

U.S. Department of Commerce Performance Progress Report				2. Award or Grant Number:	60-10-513060
1. Recipient Name				4. EIN:	97-0000676
3. Street Address				6. Report Date (MM/DD/YYYY)	4/30/2018
5. City, State, Zip Code				7. Reporting Period End Date: (MM/DD/YYYY)	3/31/2018
				8. Final Report Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	9. Report Frequency Quarterly <input checked="" type="checkbox"/>
10a. Project/Grant Period					
Start Date: (MM/DD/YYYY)	9/1/2013	10b. End Date: (MM/DD/YYYY)	2/28/2018		
11. List the individual projects in your approved Project Plan					
	Project Type (Capacity Building, SCIP Update, etc.)	Project Deliverable Quantity (Number & Indicator Description)	Description of Milestone Category		
1	Stakeholders Engaged	130	Actual number of individuals reached via stakeholder meetings during the quarter		
2	Individuals Sent to Broadband Conferences	2	Actual number of individuals who were sent to third-party broadband conferences using SLIGP grant funds during the quarter		
3	Staff Hired (Full-Time Equivalent)(FTE)	0	Actual number of state personnel FTEs who began supporting SLIGP activities during the quarter (may be a decimal)		
4	Contracts Executed	0	Actual number of contracts executed during the quarter		
5	Governance Meetings	3	Actual number of governance, subcommittee, or working group meetings held during the quarter		
6	Education and Outreach Materials Distributed	130	Actual volume of materials distributed (inclusive of paper and electronic materials) plus hits to any website or social media account supported by SLIGP during the quarter		
7	Subrecipient Agreements Executed	0	Actual number of agreements executed during the quarter		
8	Phase 2 - Coverage	Stage 6	For each Phase 2 milestone category, please provide the status of the activity during the quarter: <ul style="list-style-type: none"> • Stage 1 - Process Development • Stage 2 - Data Collection In Progress • Stage 3 - Collection Complete; Analyzing/Aggregating Data • Stage 4 - Data Submitted to FirstNet • Stage 5 - Continued/Iterative Data Collection • Stage 6 - Submitted Iterative Data to FirstNet 		
9	Phase 2 - Users and Their Operational Areas	Stage 6			
10	Phase 2 - Capacity Planning	Stage 6			
11	Phase 2 - Current Providers/Procurement	Stage 6			
12	Phase 2 - State Plan Decision	Stage 6			
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.					
<p>January 2018 Activities included FirstNet meetings and discussions on the aspects of the transition between SLIGP 1.0 and SLIGP 2.0 as well as regular stakeholder meetings to keep everyone informed on the status of the program and the stakeholders</p> <p>February 2018 Activities were limited due to Cyclone Gita hitting American Samoa and subsequently having the President declare a national disaster for the territory. The natural disaster did help identify shortfall in our current first responders network as well as proved the importance of having FirstNet. We were able to arranged a FirstNet and AT&T Presentation for the first responders and stakeholders, as we were visited by AT&T VP</p> <p>March 2018 No Activities conducted this month other than closeout activities</p>					
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.					

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

11d. Describe any success stories or best practices you have identified. Please be as specific as possible.
 We were able to arranged a FirstNet and AT&T Presentation for the first responders and stakeholders, as we were visited by AT&T VP.

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 was adequately and fully staffed. During the quarter, the staffing including 4 full time staffing to assist with the final months of the project

12b. Staffing Table - Please include all staff that have contributed time to the project. Please do not remove individuals from this table.

Job Title	FTE%	Project (s) Assigned	Change
SWIC	100	Duties of the SWIC are performed collaterally by the Deputy Director of ASDHS.	
SLIGP Program Coordinator	100	Coordinate and manage the program and all its related activities including the compilation and timely submission of the required PPR.	
IT Support Staff	100	Provide IT/technical support to the program.	
IT/Administrative Support Staff	100	Provide administrative/technical support to the program.	

13. Subcontracts (Vendors and/or Subrecipients)

13a. Subcontracts Table - Include all subcontractors. The totals from this table must equal the "Subcontracts Total" in Question 14f.

Name	Subcontract Purpose	Type (Vendor/Subrec.)	RFP/RFQ Issued (Y/N)	Contract Executed (Y/N)	Start Date	End Date	Total Federal Funds Allocated	Total Matching Funds Allocated
Blue Sky Communications	Provide Awareness Outreach via local cable channel	Vendor	N	Y	9/1/2017	2/28/2018	\$1,835.94	

13b. Describe any challenges encountered with vendors and/or subrecipients.

No RFP/RFQ issued because the vendor is the only cable channel vendor in the territory.

14. Budget Worksheet						
Columns 2, 3 and 4 must match your current project budget for the entire award, which is the SF-424A on file.						
Only list matching funds that the Department of Commerce has already approved.						
Project Budget Element (1)	Federal Funds Awarded (2)	Approved Matching Funds (3)	Total Budget (4)	Federal Funds Expended (5)	Approved Matching Funds Expended (6)	Total funds Expended (7)
a. Personnel Salaries	\$166,231.00	\$0.00	\$166,231.00	\$217,279.45		\$217,279.45
b. Personnel Fringe Benefits	\$33,326.00	\$0.00	\$33,326.00	\$36,285.67		\$36,285.67
c. Travel	\$155,891.00	\$0.00	\$155,891.00	\$120,376.33		\$120,376.33
d. Equipment	\$7,950.00	\$0.00	\$7,950.00	\$7,950.00		\$7,950.00
e. Materials/Supplies	\$24,797.00	\$0.00	\$24,797.00	\$25,090.85		\$25,090.85
f. Subcontracts Total	\$46,446.00	\$0.00	\$46,446.00	\$8,801.75		\$8,801.75
g. Other	\$20,802.00	\$0.00	\$20,802.00	\$9,076.96		\$9,076.96
h. Indirect	\$47,487.00	\$0.00	\$47,487.00	\$52,067.25		\$52,067.25
i. Total Costs	\$502,390.00	\$0.00	\$502,930.00	\$476,928.26	\$0.00	\$476,928.26
j. % of Total	100%	0%	100%	95%	0%	95%
15. Certification: I certify to the best of my knowledge and belief that this report is correct and complete for performance of activities for the purpose(s) set forth in the award documents.						
16a. Typed or printed name and title of Authorized Certifying Official:				16c. Telephone (area code, number, and extension)		(684) 699-0411
Samana Semo Ve'ave'a				16d. Email Address:		s.yeavea@asdhhs.hawaii.gov
16b. Signature of Authorized Certifying Official:				Date:		April 30, 2018
						