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

|           | 11   | S. Department of Commerce    |                               |  | 2. Award or Grant Numbe | · · · · · · · · · · · · · · · · · · · |  |  |
|-----------|--|------------------------------|-------------------------------|--|-------------------------|---------------------------------------|--|--|
|           | 0.   | or a character of commence   | 78-10-\$13078                 |  |                         |                                       |  |  |
|           | Pe   | 4. EIN#                      |                               |  |                         |                                       |  |  |
|           | •  | erformance Progress Report   | 090101838                     |  |                         |                                       |  |  |
| 1. Recipi | ent Name United States Virgin Isla               | ands -Office of the Governor | 6. Report Date (MM/DD/)       | YYY)   |                         |                                       |  |  |
| Bureau c  | f Information Technology                         |                              | 10/22/2015                    |  |                         |                                       |  |  |
|           | Address  |                              | 7. Reporting Period End Date: |  |                         |                                       |  |  |
|           | ky Shopping Center, Suite 600 A                  | 9/30/2015                    |                               |  |                         |                                       |  |  |
|           | tate, Zip Code<br>e Amalie, Virgin Islands 00802 |                              |                               | 8. Final Report 9. Report Frequency  yes xp No x Quarterly |                         |                                       |  |  |
| CHAIIOLU  | e Amane, Virgin Islanus 00002                    |                              |                               |  | LI TES ALI NO           | A Quarterly                           |  |  |
| 10a. Pro  | ect/Grant Period                                 | 10b. End Date: (MM/DD/YYYY   | 7)                            |  |                         |                                       |  |  |
| Start [   | Pate: (MM/DD/YYYY) 08/01/2013                    | 01/31/2018                   |                               |  |                         |                                       |  |  |
| II link   | the individual projects in your appr             | January Diagram              |                               |  |                         |                                       |  |  |
| TT. LIST  | Project Type (Capacity                           | Project Deliverable Quantity | Total Federal                 | Total Federal  | Funding Amount expended | Percent of Total Federal Funding      |  |  |
|           | Building, SCIP Update,                           | (Number & Indicator          | Funding Amount                | P  | this reporting period   | Amount expended                       |  |  |
|           | Outreach, Training etc.)                         | Description)                 |                               |  |                         |                                       |  |  |
| 1         | Stakeholder Meetings                             | 275                          |                               |  |                         |                                       |  |  |
| 2         | Broadband Conferences                            | 4                            |                               |  |                         |                                       |  |  |
| 3         | Staff Hires                                      | 0                            |                               |  |                         |                                       |  |  |
| 4         | Contract Executions                              | 0                            |                               |  |                         |                                       |  |  |
| 5         | Governance Meetings                              | 1                            |                               |  |                         |                                       |  |  |
| 6         | Education and Outreach                           | 180                          |                               |  |                         |                                       |  |  |
| U         | Ludcation and Outreath                           |                              |                               |  |                         |                                       |  |  |
| 7         | Sub recipient                                    | 0                            |                               |  |                         |                                       |  |  |
|           | Agreement Executed                               |                              |                               |  |                         |                                       |  |  |
| 8         | Phase 2 - Coverage                               | Stage 4                      |                               |  |                         |                                       |  |  |
| 9         | Phase 2 – Users and                              | Stage 4                      |                               |  |                         |                                       |  |  |
| •         | Their Operational Areas                          |                              |                               |  |                         |                                       |  |  |
| 10        | Phase 2 – Capacity                               | Stage 4                      |                               |  |                         |                                       |  |  |
|           | Planning   |                              |                               |  |                         |                                       |  |  |
| 11        | Phase 2 – Current                                | Stage 4                      |                               |  |                         |                                       |  |  |
| TT        | 1  | Jiage 4                      |                               |  |                         |                                       |  |  |
|           | Providers/Procurement                            |                              |                               |  |                         |                                       |  |  |
| 12        | Phase 2 – State Plan                             | Stage 4                      |                               |  |                         |                                       |  |  |
|           | Decision   |                              |                               |  |                         |                                       |  |  |

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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:

- Submitted Data Collection Elements Package
- Held meeting with Homeland Security regarding data collection efforts
- Generated coverage data maps

## Planned Major activities for next quarter:

- Hold Meeting with Governor and Legislative body
- Expand governance body to include non-profit organizations, as well as other public safety agencies
- Schedule a minimum of four (4) Education and Outreach events
- Attend SPOC conference in Westminster, CO
- Increase social media presence, reach minimum of 500 individuals

#### Other activities:

- Participated in monthly FirstNet Regional Meetings
- Participated in SLIGP Quarterly Meetings
- Conducted Outreach and Education
- Attended multiple broadband conferences held in the territory, utilized the opportunity to introduce FirstNet at all of the events.
- conducted to follow-up calls and meetings to aid in the facilitation of Data Collection and survey completion.
- Worked closely with the Lieutenant Governor's Office for Geographic Information System (GIS) mapping of non-survey data.
- Facilitated CASM training and data collection workshops provided by DHS.

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.

- No additional request for change is anticipated at this time. A revised baseline/expenditure plan was submitted to the SLIGP team last quarter.
- Due to scheduling conflicts, the Territory Wide Communication Interoperability Governing Board (TWCIGB) held one (1) governance meeting this quarter. However, FirstNetVI reached approximately 400 individuals via in person, telephone outreach and education sessions coupled with information materials distribution.

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

- FirstNetVI intends to increase its outreach efforts by distributing outreach materials at local Public Safety events.
- Utilizing the Initiative Working Group (IWG) remains a major focus for our FirstNet outreach efforts.
- Under the ESF Functions, 37 agencies have been identified. FirstNetVI was successful in surveying 21 of the 37 agencies.

## 11d. Describe any success stories or best practices you have identified. Please be as specific as possible.

Maintain relationships with established stakeholders, provide periodic updates on project efforts.

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| 12. | D۵ | re | nn | n | ۵ |
|-----|----|----|----|---|---|
|     |    |    |    |   |   |

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 grant extension coupled with the modified budget has revealed that budgetary constraints will only allow for the salaries of two Program Managers under the SLIGP grant until the end of the original grant term. SLIGP funds for personnel services and fringes will be exhausted prior to termination date of the Grant. Based on projections, current availability of funds will only sustain the two program managers until mid 2016. Subsequently, staffing will have to be reduced to one program manager due to the budget shortfall. Consideration for any available funding is being requested of NTIA in order to fulfill our staffing requirement throughout the term of the grant.

## 12b. Staffing Table

| Job Title         | FTE % | Project(s) Assigned  | Change    |
|-------------------|-------|--|-----------|
| Program Manager 1 | 100%  | Program Management of SLIGP Grant as delineated above in 12a | No Change |
| Program Manager 2 | 100%  | Program Management of SLIGP Grant as delineated above in 12a | No Change |

Add Row Remove Row

## 13. Subcontracts (Vendors and/or Sub recipients)

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

| Name | Subcontract Purpose                            | Type<br>(Vendor/Subrec.) | RFP/RFQ<br>Issued<br>(Y/N) | Contract<br>Executed<br>(Y/N) | Start<br>Date | End<br>Date | Total Federal<br>Funds Allocated | Total Matching<br>Funds Allocated | Project and % Assigned |
|------|--|--------------------------|----------------------------|-------------------------------|---------------|-------------|----------------------------------|-----------------------------------|------------------------|
| TBD  | Cost for Wireless<br>Technology<br>Consultants | Vendor                   | N                          | N                             | TBD           | TBD         | \$5,072                          | \$0                               | N/A                    |

Add Row Remove Row

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

The Bureau of Information Technology is not ready to begin this process. This task will be spearheaded by the Program Manager.

14. Budget Worksheet

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| Project Budget Element (1)   | Federal Funds<br>Awarded (2)              | Approved Matching Funds (3)  | Total Budget<br>(4)   | Federal Funds<br>Expended (5) | Approved Matching Funds Expended (6)                               | Total Funds Expended (7)      |  |  |  |
|--|---|--|---|-------------------------------|--|-------------------------------|--|--|--|
| a. Personnel Salaries  | \$329,688                                 | \$0  | \$329,688   | \$171,077                     | \$0  | \$171,077                     |  |  |  |
| b. Personnel Fringe Benefits   | \$107,860                                 | \$0  | \$107,860   | \$50,924                      | \$0  | \$50,924                      |  |  |  |
| c. Travel  | \$60,911                                  | \$0  | \$60,911  | \$47,127                      | \$0  | \$47,127                      |  |  |  |
| d. Equipment   | \$ 0                                      | \$0  | \$0   |                               | \$0  | \$0                           |  |  |  |
| e. Materials/Supplies  | \$ 7,372                                  | \$0  | \$ 7,372  | \$6,164                       | \$0  | \$6,164                       |  |  |  |
| f. Subcontracts Total  | \$5,072                                   | \$0  | \$5,072   |                               | \$0  | \$0                           |  |  |  |
| g. Other   | \$4,725                                   | \$0  | \$4,725   | \$3,732                       | \$0  | \$3,732                       |  |  |  |
| h. Total Costs   | \$515,628                                 | \$0  | \$515,628   | \$279,024                     | \$0  | \$279,024                     |  |  |  |
| i. % of Total  | 100%                                      | \$0  | 100%  | 100%                          | 0%   | 100%                          |  |  |  |
| 15. Certification: I certify to the documents.  16a. Typed or printed name a |   |  | report is correct a   |                               | ormance of activities for the purp  a code, number, and extension) | ose(s) set forth in the award |  |  |  |
|  |   |  |   |                               |  |                               |  |  |  |
| Reuben D. Molloy, MBA  |   |  | 340-713-0354 Extension 5510  16d. Email Address                         |                               |  |                               |  |  |  |
| Director/Chief Information Te  | chnology Officer                          |  |   |                               |  |                               |  |  |  |
| 16b. Signature of Authorized (   | Digitally signed by Reuben D. Mollov, o=G | overnment of the United States Virgin Islands,<br>mology, email=reuben.molloy@vi.gov, c=US | reuben.molloy@bit.vi.gov  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.

## **FEDERAL FINANCIAL REPORT**

(Follow form instructions)

|  |   |  | · -            |  |  | ***************************************     |  |   |  |          |               |  |
|--|---|--|----------------|--|--|---|--|---|--|----------|---------------|--|
|  | Agency and Organiz<br>port is Submitted     | ational Element to   |                |  | er Identifying<br>se FFR Attac         |   | igned by Federal A   | gency (To                               | Page   | of       |               |  |
|  | rtment of Commerc                           | a - NTIS   | 78-10-S130     |  | Se i i i Allac                         |   |  | Page                                    | OI   |          |               |  |
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|  |   |  |                |  |  |   |  |   |  | _        |               |  |
| 3. Recipier  | nt Organization (Nam                        | e and complete address   | including Zi   | p code)  |  | ***************************************     |  | ·····                                   |  | l b      | ages          |  |
| 1  | - ,   | Office of the Governor   | _ ,            |  | Technology                             | 8000 Niekv                                  | Shonning Center  | Suite 600                               | A St Th  |          |               |  |
|  | Islands 00802                               | onide of the dovernor  | Daioda oi i    |  | reomiciogy                             | , occo itisky                               | Onopping Center  | , Juite door                            | <b>4, 96.</b> 111  | IUIIIa   | 13,           |  |
| 4a. DUNS   |   | 4b. EIN  | 5. Recipien    | t Account Nu   | mber or iden                           | tifvina                                     | 6. Report Type 7. Basis of Accounting  |   |  |          |               |  |
| 090101838   66-0431678   Number (To report multiple grants, use FFR  |   |  |                |  |  |   | ☑ Quarterly ☑ Cash   |   |  |          |               |  |
| Attachment)  |   |  |                |  |  |   | Semi-Annual Accrual  |   |  |          |               |  |
| 31002600-FW807   |   |  |                |  |  |   | Annual   |   |  |          |               |  |
|  |   |  |                |  |  |   |  |   |  |          |               |  |
| 8. Project/0   | Grant Period (Month,                        | Dav. Year)   |                |  |  | 9. Reporting                                | Period End Date (  | Month, Day,                             | Year)  |          | $\neg$        |  |
| From:  | 08/01/2013                                  | ,  | То:            | 01/31/2018   |  | 09/30/2015                                  | ,  | ,, _ <b>_</b> _,                        | ,  |          |               |  |
| 10. Transa   | ections                                     |  |                |  |  | <del></del>                                 |  | Cumulative                              |  |          |               |  |
|  |   | bined multiple grant repo  | rting)         |  |  |   |  |   |  |          |               |  |
| Federal Ca   | ash (To report multi                        | ple grants separately, a   | also use FFI   | R Attachmei  | nt):                                   |   |  |   |  |          |               |  |
|  | Receipts                                    |  |                |  |  |   | \$   |   |  | ,319     |               |  |
|  | Disbursements                               |  |                |  |  |   | \$   | - and a second                          | The state of the s | ,024     | $\overline{}$ |  |
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|  | d-o for single grant re                     |  |                |  |  |   |  | *************************************** |  |          | $\dashv$      |  |
|  | cpenditures and Un-<br>Federal funds author |  |                |  |  | *   | •  |   | EAE  | 600      | -00           |  |
|  | al share of expenditu                       |  |                |  |  |   | \$ 515,628.0<br>\$ 279,024.  |   |  |          |               |  |
|  | al share of unliquidat                      |  |                |  |  |   | Ψ  |   | 210  | 1027     |               |  |
|  | Federal share (sum                          |  |                |  |  |   | \$   |   | 279  | ,024     | .45           |  |
|  |   | deral funds (line d minus  | g)             |  |  |   | \$   |   |  | ,603     |               |  |
| Recipient  |   |  |                |  |  |   |  |   |  |          |               |  |
|  | recipient share requir                      |  |                |  |  |   | \$   |   |  |          | -             |  |
|  | ent share of expendi                        |  |                |  |  |   | \$   |   |  |          | -             |  |
|  |   | to be provided (line i mir   | ius j)         | Via studio e la compania de la compania del compania del compania de la compania del compania de la compania del compania de la compania de la compania de la compania de la compania del c |  |   | \$   | ···                                     |  |          | -             |  |
| Program Ir   | ncome:<br>ederal share of prog              | rom incomo cornad  |                |  |  |   | \$   |   |  |          | -             |  |
| m Progr  | am income expende                           | d in accordance with the   | deduction al   | Iternative   |  |   |  |   |  |          | -             |  |
| n. Progra  | am income expended                          | in accordance with the   | addition alter | native   |  |   | -  |   |  |          | $\overline{}$ |  |
| o. Unexp   | ended program inco                          | me (line I minus line m o  | r line n)      |  | ************************************** |   | \$   |   |  |          | -             |  |
|  |   | b. Rate  | c. Period      | Period To  | d. Base                                | e. Amount C                                 | Charged f. Federal Share   |   |  |          |               |  |
| Indirect   |   |  | From           |  |  |   |  |   |  |          |               |  |
| Expense  | N/A   |  |                |  |  |   |  |   | ***************************************  |          | _             |  |
|  |   |  |                | - T-1-1-   |  |   |  | A                                       |  | -        | $\dashv$      |  |
| 40 Flamout   | in Attack and overlan                       | ations deemed passes   | n, or informa  | g. Totals:   | \$ -                                   | \$  | -  | \$                                      | ina logi   | alotio   | -             |  |
| 12. Reman  | ks: Attach any explan                       | ations deemed necessal   | ry or informa  | uon requirea   | by rederal s                           | ponsoring ag                                | ency in compliance   | with govern                             | ling legis   | siatio   | n:            |  |
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|  |   |  |                |  |  |   |  | -                                       |  |          | $\dashv$      |  |
| a. Typed or Printed Name and Title of Authorized Certifying Official   |   |  |                |  |  |   | c. Telephone (Area code, number, and extension)  |   |  |          |               |  |
| Reuben D. Molloy, MBA, Director/Chief Information Technology Officer   |   |  |                |  |  |   | 340-713-0354   |   |  |          |               |  |
|  |   |  |                | d. Email Address   |  |   |  |   |  |          |               |  |
|  |   |  |                |  |  |   | reuben.molloy@bit.vi.gov   |   |  |          |               |  |
| b. Signature   | e of Authorized Certif                      | fying Official   |                |  |  | e. Date Report Submitted (Month, Day, Year) |  |   |  |          |               |  |
| 0-   | D D   | igitally signed by Reuben D. Molloy<br>N: cn=Reuben D. Molloy, o=Governm   | ient           |  |  | 10/21/2015                                  |  |   |  |          |               |  |
| range man  | Reuben D. Muliay                            | the United States Virgin Islands,  |                |  |  |   | A CONTRACTOR OF THE PARTY OF TH |   | JOSEPH CONTRACTOR  | 134      | 100           |  |
| SATURDAY CAN   | e   | u=Bureau of Information Technology<br>mail=reuben.molloy@vi.gov, c=US  | ,              |  |  | SALE OF STREET                              |  |   |  |          |               |  |
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|  |   |  |                |  | al Number: 0348-0                      |   |  |   |  |          |               |  |

# Paperwork Burden Statement

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 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 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 the Office of Management and Budget, Paperwork Reduction Project (0348-0061), Washington, DC 20503.

Expiration Date: 2/28/2015