

U.S. Department of Commerce SLIGP 2.0 Performance Progress Report				2. Award or Grant Number:	60-10-S18060
1. Recipient Name				4. EIN:	97-0000676
3. Street Address				6. Report Date (MM/DD/YYYY)	10/30/2020
5. City, State, Zip Code				7. Reporting Period End Date: (MM/DD/YYYY)	09/30/2020
				8. Final Report Yes No <input checked="" type="checkbox"/>	9. Report Frequency Quarterly <input checked="" type="checkbox"/>
10a. Project/Grant Period					
Start Date: (MM/DD/YYYY)		10b. End Date: (MM/DD/YYYY)	12/31/2020		
11. List the individual projects in your approved Project Plan					
Activity Type (Planning, Governance Meetings, etc.)	Was this Activity Performed during the Reporting Quarter? (Yes/No)	Project Deliverable Quantity (Number & Indicator Description)	Description of Milestone Category		
Activities/Metrics for All Recipients during the Reporting Quarter					
1	Governance Meetings	No	0	Actual number of governance, subcommittee, or working group meetings related to the NPSBN held during the quarter	
2	Individuals Sent to Broadband Conferences	No	0	Actual number of individuals who were sent to national or regional third-party conferences with a focus area or training track related to the NPSBN using SLIGP grant funds during the quarter	
3	Convened Stakeholder Events	No	0	Actual number of events coordinated - or held using SLIGP grant funds during the quarter, as requested by FirstNet.	
4	Staff Hired (Full-Time Equivalent)(FTE)	No	0.00	Actual number of state personnel FTEs who began supporting SLIGP activities during the quarter (may be a decimal).	
5	Contracts Executed	No	0	Actual number of contracts executed during the quarter.	
6	Subrecipient Agreements Executed	No	0	Actual number of agreements executed during the quarter.	
7	Data Sharing Policies/Agreements Developed	No		Yes or No if data sharing policies and/or agreements were developed during this reporting quarter.	
8	Further Identification of Potential Public Safety Users	No		Yes or No if further identification of potential public safety users occurred during this reporting quarter.	
9	Plans for Emergency Communications Technology Transitions	No		Yes or No if plans for future emergency communications technology transitions occurred during this reporting quarter.	
10	Identified and Planned to Transition PS Apps & Databases	No		Yes or No if public safety applications or databases within the State or territory were identified and transition plans were developed this reporting quarter	
11	Identify Ongoing Coverage Gaps	No		Yes or No if participated in identifying ongoing coverage gaps using SLIGP funds during this reporting quarter.	
12	Data Collection Activities	No		(Opt-In and Opt-Out Post-SMLA Phase Only) Yes or No if participated in data collection activities as requested by FirstNet or following a	
Activities for Opt-Out States only in the Pre-SMLA Phase during the Reporting Quarter					
13	Stakeholders Engaged			Actual number of individuals reached via stakeholder meetings or events during the quarter.	
14	Education and Outreach Materials Distributed In-Person			Actual number of materials distributed in-person during this quarter.	
15	Education and Outreach Materials distributed Electronically			Actual volume of hits or impressions to any website, e-newsletter, social media post, or other account supported by SLIGP during the quarter.	

**11a. Narrative description for each activity reported in Question 11 for this quarter; any challenges or obstacles encountered and mitigation strategies you have employed; planned major activities for the next quarter; and any additional project**  
**11.1 (Narrative)** We were not able to have any workgroup meetings this lat quarter due to COVID-19 restrictions. Although there were no Governance meetings or Convened Stakeholder events, the Program Manager and IT Specialist conducted daily informal visits with the individual stakeholders to assist with continued planning efforts.

**12. Personnel**

**12a. Staffing Table - Please include all staff that have contributed time to the project with current quarter's utilization. Please only include FTE staff employed by the state not contractors. Please do not remove individuals from this table.**

Job Title	FTE%	Project (s) Assigned	Change
SLIGP 2.0 Program Manager	50%	Managing SLIGP 2.0 Program and planning with all first responder stakeholders	Released
SLIGP 2.0 IT Specialist	100%	Specialize in SLIGP 2.0 Network consultation and policy planning with all First Responder Stakeholders	Filled
SLIGP 2.0 Com. Specialist	0%	Specialize in SLIGP 2.0 Communication consultation and policy planning with all First Responder Stakeholders	Complete
SLIGP 2.0 Planning Specialist	0%	Specialize in SLIGP 2.0 Planning and assist with Administrative duties of the SLIGP 2.0 team	Complete
SLIGP 2.0 Public Relation Specialist	0%	Specialize in SLIGP 2.0 Public Relations and assist with Administrative duties of the SLIGP 2.0 team	Complete
SLIGP 2.0 Administrative Assistant	0%	Assist with Administrative duties of the SLIGP 2.0 team	Vacant

**12b. Narrative description of any staffing challenges, vacancies, or changes.**

Due to reduced funding, three staff were released from their positions and duties the previous quarter and the Program Manager was released this past quarter. The only staffing covered under personnel cost for the last quarter has been for the 100% IT Specialist and 50% for the Program Manager. Other funding is assisting to maintain the work needed to complete the Program Manager duties.

**13. Contractual (Contract and/or Subrecipients)**

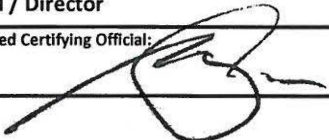
**13a. Contractual Table - Include all contractors. The totals from this table should equal the "Contractual" in Question 14f.**

Name	Subcontract Purpose	Type (Contract/Subrec.)	RFP/RFQ Issued (Y/N)	Contract Executed (Y/N)	Start Date	End Date	Total Federal Funds Allocated	Total Matching Funds Allocated
ASTCA	SLIGP 2.0 Phone Service	Contract	N	Y	10/01/2018	02/29/2020	\$2,943.51	\$0.00
Samoa Motors/GHC Reid	SLIGP 2.0 leased vehicle	Contract	Y	Y	10/01/2018	02/29/2020	\$28,000.00	\$0.00

**13b. Narrative description any challenges, updates, or changes related to contracts and/or subrecipients.**

The Contract for the SLIGP 2.0 Leased Vehicle is not indicated in the contractual items in 14f(2) because it is part of the approved in-state travel cost in 14c(2). A contract was required by the vendor in order to get the lowest rate for the long term lease, therefore it is shown here under contracts but is part of the approve in state travel budget. It is however indicated in 14f(8) Federal funds expended.

A budget modification has been submitted to request changes.

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)	NTE Total Federal Funds Approved (2)	NTE Total Matching Funds Approved (3)	NTE Total Budget (4)	Federal Funds Obligated to Date (5)	Matching Funds Approved to Date (6)	Total Budget to Date (7)	Federal Funds Expended (8)	Approved Matching Funds Expended (9)	Total funds Expended (10)
a. Personnel Salaries	\$300,000.00	\$0.00	\$300,000.00	\$300,000.00	\$0.00	\$300,000.00	\$327,931.09		\$327,931.09
b. Personnel Fringe Benefits	\$50,100.00	\$0.00	\$50,100.00	\$50,100.00	\$0.00	\$50,100.00	\$50,793.31		\$50,793.31
c. Travel	\$89,037.00	\$0.00	\$89,037.00	\$89,037.00	\$0.00	\$89,037.00	\$22,640.53		\$22,640.53
d. Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00
e. Materials/Supplies	\$15,459.00	\$0.00	\$15,459.00	\$15,459.00	\$0.00	\$15,459.00	\$11,065.97		\$11,065.97
f. Contractual	\$15,000.00	\$0.00	\$15,000.00	\$15,000.00	\$0.00	\$15,000.00	\$27,999.92		\$27,999.92
g. Other	\$25,804.00	\$0.00	\$25,804.00	\$25,804.00	\$0.00	\$25,804.00	\$5,587.28		\$5,587.28
h. Indirect	\$39,600.00	\$0.00	\$39,600.00	\$39,600.00	\$0.00	\$39,600.00	\$62,621.11		\$62,621.11
i. Total Costs	\$535,000.00	\$0.00	\$535,000.00	\$535,000.00	\$0.00	\$535,000.00	\$508,639.21	\$0.00	\$508,639.21
j. Proportionality Percent	100.00%	0.00%	100.00%	100.00%	0.00%	100.00%	100.00%	0.00%	100.00%
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)			
Alfonso Pete Galea'l / Director						(684) 699-0411			
16b. Signature of Authorized Certifying Official:						16d. Email Address:			
						a.galeai@asdhs.as.gov			
						Date: 11/23/20			