			Department of Comm) Performance Progres				
1. Recipient Name	United States Virgin Islands- Office of the Governor - Bureau of Information Technology						
3. Street Address	3000 Nisky Shopping Center, Suite 600 A						
5. City, State, Zip Code	Charlotte Amalie, VI 00802						
10a. Project/Grant Period							
Start Date: (MM/DD/YYYY)	03/01/2018	10b. End Date: (MM/DD/YYYY)	02/29/2020				
11. List the individual projects in ye	our 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)		Desci		
Activities/Metrics for All Recipients	during the Reporting Quart	ter					
1	Governance Meetings	No		Actual number of govern	ance, subcommittee, or work		
2	Individuals Sent to Broadband Conferences	3		-	uals who were sent to nation ng SLIGP grant funds during t		
3	Convened Stakeholder Events	No		Actual number of events coordinated - or held using			
4	Staff Hired (Full-Time Equivalent)(FTE)	No		Actual number of state pe	ersonnel FTEs who began sup		
5	Contracts Executed	No		Actual number of contrac	ts executed during the quart		
6	Subrecipient Agreements Executed	No		Actual number of agreem	ents executed during the qu		
7	Data Sharing Policies/Agreements Developed	No		Yes or No if data sharing	policies and/or agreements v		
8	Further Identification of Potential Public Safety Users	No		Yes or No if further identi	fication of potential public so		
9	Plans for Emergency Communications Technology Transitions	Yes		Yes or No if plans for futu	re emergecy communication		
10	Identified and Planned to Transition PS Apps & Databases	No		Yes or No if public safety developed this reporting	applications or databases wi quarter		
11	Identify Ongoing Coverage Gaps	No		Yes or No if participated i	n identifying ongoing covea		
12	Data Collection Activities	No			-SMLA Phase Only) Yes or No data collection determination		
Activities for Opt-Out States only in	the Pre-SMLA Phase during	the Reporting Quarter		-			
13	Stakeholders Engaged			Actual number of individu	als reached via stakeholder		
14	Education and Outreach Materials Distributed In- Person			Actual number of materia	ıls distributed in-person duriı		
15	Education and Outreach Materials distributed Electronically			Actual volume of hits or in the quarter.	mpressions to any website, e		

	2. Award or Grant	78-10-S18078					
	Number:	66 0421679					
	4. EIN: 6. Roport Data	66-0431678					
	6. Report Date (MM/DD/YYYY)	04/29/2019					
	7. Reporting Period						
	End Date:	03/31/2019					
	(MM/DD/YYYY)						
	8. Final Report	9. Report Frequency					
	Yes 🗀	Quarterly X					
	No 🔽						
occurintion of Miloctory Cotogory							
escription of Milestone Category							
		the autor					
vorking group meetings related to th		-					
tional or regional third-party conferences with a focus area or training track ng the quarter							
g SLIGP grant funds during the quarter, as requested by FirstNet.							
supporting SLIGP activities during the quarter (may be a decimal).							
uarter.							
e quarter.							
nts were developed during this repo	rting quarter.						
lic safety users occurred during this reporting quarter.							
tions technology transitions occurred during this reporting quarter.							
s within the State or territory were identified and transition plans were							
veage gaps using SLIGP funds during this reporting quarter.							
r No if participated in data collection ation by Opt-Out (Post-SMLA) grante	=	ed by FirstNet or					
der meetings or events during the q	uarter.						
luring this quarter.							
e, e-newsletter, social media post, o	r other account suppo	orted by SLIGP during					

11a. Narrative description for eac	h activity reported in Quest	ion 11 for this quarter; any	y challenges or obstac	cles encountered and mitig	ation strategies y	ou have employed	d; planned major activiti	es for the next quarter;	and any additional
Milestone Activities:									
During this quarter, Director Riddi									
public safety agencies in a plannin									
Coverage gaps remains an area of		•	ng a modification to th	he stateplan to address the	e coverage gaps fo	blowing the impac	ct of two CAT-5 hurrican	es in 2017. Researching	and planning for
coverage gap analysis, crowd sour	cing vendors for technical si	upport contract.							
Other activities:									
-Participated in SLIGP quarterly ca									
-The Program Manager attended	project management trainin	g course in compliance wit	h allowable activities						
Planned Major activities for next o	uuarter:								
- Host FirstNet governance Works	•	startion transitions)							
- Hire program coordinator									
- Continue procurement process for	or securing Technical Experts	s/consultant services contr	act.						
12. Personnel									
12a. Staffing Table - Please includ	le all staff that have contrib	uted time to the project wi	ith current quarter's u	itilization. Please only incl	ude FTF staff emr	loved by the state	not contractors. Please	do not remove individu	als from this table.
Job Title	FTE%		tin current quarter 5 a		ect (s) Assigned	noyeu by the state			Change
Program Manager	100%	Program Management of	f SLIGP Grant						
12b. Narrative description of any s	staffing challenges vacancie	or changes							
The team plans to add a Program			he employee will sper	nd 100% of their time fulfil	ling SLIGP 2.0 obj	ectives			
			ne employee win sper						
13. Contractual (Contract and/or S	Subraciniants)								
13a. Contractual Table – Include a		m this table should equal	the "Contractual" in (Duestion 1/1f					
15a. Contractual Table – Include a		in this table should equal			Contract			Total Federal Funds	Total Matching Funds
Name	Subcontra	ct Purpose	(Contract/Subrec.)	RFP/RFQ Issued (Y/N)	Executed (Y/N)	Start Date	End Date	Allocated	Allocated
								Anotateu	
									l
									l
									l

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

N/A

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	\$213,077.00		\$213,077.00	\$213,077.00		\$213,077.00	\$68,476.05		\$68,476.05
b. Personnel Fringe Benefits	\$95,885.00		\$95,885.00	\$95,885.00		\$95,885.00	\$29,885.63		\$29,885.63
c. Travel	\$40,440.00		\$40,440.00	\$40,440.00		\$40,440.00	\$22,794.87		\$22,794.87
d. Equipment	\$0.00		\$0.00	\$0.00		\$0.00			\$0.00
e. Materials/Supplies	\$10,314.00		\$10,314.00	\$10,314.00		\$10,314.00	\$2,655.00		\$2,655.00
f. Contractual	\$127,176.00		\$127,176.00	\$127,176.00		\$127,176.00			\$0.00
g. Other	\$5,200.00		\$5,200.00	\$5,200.00		\$5,200.00	\$6,783.00		\$6,783.00
h. Indirect	\$0.00		\$0.00	\$0.00		\$0.00			\$0.00
i. Total Costs	\$492,092.00	\$0.00	\$492,092.00	\$492,092.00	\$0.00	\$492,092.00	\$130,594.55	\$0.00	\$130,594.55
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 bes	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:									
Angelo Riddick, PMP					code, number, and	340-713-0354 Ext. 5510			
Director/Chief Information Officer extension)									
16b. Signature of Authorized Certifying Official:					16d. Email Address:	angelo.riddick@bit.vi.gov			
					Date:	04/29/2019			

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