

<b>U.S. Department of Commerce Performance Progress Report</b>				<b>2. Award or Grant Number:</b>	60-10-S13060
				<b>4. EIN:</b>	97-0000676
<b>1. Recipient Name</b>	American Samoa Department of Homeland Security (ASDHS)			<b>6. Report Date (MM/DD/YYYY)</b>	11/13/2015
<b>3. Street Address</b>	PO Box 4567			<b>7. Reporting Period End Date: (MM/DD/YYYY)</b>	9/30/2015
<b>5. City, State, Zip Code</b>	Pago Pago, AS 96799			<b>8. Final Report</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<b>9. Report Frequency</b> Quarterly <input checked="" type="checkbox"/>
<b>10a. Project/Grant Period</b>					
<b>Start Date: (MM/DD/YYYY)</b>	9/1/2013	<b>10b. End Date: (MM/DD/YYYY)</b>	8/31/2016		
<b>11. List the individual projects in your approved Project Plan</b>					
	<b>Project Type (Capacity Building, SCIP Update,</b>	<b>Project Deliverable Quantity (Number &amp; Indicator Description)</b>	<b>Total Federal Funding Amount</b>	<b>Total Federal Funding Amount expended at the end of this reporting period</b>	<b>Percent of Total Federal Amount expended</b>
1	Stakeholder Meetings	91			
2	Broadband Conferences	0			
3	Staff Hires	0			
4	Contract Executions	0			
5	Governance Meetings	1			
6	Education and Outreach	0			
7	Subrecipient Agreement Executed	0			
8	Phase 2 - Coverage	Stage 2			
9	Phase 2 - Users and Their Operational Areas				
10	Phase 2 - Capacity Planning				
11	Phase 2 - Current Providers/Procurement				
12	Phase 2 - State Plan Decision				
<b>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.</b>					
<p>Milestone activities: During this 9th quarter, the highly anticipated American Samoa FirstNet Initial Consultation Meeting held on August 13th was a successful event, followed by the August 14th well attended FirstNet Exit Meeting. On August 21st, this SLIGP grant recipient was notified by our assigned FirstNet FPO via email that our Phase 2 package has been programmatically approved and sent over to the Grant Office for their review. The scheduled September 3rd SLIGP Quarterly Call between our assigned FirstNet FPO, ASDHS Deputy Director / SPOC, and SLIGP Program Coordinator discussed the remaining approved budget as of 9/30/15, Phase 2 documents, Q8 PPR approval, the recent AS FirstNet Initial Consultation Meeting, and ongoing efforts of aggregating and analyzing Data Collection in preparation for submission to FirstNet.</p>					
<b>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.</b>					

**11c. Provide any other information that would be useful to NTIA as it assesses this project's progress.**  
 On July 31st, the Mutualink FirstNet Update email subject: How Will FirstNet Meet Your State's Interoperability Needs? and What First Responders Really Need from FirstNet for True Cross-Agency Interoperability document was shared with members of our Territorial Emergency Communications Committee for better understanding of the 6 major points regarding the fundamental capabilities of FirstNet. Upon receipt of September 8th FirstNet email invitation, 3 participants from our AS Department of Homeland Security FirstNet Data Collection Lead, AS Department of Public Safety IT / Territorial Emergency Communications Committee member, and AS Department of Public Works IT / TECC member were selected to attend the Fall 2015 SPQC October 7 - 8 Meeting in Westminster, CO. On September 9th, minor equipment and office supplies purchase requests were submitted for FirstNet Phase 2 programmatic activities. SLIGP Program Coordinator

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

**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.**

A follow-up SLIGP Call on Friday, September 18th at 9:30 AM SST with our assigned FirstNet FPO to discuss a Wednesday, September 16 emailed request from SLIGP Program Coordinator in an effort to mitigate ongoing detailed challenges with t

**12b. Staffing Table**

Job Title	FTE%	Project (s) Assigned	Change
SWIC	1	Provide additional oversight and incorporation into the State Interoperability Plan	
SLIGP Program Coordinator	1	Provide administrative oversight of project for grants management, governance and outreach activities	
Technical/Administrative Support Staff	0	Provide support role in assisting in coordination of all SLIGP activities and performing the leg-work for all the activities proposed in the plan	Tech FTE Support Staff transferred out of ASDHS FirstNet Program in late August to local utility entity.
Technical/Administrative Support Staff	1	Provide support role in assisting in coordination of all SLIGP activities and performing the leg-work for all the activities proposed in the plan	

**13. Subcontracts (Vendors and/or Subrecipients) NONE**

**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

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

<b>14. Budget Worksheet</b>						
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	\$291,000.00	\$0.00	\$291,000.00	\$66,132.55	\$0.00	\$66,132.55
b. Personnel Fringe Benefits	\$48,597.00	\$0.00	\$48,597.00	\$10,374.49	\$0.00	\$10,374.49
c. Travel	\$54,981.00	\$0.00	\$54,981.00	\$56,857.71	\$0.00	\$56,857.71
d. Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
e. Materials/Supplies	\$15,175.00	\$0.00	\$15,175.00	\$4,282.63	\$0.00	\$4,282.63
f. Subcontracts Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
g. Other	\$30,000.00	\$0.00	\$30,000.00	\$7,517.16	\$0.00	\$7,517.16
h. Indirect	\$63,177.00	\$0.00	\$63,177.00	\$16,365.93	\$0.00	\$16,365.93
i. Total Costs	\$502,930.00	\$0.00	\$502,930.00	\$161,530.47	\$0.00	\$161,530.47
j. % of Total	100%	0%	100%	100%	0%	100%
<b>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.</b>						
<b>16a. Typed or printed name and title of Authorized Certifying Official:</b>				<b>16c. Telephone (area code, number, and extension)</b>		684-699-0411 Ext. 201
IUNIASOLUA T. SAVUSA, DIRECTOR AMERICAN SAMOA DEPARTMENT OF HOMELAND SECURITY				<b>16d. Email Address:</b>		<a href="mailto:i.savusa@asdhs.as.gov">i.savusa@asdhs.as.gov</a>
<b>16b. Signature of Authorized Certifying Official:</b>				<b>Date:</b>		11/13/2015
						