Benefits: \$129,211**

Fringe expenses are calculated as 75% of the mean fringe of SWIC and 10% of mean fringe of PIO over the course of the time they will work on the grant.

a. SWIC

$\$35,265 \times 4.5 \times .75 = \$119,019.38$

b. PIO

$\$29,120 \times 3.5 \times .1 = \$10,192.00$

c. **Travel: \$61,400**

- a. Expenses in the object class category include travel out of state for the SWIC or others individuals supporting SLIGP or FirstNet initiatives. In-state expenses are primarily mileage reimbursement, based on state rates, for travel to working group and other related stakeholder meetings.

RI mileage rate: $\$.56$ per mile \times 893 miles = $\$500$

- b. It is expected that the following personnel may travel out of state for approximately 10 conferences, workshops, or meetings related to FirstNet or the SLIGP program: Agency Director, SWIC/SPOC, PIO, or Grant Program Specialist

**Rhode Island Emergency Management Agency
State and Local Implementation Program (SLIGP) Budget Narrative (Phase 2)**

Airfare (roundtrip)	\$720
Hotel (3 nights)	\$490
Ground transport (car rental)	\$100
Registration fees	\$600
Per diem (RI rate of \$30/day)	\$120
Total:	\$2,030

\$2,030 per person x 3 people per conference = \$6,090

\$6,090 per conference x 10 conferences = \$60,900

d. **Equipment: \$0.00**

There are no anticipated equipment purchases

e. **Supplies: \$15,297**

Expenses in this object class will support administrative material needs of personnel working on the SLIGP program.

\$3,000 per laptop x 3 laptops and peripherals (mouse, case, printer, etc) = \$9,000

\$1,000 per tablet x 3 tablets and peripherals (case) = \$3,000

\$2,500 per projector x 1 projector = \$2,500

\$500 per screen x 1 screen = \$500

\$288 for phone and service per year x 1 year = \$288

\$8 for extension cord x 1 cord = \$8.50

f. **Contractual: \$228,890**

a. Statewide communications assessment (Phase 1): \$45,000

Work performed by Project Manager, Task Manager, and GIS Analyst.

Input from Interoperable Communication Committee (ICC) includes elected or appointed officials, representatives from federal, state, local, and tribal agencies and other public safety personnel.

This contract includes:

- Data collection, verification, QA/QC processes for broadband and communication asset data from Broadband Rhode Island
- Digital Atlas Hosting (database and GIS tool)
- Work performed by Project Manager, Task Manager, and GIS Analyst
- Input from Interoperable Communication Committee (ICC) includes elected or appointed officials, representatives from federal, state, local, and tribal agencies and other public safety personnel

b. Site map (Phase 2): \$75,000

Site Map activity is planned for implementation during programmatic second phase of the SLIGP program. This will allow for final guidance from FirstNet.

**Rhode Island Emergency Management Agency
State and Local Implementation Program (SLIGP) Budget Narrative (Phase 2)**

Assessments will be compiled to determine the status of all communication towers in the state.

- Coverage objectives, public safety organization information, operational areas, numbers of calls for service, census of users and devices, types of applications, data usage amounts, current providers, and barriers to implementation
- It is expected that a Project Manager, Task Manager, GIS Analyst, and/or a consultant will contribute up to 553 hours to this phase of the project

c. Data analysis sub-recipient agreement: \$94,000

This will be a grant award with the objectives of linking the activities conducted and leveraging the data collected during the NTIA Broadband Technology Opportunities Program with public safety broadband and then compiling the data and information requested by NTIA for FirstNet.

d. Grant Project Specialist: \$14,890

This represents the expected cost of contractor support for the grant management and administration of SLIGP. Contractor will be responsible for quarterly reporting, conference calls with federal program officials, and preparation of documents for any amendments or budget changes.

\$28.20 per hour x 16 hours per month x 33 months = \$14,889.60

g. **Construction:** \$0

There are no construction costs related to this project.

h. **Other:** \$206,840

a. Approved non- federal match: \$188,966

Sources of soft match and in kind contributions include the time and efforts of members of the Interoperable Communications Commission, Broadband Commission, time and effort of state and local participants during interoperable communications training such as Technician and Leader classes, State and Municipal Police Academies, and the State Fire Academy. This will be captured by sign in sheets, minutes, and agendas.

Hard match is intended to fill any gap left by soft match. The source of hard match will be the State's Emergency 911 program, which is entirely State funded (FY15: \$5,288,026). See attached.

b. Publications and printing related to FirstNet: \$8,580

\$2.86 per piece x 3,000 brochures = \$8,580

c. Statewide Communications Interoperability Plan (SCIP) update printing and distribution: \$2,140

\$8.56 per printed and bound copy x 250 copies = \$2,140

**Rhode Island Emergency Management Agency
State and Local Implementation Program (SLIGP) Budget Narrative (Phase 2)**

d. RISCO Field Operations Guide (FOG) update printing and distribution:
\$8.80 per printed and bound copy x 813 copies = \$7,154

i. **Indirect:** **\$0.00**

There will be no indirect costs applied to this grant.

j. Total:	Federal:	\$ 755,863
	Non-Federal:	<u>\$ 188,966</u>
	Total:	\$ 944,829

**State and Local Implementation Grant Program (SLIGP)
Supplemental Application Narrative**

14. Phase Two Funding

- a. Describe the activities that you expect to undertake with the Phase 2 funding when it is made available to the State, Territory, or District.

Answer:

Data collection and analysis

The data to be collected and analyzed is to include the number of users, their current providers, types of devices, and current coverage area. Other information will be collected from the State's E-911 public safety system which will show actual public safety data such as GIS locations and call frequency. This will be used to determine coverage area of 4G LTE within the state to support the FirstNet initiative for Public Safety entities. Please see the attached Purchase Order that clearly outlines data collection activities for Phase 1 and 2.

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is OMB No. 0660-0038, expiring 7/31/2013. Public reporting burden for this collection of information is estimated to average 10 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Michael E. Dame, Director, State and Local Implementation Grant Program, Office of Public Safety Communications, National Telecommunications and Information Administration, U.S. Department of Commerce (DOC), 1401 Constitution Avenue, N.W., HCHB, Room 7324, Washington, D.C. 20230.

FY 2013 Rhode Island SLIGP Detailed Budget Spreadsheet - June 25, 2014

Current Approved Budget

Proposed Budget - Effective as of July 1, 2014

Category	Detailed Description of Budget (for full grant period)			Breakdown of Costs			Updated Budget April 2014			Breakdown of Costs		
	Quantity	Unit Cost	Total Cost	Non-Federal	Federal		Quantity	Unit Cost	Total Cost	Non-Federal	Federal	
a. Personnel							a. Personnel					
SWIC The SWIC will spend approximately 15.36466.% of the time on SLIGP grant activities for 3 years. The SWIC's annual salary is \$100,000. \$100,000 x approximately 15.36466% = \$15,364.66)	3 years	1536467%	\$46,094	\$46,094	\$0		see Tab "Payroll" - Percentages are total amounts of individuals time 3 years		\$242,008	\$0	\$242,008	
Total Personnel			\$46,094	\$46,094	\$0		Total Personnel		\$242,008	\$0	\$242,008	
b. Fringe Benefits							b. Fringe Benefits					
SWIC Fringe is calculated at 28% of salary, for the portion of time spent on SLIGP activities	3 year	\$4,302	\$12,906	\$12,906	\$0		Frindge is broken out on payroll tab		\$145,819	\$0	\$145,819	
Total Fringe Benefits			\$12,906	\$12,906	\$0		Total Fringe Benefits		\$145,819	\$0	\$145,819	
c. Travel							c. Travel					
Mileage for Working Group Meetings 15 individuals traveling 25 miles roundtrip for 3 meetings; cost per mile is based on state mileage rates	10125	\$0.56	\$5,670	\$1,134	\$4,536		Mileage for Working Group Meetings 15 individuals traveling 25 miles roundtrip for 3 meetings; cost per mile is based on state mileage rates	10125	\$0.56	\$5,670	\$0	\$5,670
Travel for Regional and National Meetings with FirstNet 5 individuals will attend 3 meetings per year. Airfare is estimated at \$400/ticket; hotel is estimated at \$157 per night for two night; per diem is estimated at \$30/day for two days, for a total of \$774/trip	3	\$11,610	\$34,830	\$6,966	\$27,864		Travel for Regional and National Meetings with FirstNet 5 individuals will attend 3 meetings per year. Airfare is estimated at \$400/ticket; hotel is estimated at \$157 per night for two night; per diem is estimated at \$30/day for two days, for a total of \$774/trip	3	\$11,610	\$34,830	\$0	\$34,830
Total Travel			\$40,500	\$8,100	\$32,400		Total Travel		\$40,500	\$0	\$40,500	
d. Equipment							d. Equipment					
N/A	0	\$0	\$0	\$0	\$0		N/A	0	\$0	\$0	\$0	
Total Equipment			\$0	\$0	\$0		Total Equipment		\$0	\$0	\$0	
e. Supplies							e. Supplies					
Printer	1	\$400.00	\$400	\$80	\$320		Outreach - Printing	0	\$0.00	\$12,406	\$0	\$12,406
Desk	1	\$3,000	\$3,000	\$600	\$2,400		Total Supplies			\$12,406	\$0	\$12,406
Chair	1	\$500	\$500	\$100	\$400		f. Contractual					
Light Fixtures	1	\$500	\$500	\$100	\$400		(Phase 1) Statewide Communications Assessment	1	\$101,979	\$101,983	\$0	\$101,983
Office Supplies budgeted at \$50/month for 3 years	3	\$600	\$1,800	\$360	\$1,440		(Phase 2) Site Map	1	\$200,000	\$200,000	\$0	\$200,000
Laptops to be utilized by SWIC	1	\$3,000	\$3,000	\$600	\$2,400		Total Contractual			\$ 301,983		\$301,983
Total Supplies			\$9,200	\$1,840	\$7,360		g. Construction					

Rhode Island State & Local Implementation Grant Program Proposed Phase 2 Budget

a. Personnel	Quantity	Unit Cost		Total Cost
Statewide Interoperability Coordinator (SWIC) will spend 75% of their time on SLIGP grant activities for 4.5 years.	4.5	\$ 84,820	0.75	\$286,268
Public Information Officer (PIO) will spend 10% of their time promoting NPSBN/FirstNet for 3.5 years.	3.5	\$ 48,350	0.10	\$16,923
Total Personnel				\$303,190
b. Fringe Benefits	Quantity	Unit Cost		Total Cost
Calculated as (Time x Mean Fringe)(% of Time)	4.50	\$ 35,265.00	0.75	\$119,019
Calculated as (Time x Mean Fringe)(% of Time)	3.50	\$ 29,120	0.10	\$10,192
Total Fringe Benefits				\$129,211
c. Travel	Quantity	Unit Cost		Total Cost
In-state travel; tolls, mileage, parking	893	\$0.56		\$500
Travel for Regional and National Meetings with FirstNet. Personnel (SWIC, Grant Specialist, PIO) will attend meetings and conferences outside of the state expenses include airfare, ground transport, lodging, registration fees, per diem	10	\$2,030	3.0	\$60,900
Total Travel				\$61,400
d. Equipment	Quantity	Unit Cost		Total Cost
N/A	0	\$0		\$0
Total Equipment				\$0
e. Supplies	Quantity	Unit Cost		Total Cost
Laptop 1 (w/peripherals)	3	\$ 3,000		\$9,000
Tablet 1 (w/peripherals)	3	\$ 1,000		\$3,000
Projector	1	\$ 2,500		\$2,500
Screen	1	\$ 500		\$500
Phone	1	\$ 288		\$288
Extension Cord	1	\$ 9		\$9
Total Supplies				\$15,297
f. Contractual	Quantity	Unit Cost		Total Cost
(Phase 1) Statewide Communications Assessment	1	\$45,000		\$45,000
(Phase 2) Site Map	1	\$75,000		\$75,000
Contractor support (data)	1	\$94,000		\$94,000
Grant Project Specialist	1	\$14,890		\$14,890
Total Contractual				\$228,890
g. Construction	Quantity	Unit Cost		Total Cost
N/A				\$0
Total Construction				\$0
h. Other	Quantity	Unit Cost	Match	Total Cost
Volunteer Time			\$ 188,966	\$188,966
Publications related to FirstNet public information and outreach	3000	\$2.86		\$8,580
Statewide Communications Interoperability Plan (SCIP) print & distribute	250	\$8.56		\$2,140
Field Operations Guide (FOG) print & distribute	813	\$8.80		\$7,154
Total Other				\$206,840
Total Direct Charges				\$944,829
i. Indirect Costs	Quantity	Unit Cost		Total Cost
Total Indirect				
TOTAL:				\$944,829

\$ 49,367
\$ (17,614)
\$ 20,850
\$ 1,882
\$ (60,911)
\$ 19,573
\$ (13,147)

SFY 15				SFY 16			
PSN 82 Change Conversion	New	Position #	10	PSN 82 Change Conversion	New	Position #	10
		Class Code	02707000			Class Code	02707000
		Pay Range	73956-83851			Pay Range	73956-83851
SFY 15 Rev Projected				SFY 16 Projected			
		Title	Asst Chief Of Planning(Technical Svcs)			Title	Asst Chief Of Planning(Technical Svcs)
		Name	Guthlein, Thomas			Name	Guthlein, Thomas
		Grade/step	00137A S1/2			Grade/step	00137A S1/2
			76,657.00				82,669.14
		Incentive	-			Incentive	-
		Longevity	-			Longevity	-
		Total	76,657.00			Total	82,669.14
Salary Step Increases				Salary Step Increases			
		Bi Wkly	2,948.35			Bi Wkly	3,179.58
W/E Date	PP #			W/E Date	PP #		
12-Jul-14	1		2,844.46	11-Jul-15	1		3,007.31
26-Jul-14	2		2,844.46	25-Jul-15	2		3,007.31
9-Aug-14	3		2,948.35	8-Aug-15	3		3,117.24
23-Aug-14	4		2,948.35	22-Aug-15	4		3,117.24
6-Sep-14	5		2,948.35	5-Sep-15	5		3,117.24
20-Sep-14	6		2,948.35	19-Sep-15	6		3,117.24
4-Oct-14	7		2,948.35	3-Oct-15	7		3,117.24
18-Oct-14	8		3,007.31	17-Oct-15	8		3,179.58
1-Nov-14	9		3,007.31	31-Oct-15	9		3,179.58
15-Nov-14	10		3,007.31	14-Nov-15	10		3,179.58
29-Nov-14	11		3,007.31	28-Nov-15	11		3,179.58
13-Dec-14	12		3,007.31	12-Dec-15	12		3,179.58
27-Dec-14	13		3,007.31	26-Dec-15	13		3,179.58
10-Jan-15	14		3,007.31	9-Jan-16	14		3,179.58
24-Jan-15	15		3,007.31	23-Jan-16	15		3,179.58
7-Feb-15	16		3,007.31	6-Feb-16	16		3,179.58
21-Feb-15	17		3,007.31	20-Feb-16	17		3,179.58
7-Mar-15	18		3,007.31	5-Mar-16	18		3,179.58
21-Mar-15	19		3,007.31	19-Mar-16	19		3,179.58
4-Apr-15	20		3,007.31	2-Apr-16	20		3,179.58
18-Apr-15	21		3,007.31	16-Apr-16	21		3,179.58
2-May-15	22		3,007.31	30-Apr-16	22		3,179.58
16-May-15	23		3,007.31	14-May-16	23		3,179.58
30-May-15	24		3,007.31	28-May-16	24		3,179.58
13-Jun-15	25		3,007.31	11-Jun-16	25		3,179.58
27-Jun-15	26		3,007.31	25-Jun-16	26		3,179.58
TOT SFY 15 PROJ	611000		\$ 77,569.56	TOT SFY 15 PROJ	611000		\$ 82,012.84
FICA (281)	621110	7.65%	\$ 6,010.65	FICA (281)	621110	7.65%	\$ 6,350.56
Ret (280)	620100	23.33%	\$ 18,096.98	Ret (280)	620100	23.64%	\$ 19,387.84
Def Cont (249)	620110	1.00%	\$ 775.70	Def Cont (249)	620110	1.00%	\$ 820.13
Ret Health (294)	626300	6.75%	\$ 5,232.07	Ret Health (294)	626300	6.00%	\$ 4,920.77
Fringe (283)	626100	4.30%	\$ 3,335.49	Fringe (283)	626100	4.30%	\$ 3,526.55
Health (295)	624100		\$ -	Health (295)	624100		\$ -
Dental (297)	624120		\$ 1,132.00	Dental (297)	624120		\$ 1,132.00
Vision (298)	624130		\$ 165.00	Vision (298)	624130		\$ 165.00
Co-Pay Health			\$ -	Co-Pay Health			\$ -
Co-Pay Dental			\$ (226.40)	Co-Pay Dental			\$ (226.40)
Co-Pay Vision			\$ (33.00)	Co-Pay Vision			\$ (33.00)
Total Fringe			\$ 34,488.48	Total Fringe			\$ 36,043.45
Waive Hlth(217)	616200		\$ 1,001.00	Waive Hlth(217)	616200		\$ 1,001.00
Pay Accrual	619000	0.40%	\$ 448.23	Pay Accrual	619000	0.40%	\$ 472.23
TOTAL			\$ 113,507.27	TOTAL			\$ 119,529.51
EMPG State				EMPG State			
TOT SFY 14 PROJ 611000	611000		-	TOT SFY 14 PROJ 611000	611000		-
FICA (281)	621110	7.65%	-	FICA (281)	621110	7.65%	-
Ret (280)	620100	23.33%	-	Ret (280)	620100	23.64%	-
Def Cont (249)	620110	1.00%	-	Def Cont (249)	620110	1.00%	-
Ret Health (294)	626300	6.75%	-	Ret Health (294)	626300	6.00%	-
Fringe (283)	626100	4.30%	-	Fringe (283)	626100	4.30%	-
Health (295)	624100		-	Health (295)	624100		-
Dental (297)	624120		-	Dental (297)	624120		-
Vision (298)	624130		-	Vision (298)	624130		-
Co-Pay Health			-	Co-Pay Health			-
Co-Pay Dental			-	Co-Pay Dental			-
Co-Pay Vision			-	Co-Pay Vision			-
Total Fringe			-	Total Fringe			-
Waive Hlth(217)	616200		-	Waive Hlth(217)	616200		-

SWIC personnel

Pay Accrual	619000	0.40%	-	Pay Accrual	619000	0.40%	-
EMPG FED				EMPG FED			
TOT SFY 14 PROJ 611000	611000		-	TOT SFY 14 PROJ 611000	611000		-
FICA (281)	621110	7.65%	-	FICA (281)	621110	7.65%	-
Ret (280)	620100	23.33%	-	Ret (280)	620100	23.64%	-
Def Cont (249)	620110	1.00%	-	Def Cont (249)	620110	1.00%	-
Ret Health (294)	626300	6.75%	-	Ret Health (294)	626300	6.00%	-
Fringe (283)	626100	4.30%	-	Fringe (283)	626100	4.30%	-
Health (295)	624100		-	Health (295)	624100		-
Dental (297)	624120		-	Dental (297)	624120		-
Vision (298)	624130		-	Vision (298)	624130		-
Co-Pay Health			-	Co-Pay Health			-
Co-Pay Dental			-	Co-Pay Dental			-
Co-Pay Vision			-	Co-Pay Vision			-
Total Fringe			-	Total Fringe			-
Waive Hlth(217)	616200		-	Waive Hlth(217)	616200		-
Pay Accrual	619000	0.40%	-	Pay Accrual	619000	0.40%	-
Fed CAP				Fed CAP			
TOT SFY 14 PROJ 611000	611000		-	TOT SFY 14 PROJ 611000	611000		-
FICA (281)	621110	7.65%	-	FICA (281)	621110	7.65%	-
Ret (280)	620100	23.33%	-	Ret (280)	620100	23.64%	-
Def Cont (249)	620110	1.00%	-	Def Cont (249)	620110	1.00%	-
Ret Health (294)	626300	6.75%	-	Ret Health (294)	626300	6.00%	-
Fringe (283)	626100	4.30%	-	Fringe (283)	626100	4.30%	-
Health (295)	624100		-	Health (295)	624100		-
Dental (297)	624120		-	Dental (297)	624120		-
Vision (298)	624130		-	Vision (298)	624130		-
Co-Pay Health			-	Co-Pay Health			-
Co-Pay Dental			-	Co-Pay Dental			-
Co-Pay Vision			-	Co-Pay Vision			-
Total Fringe			-	Total Fringe			-
Waive Hlth(217)	616200		-	Waive Hlth(217)	616200		-
Pay Accrual	619000	0.40%	-	Pay Accrual	619000	0.40%	-
HMGP				HMGP			
TOT SFY 14 PROJ 611000	611000		-	TOT SFY 14 PROJ 611000	611000		-
FICA (281)	621110	7.65%	-	FICA (281)	621110	7.65%	-
Ret (280)	620100	23.33%	-	Ret (280)	620100	23.64%	-
Def Cont (249)	620110	1.00%	-	Def Cont (249)	620110	1.00%	-
Ret Health (294)	626300	6.75%	-	Ret Health (294)	626300	6.00%	-
Fringe (283)	626100	4.30%	-	Fringe (283)	626100	4.30%	-
Health (295)	624100		-	Health (295)	624100		-
Dental (297)	624120		-	Dental (297)	624120		-
Vision (298)	624130		-	Vision (298)	624130		-
Co-Pay Health			-	Co-Pay Health			-
Co-Pay Dental			-	Co-Pay Dental			-
Co-Pay Vision			-	Co-Pay Vision			-
Total Fringe			-	Total Fringe			-
Waive Hlth(217)	616200		-	Waive Hlth(217)	616200		-
Pay Accrual	619000	0.40%	-	Pay Accrual	619000	0.40%	-
PDMC				PDMC			
TOT SFY 14 PROJ 611000	611000		-	TOT SFY 14 PROJ 611000	611000		-
FICA (281)	621110	7.65%	-	FICA (281)	621110	7.65%	-
Ret (280)	620100	23.33%	-	Ret (280)	620100	23.64%	-
Def Cont (249)	620110	1.00%	-	Def Cont (249)	620110	1.00%	-
Ret Health (294)	626300	6.75%	-	Ret Health (294)	626300	6.00%	-
Fringe (283)	626100	4.30%	-	Fringe (283)	626100	4.30%	-
Health (295)	624100		-	Health (295)	624100		-
Dental (297)	624120		-	Dental (297)	624120		-
Vision (298)	624130		-	Vision (298)	624130		-
Co-Pay Health			-	Co-Pay Health			-
Co-Pay Dental			-	Co-Pay Dental			-

SWIC personnel

Co-Pay Vision			-	Co-Pay Vision			-
Total Fringe			-	Total Fringe			-
Waive Hlth(217)	616200		-	Waive Hlth(217)	616200		-
Pay Accrual	619000	0.40%	-	Pay Accrual	619000	0.40%	-
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Sandy							
TOT SFY 14 PROJ 611000	611000		-	TOT SFY 14 PROJ 611000	611000		-
FICA (281)	621110	7.65%	-	FICA (281)	621110	7.65%	-
Ret (280)	620100	23.33%	-	Ret (280)	620100	23.64%	-
Def Cont (249)	620110	1.00%	-	Def Cont (249)	620110	1.00%	-
Ret Health (294)	626300	6.75%	-	Ret Health (294)	626300	6.00%	-
Fringe (283)	626100	4.30%	-	Fringe (283)	626100	4.30%	-
Health (295)	624100		-	Health (295)	624100		-
Dental (297)	624120		-	Dental (297)	624120		-
Vision (298)	624130		-	Vision (298)	624130		-
Co-Pay Health			-	Co-Pay Health			-
Co-Pay Dental			-	Co-Pay Dental			-
Co-Pay Vision			-	Co-Pay Vision			-
Total Fringe			-	Total Fringe			-
Waive Hlth(217)	616200		-	Waive Hlth(217)	616200		-
Pay Accrual	619000	0.40%	-	Pay Accrual	619000	0.40%	-
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CTP							
TOT SFY 14 PROJ 611000	611000		-	TOT SFY 14 PROJ 611000	611000		-
FICA (281)	621110	7.65%	-	FICA (281)	621110	7.65%	-
Ret (280)	620100	23.33%	-	Ret (280)	620100	23.64%	-
Def Cont (249)	620110	1.00%	-	Def Cont (249)	620110	1.00%	-
Ret Health (294)	626300	6.75%	-	Ret Health (294)	626300	6.00%	-
Fringe (283)	626100	4.30%	-	Fringe (283)	626100	4.30%	-
Health (295)	624100		-	Health (295)	624100		-
Dental (297)	624120		-	Dental (297)	624120		-
Vision (298)	624130		-	Vision (298)	624130		-
Co-Pay Health			-	Co-Pay Health			-
Co-Pay Dental			-	Co-Pay Dental			-
Co-Pay Vision			-	Co-Pay Vision			-
Total Fringe			-	Total Fringe			-
Waive Hlth(217)	616200		-	Waive Hlth(217)	616200		-
Pay Accrual	619000	0.40%	-	Pay Accrual	619000	0.40%	-
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Blizzard							
TOT SFY 14 PROJ 611000	611000		-	TOT SFY 14 PROJ 611000	611000		-
FICA (281)	621110	7.65%	-	FICA (281)	621110	7.65%	-
Ret (280)	620100	23.33%	-	Ret (280)	620100	23.64%	-
Def Cont (249)	620110	1.00%	-	Def Cont (249)	620110	1.00%	-
Ret Health (294)	626300	6.75%	-	Ret Health (294)	626300	6.00%	-
Fringe (283)	626100	4.30%	-	Fringe (283)	626100	4.30%	-
Health (295)	624100		-	Health (295)	624100		-
Dental (297)	624120		-	Dental (297)	624120		-
Vision (298)	624130		-	Vision (298)	624130		-
Co-Pay Health			-	Co-Pay Health			-
Co-Pay Dental			-	Co-Pay Dental			-
Co-Pay Vision			-	Co-Pay Vision			-
Total Fringe			-	Total Fringe			-
Waive Hlth(217)	616200		-	Waive Hlth(217)	616200		-
Pay Accrual	619000	0.40%	-	Pay Accrual	619000	0.40%	-
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SLIGP							
TOT SFY 14 PROJ 611000	611000	75.00%	58,177.17	TOT SFY 14 PROJ 611000	611000	75.00%	61,509.63
FICA (281)	621110	7.65%	4,507.99	FICA (281)	621110	7.65%	4,762.92
Ret (280)	620100	23.33%	13,572.73	Ret (280)	620100	23.64%	14,540.88
Def Cont (249)	620110	1.00%	581.77	Def Cont (249)	620110	1.00%	615.10
Ret Health (294)	626300	6.75%	3,924.05	Ret Health (294)	626300	6.00%	3,690.58
Fringe (283)	626100	4.30%	2,501.62	Fringe (283)	626100	4.30%	2,644.91
Health (295)	624100		-	Health (295)	624100		-

SWIC personnel

Dental (297)	624120		849.00	Dental (297)	624120		849.00
Vision (298)	624130		123.75	Vision (298)	624130		123.75
Co-Pay Health			-	Co-Pay Health			-
Co-Pay Dental			(169.80)	Co-Pay Dental			(169.80)
Co-Pay Vision			(24.75)	Co-Pay Vision			(24.75)
Total Fringe			25,866.36	Total Fringe			27,032.58
Waive Hlth(217)	616200		750.75	Waive Hlth(217)	616200		750.75
Pay Accrual	619000	0.40%	336.17	Pay Accrual	619000	0.40%	354.17
			85,130.45				89,647.13
Utility			-	Utility			-
TOT SFY 14 PROJ 611000	611000		-	TOT SFY 14 PROJ 611000	611000		-
FICA (281)	621110	7.65%	-	FICA (281)	621110	7.65%	-
Ret (280)	620100	23.33%	-	Ret (280)	620100	23.64%	-
Def Cont (249)	620110	1.00%	-	Def Cont (249)	620110	1.00%	-
Ret Health (294)	626300	6.75%	-	Ret Health (294)	626300	6.00%	-
Fringe (283)	626100	4.30%	-	Fringe (283)	626100	4.30%	-
Health (295)	624100		-	Health (295)	624100		-
Dental (297)	624120		-	Dental (297)	624120		-
Vision (298)	624130		-	Vision (298)	624130		-
Co-Pay Health			-	Co-Pay Health			-
Co-Pay Dental			-	Co-Pay Dental			-
Co-Pay Vision			-	Co-Pay Vision			-
Total Fringe			-	Total Fringe			-
Waive Hlth(217)	616200		-	Waive Hlth(217)	616200		-
Pay Accrual	619000	0.40%	-	Pay Accrual	619000	0.40%	-
RISCON			-	RISCON			-
TOT SFY 14 PROJ 611000	611000		-	TOT SFY 14 PROJ 611000	611000		-
FICA (281)	621110	7.65%	-	FICA (281)	621110	7.65%	-
Ret (280)	620100	23.33%	-	Ret (280)	620100	23.64%	-
Def Cont (249)	620110	1.00%	-	Def Cont (249)	620110	1.00%	-
Ret Health (294)	626300	6.75%	-	Ret Health (294)	626300	6.00%	-
Fringe (283)	626100	4.30%	-	Fringe (283)	626100	4.30%	-
Health (295)	624100		-	Health (295)	624100		-
Dental (297)	624120		-	Dental (297)	624120		-
Vision (298)	624130		-	Vision (298)	624130		-
Co-Pay Health			-	Co-Pay Health			-
Co-Pay Dental			-	Co-Pay Dental			-
Co-Pay Vision			-	Co-Pay Vision			-
Total Fringe			-	Total Fringe			-
Waive Hlth(217)	616200		-	Waive Hlth(217)	616200		-
Pay Accrual	619000	0.40%	-	Pay Accrual	619000	0.40%	-
State CAP Match			-	State CAP Match			-
TOT SFY 14 PROJ 611000	611000		-	TOT SFY 14 PROJ 611000	611000		-
FICA (281)	621110	7.65%	-	FICA (281)	621110	7.65%	-
Ret (280)	620100	23.33%	-	Ret (280)	620100	23.64%	-
Def Cont (249)	620110	1.00%	-	Def Cont (249)	620110	1.00%	-
Ret Health (294)	626300	6.75%	-	Ret Health (294)	626300	6.00%	-
Fringe (283)	626100	4.30%	-	Fringe (283)	626100	4.30%	-
Health (295)	624100		-	Health (295)	624100		-
Dental (297)	624120		-	Dental (297)	624120		-
Vision (298)	624130		-	Vision (298)	624130		-
Co-Pay Health			-	Co-Pay Health			-
Co-Pay Dental			-	Co-Pay Dental			-
Co-Pay Vision			-	Co-Pay Vision			-
Total Fringe			-	Total Fringe			-
Waive Hlth(217)	616200		-	Waive Hlth(217)	616200		-
Pay Accrual	619000	0.40%	-	Pay Accrual	619000	0.40%	-
SHSP	25.00%		-	SHSP	25.00%		-
TOT SFY 14 PROJ 611000	611000		19,392.39	TOT SFY 14 PROJ 611000	611000		20,503.21
FICA (281)	621110	7.65%	1,502.66	FICA (281)	621110	7.65%	1,587.64
Ret (280)	620100	23.33%	4,524.24	Ret (280)	620100	23.64%	4,846.96

SWIC personnel

Def Cont (249)	620110	1.00%	193.92	Def Cont (249)	620110	1 00%	205.03			
Ret Health (294)	626300	6.75%	1,308.02	Ret Health (294)	626300	6 00%	1,230.19			
Fringe (283)	626100	4.30%	833.87	Fringe (283)	626100	4 30%	881.64			
Health (295)	624100		-	Health (295)	624100		-			
Dental (297)	624120		283.00	Dental (297)	624120		283.00			
Vision (298)	624130		41.25	Vision (298)	624130		41.25			
Co-Pay Health			-	Co-Pay Health			-			
Co-Pay Dental			(56.60)	Co-Pay Dental			(56.60)			
Co-Pay Vision			(8.25)	Co-Pay Vision			(8.25)			
Total Fringe			8,622.12	Total Fringe			9,010.86			
Waive Hlth(217)	616200		250.25	Waive Hlth(217)	616200		250.25			
Pay Accrual	619000	0.40%	112.06	Pay Accrual	619000	0.40%	118.06			
			28,376.82				29,882.38			
Total Confirmed				Total Confirmed						
TOT SFY 14 PROJ 611000	611000		77,569.56	TOT SFY 14 PROJ 611000	611000		82,012.84			
FICA (281)	621110	7.65%	6,010.65	FICA (281)	621110	7 65%	6,350.56			
Ret (280)	620100	23.33%	18,096.98	Ret (280)	620100	23 64%	19,387.84			
Def Cont (249)	620110	1.00%	775.70	Def Cont (249)	620110	1 00%	820.13			
Ret Health (294)	626300	6.75%	5,232.07	Ret Health (294)	626300	6 00%	4,920.77			
Fringe (283)	626100	4.30%	3,335.49	Fringe (283)	626100	4 30%	3,526.55			
Health (295)	624100		-	Health (295)	624100		-			
Dental (297)	624120		1,132.00	Dental (297)	624120		1,132.00			
Vision (298)	624130		165.00	Vision (298)	624130		165.00			
Co-Pay Health			-	Co-Pay Health			-			
Co-Pay Dental			(226.40)	Co-Pay Dental			(226.40)			
Co-Pay Vision			(33.00)	Co-Pay Vision			(33.00)			
Total Fringe			34,488.48	Total Fringe			36,043.45			
Waive Hlth(217)	616200		1,001.00	Waive Hlth(217)	616200		1,001.00			
Pay Accrual	619000	0.40%	448.23	Pay Accrual	619000	0.40%	472.23			
Differences				Differences						
TOT SFY 14 PROJ 611000	611000		-	TOT SFY 14 PROJ 611000	611000		-			
FICA (281)	621110	7.65%	-	FICA (281)	621110	7 65%	-			
Ret (280)	620100	23.33%	-	Ret (280)	620100	23 64%	-			
Def Cont (249)	620110	1.00%	-	Def Cont (249)	620110	1 00%	-			
Ret Health (294)	626300	6.75%	-	Ret Health (294)	626300	6 00%	-			
Fringe (283)	626100	4.30%	-	Fringe (283)	626100	4 30%	-			
Health (295)	624100		-	Health (295)	624100		-			
Dental (297)	624120		-	Dental (297)	624120		-			
Vision (298)	624130		-	Vision (298)	624130		-			
Co-Pay Health			-	Co-Pay Health			-			
Co-Pay Dental			-	Co-Pay Dental			-			
Co-Pay Vision			-	Co-Pay Vision			-			
Total Fringe			-	Total Fringe			-			
Waive Hlth(217)	616200		-	Waive Hlth(217)	616200		-			
Pay Accrual	619000	0.40%	-	Pay Accrual	619000	0.40%	-			

SLIGP Phase 2 budget

Award (fed)	\$ 755,863.00
Award (match)	\$ 188,966.00
Total:	\$ 944,829.00
Balance	\$ -

Previous

Personnel	\$ 242,008.00
Fringe	\$ 145,819.00
Travel	\$ 40,500.00
Equipment	
Supplies	\$ 12,406.00
Contract	\$ 301,983.00
Indirect	\$ 13,147.00
Other	\$ 188,966.00
Total:	\$ 944,829.00

Proposed

Personnel	\$ 291,375.00
Fringe	\$ 128,205.00
Travel	\$ 61,400.00
Equipment	
Supplies	\$ 14,288.00
Contract	\$ 241,072.00
Indirect	
Other	\$ 208,489.00
Total:	\$ 944,829.00

Difference

\$ 49,367.00
\$ (17,614.00)
\$ 20,900.00
\$ -
\$ 1,882.00
\$ (60,911.00)
\$ (13,147.00)
\$ 19,523.00

Supplies	Amount
Laptop 1 (w/peripherals)	\$ 3,000.00
Laptop 2 (w/peripherals)	\$ 3,000.00
Laptop 3 (w/peripherals)	\$ 3,000.00
Tablet 1 (w/peripherals)	\$ 1,000.00
Tablet 2 (w/peripherals)	\$ 1,000.00
Projector	\$ 2,500.00
Screen	\$ 500.00
Phone	\$ 288.00
Total:	\$ 14,288.00

Contract	Amount
EA Eng Phase 1	\$45,000.00
EA Eng phase 2	\$75,000.00
RI Commerce	\$94,000.00
Adil Business	\$27,072.00
Total:	\$241,072.00

Other	Amount
SCIP print & dist	\$ 5,000.00
FOG print & dist	\$ 8,803.00
FirstNet publications	\$ 5,720.00
Total:	\$ 19,523.00

Travel	Amount
Airfare (roundtrip)	\$ 720.00
Hotel (3 nights)	\$ 490.00
Ground transport (car rental)	\$ 100.00
Registration fees	\$ 600.00
Per diem (RI rate of \$30/day)	\$ 120.00
Total:	\$ 2,030.00

	SWIC	Time (yrs)	Total	75%
Personnel	\$ 84,820.00	4.5	\$ 381,690.00	\$ 286,267.50
Fringe	\$ 37,320.80	4.5	\$ 167,943.60	\$ 125,957.70

	PIO	Time (yrs)	Total	10%
Personnel	\$ 48,350.00	2.5	\$ 120,875.00	\$ 12,087.50
Fringe	\$ 21,274.00	2.5	\$ 53,185.00	\$ 5,318.50

	Hours/month	Rate	Total	2.5 years
Adil Business	32	\$ 28.20	\$902.40	\$27,072.00

Budget Information - Non Construction Programs

OMB Approval No. 0348-0044

Section A - Budget Summary						
Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. SLIGP	11.549	\$755,863	\$188,966			\$944,829
2.						\$0
3.						\$0
4.						\$0
5. Totals		\$755,863	\$188,966	\$0	\$0	\$944,829
Section B - Budget Categories						
6. Object Class Categories	Grant Program, Function or Activity				Total (5)	
	(1) Federal	(2) Non-Federal	(3)	(4)		
a. Personnel	\$303,190				\$303,190	
b. Fringe Benefits	\$129,211				\$129,211	
c. Travel	\$61,400				\$61,400	
d. Equipment					\$0	
e. Supplies	\$15,297				\$15,297	
f. Contractual	\$228,890				\$228,890	
g. Construction					\$0	
h. Other	\$17,874	\$188,966			\$206,840	
i. Total Direct Charges (sum of 6a-6h)	\$755,862	\$188,966	\$0	\$0	\$944,829	
j. Indirect Charges					\$0	
k. Totals (sum of 6i-6j)	\$755,862	\$188,966	\$0	\$0	\$944,829	
7. Program Income					\$0	

Section C - Non-Federal Resources				
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) Totals
8.				\$0
9.				\$0
10.				\$0
11.				\$0
12. Total (sum of lines 8 - 11)	\$0	\$0	\$0	\$0

Section D - Forecasted Cash Needs					
	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th quarter
13. Federal	\$0				
14. Non-Federal	\$0				
15. Total (sum of lines 13 and 14)	\$0	\$0	\$0	\$0	\$0

Section E - Budget Estimates of Federal Funds Needed for Balance of the Project				
(a) Grant Program	Future Funding Periods (Years)			
	(b) First	(c) Second	(d) Third	(e) Fourth
16.				
17.				
18.				
19.				
20. Total (sum of lines 16-19)	\$0	\$0	\$0	\$0

Section F - Other Budget Information	
21. Direct Charges	22. Indirect Charges

23. Remarks

Instructions for the SF-424A

Public Reporting Burden for this collection of information is estimated to average 3.0 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Please do not return your completed form to the Office of Management and Budget; send it to the address provided by the sponsoring agency.

General Instructions

This form is designed so that application can be made for funds from one or more grant programs. In preparing the budget, adhere to any existing Federal grantor agency guidelines which prescribe how and whether budgeted amounts should be separately shown for different functions or activities within the program. For some programs, grantor agencies may require budgets to be separately shown by function or activity. For other programs, grantor agencies may require a breakdown by function or activity. Sections A, B, C, and D should include budget estimates for the whole project except when applying for assistance which requires Federal authorization in annual or other funding period increments. In the later case, Sections A, B, C, and D should provide the budget for the first budget period (usually a year) and Section E should present the need for Federal assistance in the subsequent budget periods. All applications should contain a breakdown by the object class categories shown in Lines a-k of Section B.

Section A. Budget Summary Lines 1-4 Columns (a) and (b)

For applications pertaining to a **single** Federal grant program (Federal Domestic Assistance Catalog number) and **not requiring** a functional or activity breakdown, enter on Line 1 under Column (a) the catalog program title and the catalog number in Column (b).

For applications pertaining to a **single** program **requiring** budget amounts by multiple functions or activities, enter the name of each activity or function on each line in Column (a), and enter the catalog number in Column (b). For applications pertaining to multiple programs where none of the programs require a breakdown by function or activity, enter the catalog program title on each line in **Column** (a) and the respective catalog number on each line in Column (b).

For applications pertaining to **multiple** programs where one or more programs **require** a breakdown by function or activity, prepare a separate sheet for each program requiring the breakdown. Additional sheets should be used when one form does not provide adequate space for all breakdown of data required. However, when more than one sheet is used, the first page should provide the summary totals by programs.

Lines 1-4, Columns (c) through (g)

For new applications, leave Columns (c) and (d) blank. For each line entry in Columns (a) and (b), enter in Columns (e), (f), and (g) the appropriate amounts of funds needed to support the project for the first funding period (usually a year).

For continuing grant program applications, submit these forms before the end of each funding period as required by the grantor agency. Enter in Columns (c) and (d) the estimated amounts of funds which will remain unobligated at the end of the grant funding period only if the Federal grantor agency instructions provide for this. Otherwise, leave these columns blank. Enter in columns (e) and (f) the amounts of funds needed for the upcoming period. The amount(s) in Column (g) should be the sum of amounts in Columns (e) and (f).

For supplemental grants and changes to existing grants, do not use Columns (c) and (d). Enter in Column (e) the amount of the increase or decrease of Federal funds and enter in Column (f) the amount of the increase or decrease of non-Federal funds. In Column (g) enter the new total budgeted amount (Federal and non-Federal) which includes the total previous authorized budgeted amounts plus or minus, as appropriate, the amounts shown in Columns (e) and (f). The amount(s) in Column (g) should not equal the sum of amounts in Columns (e) and (f).

Line 5—Show the totals for all columns used.

Section B. Budget Categories

In the column headings (a) through (4), enter the titles of the same programs, functions, and activities shown on Lines 1-4, Column (a), Section A. When additional sheets are prepared for Section A, provide similar column headings on each sheet. For each program, function or activity, fill in the total requirements for funds (both Federal and non-Federal) by object class categories.

Lines 6a-i—Show the totals of Lines 6a to 6h in each column.

Line 6j—Show the amount of indirect cost.

Line 6k—Enter the total of amounts on Lines 6i and 6j. For all applications for new grants and continuation grants the total amount in column (5), Line 6k, should be the same as the total amount shown in Section A, Column (g), Line 5. For supplemental grants and changes to grants, the total amount of the increase or decrease as shown in Columns (1)-(4), Line 6k should be the same as the sum of the amounts in Section A, Columns (e) and (f) on Line 5.

Line 7—Enter the estimated amount of income, if any, expected to be generated from this project. Do not add or subtract this amount from the total project amount. Show under the program narrative statement the nature and source of income. The estimated amount of program income may be considered by the federal grantor agency in determining the total amount of the grant.

Section C. Non-Federal Resources

Lines 8-11—Enter amounts of non-Federal resources that will be used on the grant. If in-kind contributions are included, provide a brief explanation on a separate sheet.

Column (a)—Enter the program titles identical to Column (a), Section A. A breakdown by function or activity is not necessary.

Column (b)—Enter the contribution to be made by the applicant.

Column (c)—Enter the amount of the State's cash and in-kind contribution if the applicant is not a State or State agency. Applicants which are a State or State agencies should leave this column blank.

Column (d)—Enter the amount of cash and in-kind contributions to be made from all other sources.

Column (e)—Enter totals of Columns (b), (c), and (d).

Line 12—Enter the total for each of Columns (b)-(e). The amount in Column (e) should be equal to the amount on Line 5, Column (f) Section A.

Section D. Forecasted Cash Needs

Line 13—Enter the amount of cash needed by quarter from the grantor agency during the first year.

Line 14—Enter the amount of cash from all other sources needed by quarter during the first year.

Line 15—Enter the totals of amounts on Lines 13 and 14.

Section E. Budget Estimates of Federal Funds Needed for Balance of the Project

Lines 16-19—Enter in Column (a) the same grant program titles shown in Column (a), Section A. A breakdown by function or activity is not necessary. For new applications and continuation grant applications, enter in the proper columns amounts of Federal funds which will be needed to complete the program or project over the succeeding funding periods (usually in years). This section need not be completed for revisions (amendments, changes, or supplements) to funds for the current year of existing grants. If more than four lines are needed to list the program titles, submit additional schedules as necessary.

Line 20—Enter the total for each of the Columns (b)-(e). When additional schedules are prepared for this Section, annotate accordingly and show the overall totals on this line.

Section F. Other Budget Information

Line 21—Use this space to explain amounts for individual direct object-class cost categories that may appear to be out of the ordinary or to explain the details as required by the Federal grantor agency.

Line 22—Enter the type of indirect rate (provisional, predetermined, final or fixed) that will be in effect during the funding period, the estimated amount of the base to which the rate is applied, and the total indirect expense.

Line 23—Provide any other explanations or comments deemed necessary.

Applicant Name: Rhode Island

Award Number: _____

Budget Information - Non Construction Programs

OMB Approval No. 0348-0044

Section A - Budget Summary

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		Total (g)
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	
1. SLIGP	11.549	\$755,863	\$188,966			\$944,829
2.						\$0
3.						\$0
4.						\$0
5. Totals		\$755,863	\$188,966	\$0	\$0	\$944,829

Section B - Budget Categories

6. Object Class Categories	Grant Program, Function or Activity				Total (5)
	(1) Federal	(2) Non-Federal	(3)	(4)	
a. Personnel	\$303,190				\$303,190
b. Fringe Benefits	\$129,211				\$129,211
c. Travel	\$61,400				\$61,400
d. Equipment					\$0
e. Supplies	\$15,298				\$15,298
f. Contractual	\$228,890				\$228,890
g. Construction					\$0
h. Other	\$17,874	\$188,966			\$206,840
i. Total Direct Charges (sum of 6a-6h)	\$755,863	\$188,966	\$0	\$0	\$944,829
j. Indirect Charges					\$0
k. Totals (sum of 6i-6j)	\$755,863	\$188,966	\$0	\$0	\$944,829
7. Program Income					\$0

Section C - Non-Federal Resources

	(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) Totals
8.					\$0
9.					\$0
10.					\$0
11.					\$0
12. Total (sum of lines 8 - 11)		\$0	\$0	\$0	\$0

Section D - Forecasted Cash Needs

	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th quarter
13. Federal	\$0				
14. Non-Federal	\$0				
15. Total (sum of lines 13 and 14)	\$0	\$0	\$0	\$0	\$0

Section E - Budget Estimates of Federal Funds Needed for Balance of the Project

(a) Grant Program	Future Funding Periods (Years)			
	(b) First	(c) Second	(d) Third	(e) Fourth
16.				
17.				
18.				
19.				
20. Total (sum of lines 16-19)	\$0	\$0	\$0	\$0

Section F - Other Budget Information

21. Direct Charges	22. Indirect Charges
23. Remarks	