

1. Recipient Name		U.S. Department of Commerce SLIGP 2.0 Performance Progress Report		2. Award or Grant Number:	60-10-S18060
3. Street Address		AMERICAN SAMOA DEPARTMENT OF HOMELAND SECURITY		4. EIN:	97-0000676
5. City, State, Zip Code		PAGO PAGO, AS 96799		6. Report Date (MM/DD/YYYY)	07/30/2018
10a. Project/Grant Period		10b. End Date: (MM/DD/YYYY)	02/29/2020	7. Reporting Period End Date: (MM/DD/YYYY)	06/30/2018
11. List the individual projects in your approved Project Plan		Was this Activity Performed during the Reporting Quarter? (Yes/No)	Project Deliverable Quantity (Number & Description)	9. Report Frequency	
Start Date: (MM/DD/YYYY)		Yes	0	Yes	Quarterly <input checked="" type="checkbox"/>
Activity Type (Planning, Governance Meetings, etc.)		No	0	No	
Activities/Metrics for All Recipients during the Reporting Quarter					
1	Governance Meetings	Yes	15	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	Yes		Yes or No if further identification of potential public safety users occurred during this reporting quarter.	
9	Plans for Emergency Communications Technology Transitions Identified and Planned to	No		Yes or No if plans for future emergency communications technology transitions occurred during this reporting quarter.	
10	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 plans for future emergency communications technology transitions occurred during this reporting quarter.	
12	Data Collection Activities	No		Yes or No if participated in identifying ongoing coverage gaps using SLIGP funds during this reporting quarter.	
Activities for Opt-Out States only in the Pre-SMLA Phase during the Reporting Quarter					
13	Stakeholders Engaged			Yes or No if participated in data collection activities as requested by FirstNet or (Opt-In and Opt-Out Post-SMLA Phase Only) Yes or No if participated in data collection activities as requested by FirstNet or	
14	Education and Outreach Materials Distributed In-Person			Actual number of individuals reached via stakeholder meetings or events during the quarter.	
15	Education and Outreach Materials distributed Electronically			Actual number of materials distributed in-person during this quarter. 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 We had one Governance meeting with the Governance stakeholders and 14 workgroup meetings with first responders. In the workgroup meetings we discussed the potential of including the village aumaga as part of the Puyblic Safety users. Further discussion is required for final determination.

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
SLUGP 2.0 Program Manager	100%	Managing SLUGP 2.0 Program and planning with all FirstNet and first responder stakeholders	N/A
SLUGP 2.0 IT Specialist	100%	Specialize in SLUGP 2.0 Network consultation and policy planning with allFirstNet and First Responder Stakeholders	N/A
SLUGP 2.0 Administrative Assistant	40%	Assist with Administrative duties of the SLUGP 2.0 team	N/A

12b. Narrative description of any staffing challenges, vacancies, or changes.
 Finalizing the hiring of the Comuunications Specialist.

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	FirstNet Phone Service	Contract	N	N	07/01/2018	02/29/2020	\$5,280.00	\$0.00
ASTCA	FirstNet Tablet Data Service	Contract	N	N	07/01/2018	02/29/2020	\$1,200.00	\$0.00
GHC Reid	FirstNet leased vehicle	Contract	Y	N	07/01/2018	02/29/2020	\$28,253.00	\$0.00

13b. Narrative description any challenges, updates, or changes related to contracts and/or subrecipients.
 Still working on finalizing the contracts for the Band-14 phones with local provider and a leased vehicle so that the team can schedule daily meetings with the stakeholders.
 Phones and tablet services are listed under Other and the leased vehicle is currently listed under In-State Travel, however they both require contracts and therefore we have listed them above in 13a.

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		\$300,000.00	\$112,500.00		\$112,500.00	\$20,769.24		\$20,769.24
b. Personnel Fringe Benefits	\$50,100.00		\$50,100.00	\$18,788.00		\$18,788.00	\$2,646.42		\$2,646.42
c. Travel	\$104,112.00		\$104,112.00	\$33,012.00		\$33,012.00	\$0.00		\$0.00
d. Equipment	\$0.00		\$0.00	\$0.00		\$0.00	\$0.00		\$0.00
e. Materials/Supplies	\$15,459.00		\$15,459.00	\$7,574.00		\$7,574.00	\$0.00		\$0.00
f. Contractual	\$15,000.00		\$15,000.00	\$1,796.00		\$1,796.00	\$0.00		\$0.00
g. Other	\$25,729.00		\$25,729.00	\$11,480.00		\$11,480.00	\$0.00		\$0.00
h. Indirect	\$39,600.00		\$39,600.00	\$14,850.00		\$14,850.00	\$2,741.54		\$2,741.54
i. Total Costs	\$550,000.00	\$0.00	\$550,000.00	\$200,000.00	\$0.00	\$200,000.00	\$26,157.20	\$0.00	\$26,157.20
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:

Samana Semo Ve'ave'a

16b. Signature of Authorized Certifying Official:



16c. Telephone (area code, number, and extension)

(684) 699-0411

16d. Email Address:

s.veavea@asdhs.as.gov

Date:

10/5/13

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