

U.S. Department of Commerce SLIGP 2.0 Performance Progress Report				2. Award or Grant Number:	69-10-518069
1. Recipient Name				4. EIN:	98-6019463
3. Street Address				6. Report Date (MM/DD/YYYY)	05/21/2020
5. City, State, Zip Code				7. Reporting Period End Date: (MM/DD/YYYY)	03/31/2020
				8. Final Report Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	9. Report Frequency Quarterly <input checked="" type="checkbox"/>
10a. Project/Grant Period					
Start Date: (MM/DD/YYYY)	03/01/2018	10b. End Date: (MM/DD/YYYY)	03/31/2021		
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	Yes	3	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		<i>(Opt-In and Opt-Out Post-SMLA Phase Only)</i> Yes or No if participated in data collection activities as requested by FirstNet or	
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  
 The Federal Program Coordinator continued coordination efforts for the "Planning Workshop for the deployment of the National Public Safety Broadband Network with FirstNet" that took place on all three islands of the Commonwealth of the Northern Mariana Islands (Saipan, Tinian, and Rota). The workshop was conducted on the following days: Saipan - January 13 - 14, 2020, Rota - January 15, 2020, and Tinian - January 16, 2020. All three workshops had a successful turnout with all the stakeholders and partner agencies in attendance. Attendees were given the opportunity to ask questions and clarify details during the workshops regarding FirstNet implementation in March. After the workshops, the FirstNet presenters, the Federal Program Coordinator, and the Special Assistant were able to meet and discuss the outcome of the workshops. The Federal Program Coordinator continued to work on preparing for the launch of FirstNet devices in March 2020. Mid-way through the month of March, the CNMI Governor issued a memorandum that all government agencies were to shut down until further notice due to the existing threat of COVID-19. All government operations and activities were ceased and stay-at-home orders were issued. The CNMI continues to adhere to the executive orders put forth by the Governor of the CNMI. With the complete shutdown of the CNMI government, efforts to prepare for the launch of FirstNet was put on hold until the government reopens. This has proven to be a challenge for the program to move forward with the launch of FirstNet. The Federal Program Coordinator will continue to plan out the launch of FirstNet in the CNMI through the COVID-19 pandemic. CNMI HSEM is looking at using virtual forums such as Zoom to meet with partner agencies and stakeholders to practice and enforce social distancing.

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
Federal Program Coordinator	100%	ALL SLIGP 2.0 Projects	No

12b. Narrative description of any staffing challenges, vacancies, or changes.  
 No staffing changes for this reporting period.

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
NONE	NONE						\$0.00	\$0.00

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

The CNMI HSEM has not identified any contractors for this grant period. All activities within the CNMI's grant application still falls within the capability of CNMI HSEM.

<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)	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	\$65,000.00	\$0.00	\$65,000.00	\$65,000.00	\$0.00	\$65,000.00	\$12,431.02	\$0.00	\$12,431.02	
b. Personnel Fringe Benefits	\$11,115.00	\$0.00	\$11,115.00	\$11,115.00	\$0.00	\$11,115.00	\$2,277.24	\$0.00	\$2,277.24	
c. Travel	\$311,550.00	\$0.00	\$311,550.00	\$311,550.00	\$0.00	\$311,550.00	\$40,238.26	\$0.00	\$40,238.26	
d. Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
e. Materials/Supplies	\$17,420.00	\$0.00	\$17,420.00	\$17,420.00	\$0.00	\$17,420.00	\$0.00	\$0.00	\$0.00	
f. Contractual	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
g. Other	\$15,700.00	\$0.00	\$15,700.00	\$15,700.00	\$0.00	\$15,700.00	\$5,750.00	\$0.00	\$5,750.00	
h. Indirect	\$114,215.00	\$0.00	\$114,215.00	\$114,215.00	\$0.00	\$114,215.00	\$10,086.00	\$0.00	\$10,086.00	
i. Total Costs	\$535,000.00	\$0.00	\$535,000.00	\$535,000.00	\$0.00	\$535,000.00	\$70,782.52	\$0.00	\$70,782.52	
j. Proportionality Percent	100.00%	0.00%	100.00%	100.00%	0.00%	100.00%	100.00%	0.00%	100.00%	
<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> Naomi Ada Tagabuel, Acting Grants Manager/Lead Planner							<b>16c. Telephone (area code, number, and extension)</b>	(670) 664 - 2216		
<b>16b. Signature of Authorized Certifying Official:</b> 							<b>16d. Email Address:</b>	naomi.ada@cnmihsem.gov.mp		
							<b>Date:</b>	06/14/2020		

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