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

						Expiration bate. of 52/ 2520
	U.S.	2. Award or Grant Number 60-10-S13060				
	Perf	ormance Progress Report	4. EIN			
			97-0000676			
1. Recip	ient Name				6. Report Date (MM/DD/Y	YYY)
	an Samoa Department of Homeland S	04/28/2015				
	t Address				7. Reporting Period End Da MAR 31, 2015	ate:
	State, Zip Code go, AS 96799				8. Final Report Yes No	9. Report Frequency Quarterly
	oject/Grant Period 10b. End Date: 9/1/2013	Date: 08/31/2016			100,000 000 000	Name of the second seco
11. List	the individual projects in your appro-	ved Project Plan				LO RESO
	Project Type (Capacity Building, SCIP Update, Outreach, Training etc.)	Project Deliverable Quantity (Number & Indicator Description)	Total Federal Funding Amount	Total Federal Funding Amount expended at the end of this reporting period		Percent of Total Federal Funding Amount expended
1	Stakeholder Meetings	0		I SOURCE STATE		0%
2	Training Sessions	0				0%
3	Broadband Conferences	0				0%
4	Staff Hire (Full Time Equivalent)	1 Staff	AMERICAN PROPERTY OF STREET			0%
5	Contract Executions	0	150 ASSESSED OF COMMON PARTY.			0%
6 Statutory or Regulatory Changes		0	AND THE RESERVE AND THE RESERV	ALL LESS		0%
7 Governance Meeting		1 Meetings				0%
8 Educational Material		0 Educational Materials				0%
9	Phase II Activity	TBD		Mark Market		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:

During this quarter, the FirstNet Mobile Data Collection Survey was completed and submitted. Minor technical issues with the survey were encountered along the way with the data entry process. Ultimately, the issues were resolved and the survey was uploaded. The Initial Consultation Checklist for American Samoa was completed and submitted as well which resulted in the scheduling of American Samoa's event in August 2015. The Territorial Emergency Communication Committee (TECC) did not meet during this quarter due to conflicting schedules. Staff participated in the January conference call with the FirstNet folks as well as the webinar held on the 20th of Feb.

A SLIGP Coordinator has been recruited during this reporting period and will be responsible for program reporting henceforth.

			-
11b. If the project team anticipates requesting ar Baseline Report must be approved by the Depart		ne approved Baseline Report in the next quarter, describe those below. Note that any su	bstantive changes to the
paseille keport must be approved by the behave	ment of Comm	erce perore imprementation.	
11c. Provide any other information that would be	e useful to NTIA	as it assesses this project's progress.	
11d. Describe any success stories or best practice	s you have iden	ntified. Please be as specific as possible.	
	•	,	
12. Personnel			
12a. If the project is not fully staffed, describe ho	w any lack of st	affing may impact the project's time line and when the project will be fully staffed.	
The project is not fully staffed, but the recruiting	of the SLIGP Co	ordinator will improve efforts toward meeting time lines in terms of coordinating activit	ies within the general
staff and stakeholder partners. Needed technical	expertise in spe	ecific areas of the project will be addressed through contractual means which is in progr	ess; the paper work is
anticipated to be completed as soon as possible of	or by next quart	ter.	
12b. Staffing Table			
120. Starring rawe			
Job Title	FTE %	Project(s) Assigned	Change
SWIC	.5	Provide additional oversight and incorporation into the State Interoperability Plan	Change
SLIG-P Program Coordinator	1.0	Provide administrative oversight of project for grants management, governance, and	New
		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	-
		the leg-work for all the activities proposed in the plan.	
		· · · · · · · · · · · · · · · · · · ·	
		Add Row Remove Row	

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

13. Subcontract	s (Vendors and/or Subrec	cipients)					··-		_
NONE									
13a. Subcontrac	ts Table – Include all sub	contractors. The total	ils from this	table must eq	qual the "Su	bcontracts	Total" in Question 14	lf.	
Name	Subcontract Purpose	Type (Vendor/Subrec.)	RFP/RFQ Issued (Y/N) N	Contract Executed (Y/N) N	Start Date	End Date	Total Federal Funds Allocated	Total Matching Funds Allocated	Project and % Assigned
				Add Row	Remov	e Row			
13b. Describe a	ny challenges encountere	d with vendors and/	or sub recipi	ents.					
NONE									
14. Budget Wor									<u>. </u>
	d 4 must match your curring funds that the Departn				s the SF-424	A on file.			

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	291,000	0	291,000	33,772.74	0	33,772.74		
b. Personnel Fringe Benefits	48,597	0	48,597	5,243.31	0	5,243.31		
c. Travel	54,981	0	54,981	54,145.71	0	54,145.71		
d. Equipment	0	0	0	0	0	0		
e. Materials/Supplies	15,175	0	15,175	0	0	0		
f. Subcontracts Total	0	0	0	0	0	0		
g. Other	30,000	0	30,000	0	0	0		
h. Indirect Costs	63,177	0	63,177	4,707.45	0	4,707.45		
i. Total Costs	502,930	0	502,930	97,869.21	0	97,869.21		
j. % of Total	100%	0%	100%	19%	0%	19%		
16a. Typed or printed name a		zed Certifying Official	4.1	16c. Telephone (area code, number, and extension) 684-699-0411				
IUNIASOLUA T. SAVUSA, DIRE	ECTOR							
AMERICAN SAMOA DEPARTN	MENT OF HOMELAN	D SECURITY		i.savusa@asdhs.as.gov				
16b. Signature of Authorized Certifying Official				16e. Date Report Submitted (month, day, year)				

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a currently valid OMB control number. Public reporting burden for this collection of information is estimated to average 10 hours per response for the application process, 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.

05/19/2015