OMB Control No. 0660-0038 Expiration Date: 8/31/2016

							Expiration Date: 8/31/2016	
		U.S. [	Department of Commerce			2. Award or Grant Number		
						60-10-S13060		
		Perfo	ormance Progress Report			4. EIN		
						97-0000676		
1. Recipi	ent Name					6. Report Date (MM/DD/Y	(YY)	
American	n Samoa Department of	Homeland Se	ecurity (ASDHS)			10/30/2013		
3. Street	Address					7. Reporting Period End Da	ite:	
PO Box 4	567					OCT 30h		
5. City, St	tate, Zip Code					8. Final Report	9. Report Frequency	
Pago Pag	o, AS 96799					🗆 Yes	Quarterly	
						No	-	
10a. Proj	ect/Grant Period	10b. End	Date: 08/31/2016					
Start D	ate: 9/1/2013							
11. List t	he individual projects in	your approv	ed Project Plan					
	Project Type (Capacit	the second se	Project Deliverable Quantity	Total Federal	Total Federal	Funding Amount expended	Percent of Total Federal Funding	
	SCIP Update,		(Number & Indicator	Funding Amount	and a state of the second	this reporting period	Amount expended	
	Outreach, Training et	)	Description)			and the second second second second		
1	Stakeholder Meeting	S	10 participants reached				0%	
2	Training Sessions		0				0%	
3	Broadband Confence	s	3 people			· · · · · · · · · · · · · · · · · · ·	0%	
4	Staff Hire (Full Time B	quivalent)	0 Staff				0%	
5	Contract Executions		0	The second second second second second			0%	
6	Statutory or Regulato	ory Changes	0				0%	
7	Governance Meeting		3 Meetings conducted				0%	
8	Educational Material		0 Educational Materials	and the second se	Business and the second second second		0%	
9	Phase II Activity		TBD		Contraction of the second second second		0%	

11a. Describe your progress meeting each major activity/milestone approved in the Baseline Report for this project; any challenges or obstacles encountered and mitigation strategies you have employed; planned major activities for the next quarter; and any additional project milestones or information.

**Milestone activities:** 

ASDHS has identified staff to assist in coordination and assisting in the establishment of the SLIG-Program. ASDHS Deputy Director and ASDHS CIO have been identified as project leads to coordinate the application process of the SLIG-P. In June, 2013 Deputy Director, CIO, and the ASDHS Emergency Communications Coordinator were able to travel (pre-award) to San Francisco for the FirstNet Consultation session. The session was informative and assisted American Samoa further with the development of its SLIG-P application.

ASDHS has started discussions by meeting with our Territorial Emergency Communications Committee (TECC) regarding the establishment of a sub-committee working group to begin development of the American Samoa Public Safety Broadband strategy and planning. ASDHS has started recruitment of staffing for the SLIG-Program and hopes to have full staff on board by Jan 1, 2014. SLIG-P project lead at the moment is the ASDHS CIO. ASDHS CIO has already engaged existing Disaster Preparedness Outreach Team to strategically look at assisting with outreach activities for key stakeholders in the public safety community and the community as a whole.

ASDHS has recruited a person for the SLIG-P Program Coordinator Position. The tentative start date for this person is Jan 13, 2013.

11b. If the project team anticipates requesting any changes to the approved Baseline Report in the next quarter, describe those below. Note that any substantive changes to the Baseline Report must be approved by the Department of Commerce before implementation.

We would like to begin activities and coordination, but cannot until our funded FTE positions have been filled. We anticipate most of the FTE to be hired in Q2.

11c. Provide any other information that would be useful to NTIA as it assesses this project's progress.

Most of the work this quarter has been focused on getting the SLIG-Program established through our finance section and getting the necessary paperwork completed to meet requirements in order for local government requirements are met along with registration of the SAM so that we can begin the sourcing of personnel. Initial discussions and planning has taken place with the key stakeholders and governance committees, but the program coordinator will be required in order to proceed further with activities and plans that are currently being discussed for outreach and governance meetings. The SLIGP Program Coordinator tentative start date is Jan 13, 2014.

11d. Describe any success stories or best practices you have identified. Please be as specific as possible. None at this time.

12. Personnel

12a. If the project is not fully staffed, describe how any lack of staffing may impact the project's time line and when the project will be fully staffed.

The project is not fully staffed, but we anticipate hiring of all staff by Q3.

12b. Staffing Table

Job Title	FTE %	Project(s) Assigned	Change
SWIC	.5	Provide additional oversight and incorporation into the State Interoperability Plan	
SLIG-P Program Coordinator	1.0	Provide administrative oversight of project for grants management, governance, and outreach activities	
Technical/Administrative Support Staff	1.0	Provide support role in assisting in coordination of all SLIG-P activities and performing the leg-work for all the activities proposed in the plan.	
Technical/Administrative Support Staff	1.0	Provide support role in assisting in coordination of all SLIG-P activities and performing	

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					the leg	work for all the	activities	proposed in	n the plan.			
						Add Row	Remov	ve Row				
13. Subcontracts	s (Vendors and	or Subrecip	pients)									
NONE		1			- C Al. 1-	A		h tra . to '	Total" in Outstion 1/			
13a. Subcontrac	ts Table – Inclu	de all subco	intractors. I	ne total	s from this	table must equ	lai the St	bcontracts	Total" in Question 14	+1.		
Name	Subcontract F		Type (Vendor/Sub		RFP/RFQ Issued (Y/N)	Contract Executed (Y/N)	Start Date	End Date	Total Federal Funds Allocated	Total Match Funds Alloca		Project and % Assigned
		I		I			Dama			1		
						Add Row	Remo	ve Row				
13b. Describe an	ny challenges ei	ncountered	with vendors	and/o	r sub recip	ents.						
NONE												
NONE												
14. Budget Worl												
							the CE 42	1 A an file	v.			
	d 4 must match						the SF-42	4A on file.	×			
Columns 2, 3 and Only list matchin	d 4 must match						the SF-42	4A on file.	v			
Only list matchin	d 4 must match ng funds that th	e Departme	nt of Comme	rce has	already ap	proved.			Approved Mate	ching Funds	Tota	al Funds Expended (7)
	d 4 must match ng funds that th ilement (1)	e Departme Federal Fun	nt of Comme	rce has oved N		proved. Total Budget	Fed	eral Funds	Approved Mate		Tota	l Funds Expended (7)
Only list matchin Project Budget E	d 4 must match ng funds that th ilement (1)	e Departmen Federal Fun Awarded (2	nt of Comme nds App 2) Fund	rce has roved N Is (3)	already ap 1atching	proved. Total Budget (4)	Fed	eral Funds bended (5)	Expende		Tota	
Only list matchin Project Budget E a. Personnel Sala	d 4 must match ng funds that th ilement (1) aries	e Departme Federal Fun Awarded (2 291,000	nt of Comme nds App 2) Fund 0	rce has roved N Is (3) 0	already ap 1atching	proved. Total Budget (4) 291,000	Fed	eral Funds			Tota	ll Funds Expended (7) 0 0
Only list matchin Project Budget E	d 4 must match ng funds that th ilement (1) aries	e Departmen Federal Fun Awarded (2	nt of Comme nds Appr ?) Fund D	rce has roved N Is (3)	already ap 1atching	proved. Total Budget (4)	Fed	eral Funds bended (5) 0	Expende 0		Tota	0

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e. Materials/Supplies	15,175	0	15,175	0	0	0
f. Subcontracts Total	0	0	0	0	0	0
					·	0
g. Other	30,000	0	30,000	0	0	
h. Indirect Costs	63,177	0	63,177	0	0	0
i. Total Costs	502,930	0	502,930	0	0	0
j. % of Total	100%	0%	100%	0%	0%	0%
documents. 16a. Typed or printed name	and title of Authorized	Certifying Official	1	.6c. Telephone (area co	de. number. and extension)	
16a. Typed or printed name		Certifying Official			de, number, and extension)	
16a. Typed or printed name		Certifying Official	e	84-633-2827	de, number, and extension)	
16a. Typed or printed name JACINTA BROWN, DEPUTY I	DIRECTOR		e		de, number, and extension)	
16a. Typed or printed name JACINTA BROWN, DEPUTY I	DIRECTOR		e	84-633-2827	de, number, and extension)	
	DIRECTOR		<u> </u>	84-633-2827	de, number, and extension)	
16a. Typed or printed name JACINTA BROWN, DEPUTY I	DIRECTOR		<u> </u>	84-633-2827 6 <b>d. Email Address</b> .brown@asdhs.as.gov	de, number, and extension) itted (month, day, year)	
16a. Typed or printed name JACINTA BROWN, DEPUTY I AMERICAN SAMOA DEPART	DIRECTOR		<u> </u>	84-633-2827 6 <b>d. Email Address</b> .brown@asdhs.as.gov		

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