

U.S. Department of Commerce Performance Progress Report				2. Award or Grant Number:	60-10-S13060
				4. EIN:	97-0000676
1. Recipient Name	AMERICAN SAMOA DEPARTMENT OF HOMELAND SECURITY			6. Report Date (MM/DD/YYYY)	10/27/2017
3. Street Address	P.O. BOX 4567			7. Reporting Period End Date: (MM/DD/YYYY)	9/30/2017
5. City, State, Zip Code	PAGO PAGO, AS 96799			8. Final Report	9. Report Frequency
				Yes <input type="checkbox"/>	Quarterly <input checked="" type="checkbox"/>
				No <input checked="" type="checkbox"/>	
10a. Project/Grant Period					
Start Date: (MM/DD/YYYY)	9/1/2013	10b. End Date: (MM/DD/YYYY)	2/28/2018		
11. List the individual projects in your approved Project Plan					
	Project Type (Capacity Building, SCIP Update, etc.)	Project Deliverable Quantity (Number & Indicator Description)	Description of Milestone Category		
1	Stakeholders Engaged	22	Actual number of individuals reached via stakeholder meetings during the quarter		
2	Individuals Sent to Broadband Conferences	0	Actual number of individuals who were sent to third-party broadband conferences using SLIGP grant funds during the quarter		
3	Staff Hired (Full-Time Equivalent)(FTE)	2.5	Actual number of state personnel FTEs who began supporting SLIGP activities during the quarter (may be a decimal)		
4	Contracts Executed	0	Actual number of contracts executed during the quarter		
5	Governance Meetings	2	Actual number of governance, subcommittee, or working group meetings held during the quarter		
6	Education and Outreach Materials Distributed	22	Actual volume of materials distributed (inclusive of paper and electronic materials) plus hits to any website or social media account supported by SLIGP during the quarter		
7	Subrecipient Agreements Executed	1	Actual number of agreements executed during the quarter		
8	Phase 2 - Coverage	Stage 5	For each Phase 2 milestone category, please provide the status of the activity during the quarter: <ul style="list-style-type: none"> • Stage 1 - Process Development • Stage 2 - Data Collection in Progress • Stage 3 - Collection Complete; Analyzing/Aggregating Data • Stage 4 - Data Submitted to FirstNet • Stage 5 - Continued/Iterative Data Collection • Stage 6 - Submitted Iterative Data to FirstNet 		
9	Phase 2 – Users and Their Operational Areas	Stage 5			
10	Phase 2 – Capacity Planning	Stage 5			
11	Phase 2 – Current Providers/Procurement	Stage 4			
12	Phase 2 – State Plan Decision	Stage 2			
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.					
<p>July 2017. Initial meetings with the AT&T/FirstNet Teams toward selection of a local agency to partner up with AT&T; courtesy meeting with ASDHS director, Governor and ASTCA leadership and management staff. Teams also met with Bluesky, a local private sector communications company. Conference call with SLIGP grantor partner. August 2017. SCIP/TICP update Workshop with OEC/ICTAP. September 2017. State Plan post release meeting with FirstNet. Solution Webex meeting with AT&T and FirstNet Teams and announcement of ASTCA as the local AT&T partner. Conference call with FirstNet and AT&T Teams. Meeting with OCONUS Consultation Lead person.</p>					
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.					
The Project Team looks to bring on a Telecommunications Consultant. The project team also looks to work with the grantor in updating and submitting an updated Project Narrative and Budget proposal for review.					

11c. Provide any other information that would be useful to NTIA as it assesses this project's progress.

ASDHS leadership and program management envisions FirstNet activities to take on a more productive momentum in the next quarter as a result of successful actions toward recruitment of competent and creative individuals that will effect positive changes within the program. These actions or activities will be reflected in the next quarter PPR.

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.

12b. Staffing Table - Please include all staff that have contributed time to the project. Please do not remove individuals from this table.

Job Title	FTE%	Project (s) Assigned	Change
SWIC	0	Duties of the SWIC are performed collaterally by the Deputy Director of ASDHS.	
SLIGP Program Coordinator	100	Coordinate and manage the program and all its related activities including the compilation and timely submission of the required PPR.	New Hire
IT Support Staff	100	Provide IT/technical support to the program.	New Hire
IT/Administrative Support Staff	0	Provide administrative/technical support to the program.	New Hire

13. Subcontracts (Vendors and/or Subrecipients)

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
Blue Sky Communications	Provide Awareness Oureach via local cabel channel	Vendor	N	Y	9/1/2017	2/28/2018	\$1,835.94	

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

No RFP/RFQ issued because the vendor is the only cable channel vendor in the territory.

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)	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	\$166,231.00	\$0.00	\$166,231.00	\$155,162.70		\$155,162.70
b. Personnel Fringe Benefits	\$33,326.00	\$0.00	\$33,326.00	\$22,693.78		\$22,693.78
c. Travel	\$155,891.00	\$0.00	\$155,891.00	\$110,896.73		\$110,896.73
d. Equipment	\$7,950.00	\$0.00	\$7,950.00	\$7,950.00		\$7,950.00
e. Materials/Supplies	\$24,797.00	\$0.00	\$24,797.00	\$25,090.85		\$25,090.85
f. Subcontracts Total	\$46,446.00	\$0.00	\$46,446.00	\$8,801.75		\$8,801.75
g. Other	\$20,802.00	\$0.00	\$20,802.00	\$9,076.96		\$9,076.96
h. Indirect	\$47,487.00	\$0.00	\$47,487.00	\$43,376.22		\$43,376.22
i. Total Costs	\$502,390.00	\$0.00	\$502,930.00	\$383,048.99	\$0.00	\$383,048.99
j. % of Total	100%	0%	100%	100%	0%	100%

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.

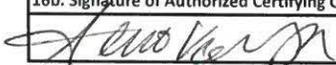
16a. Typed or printed name and title of Authorized Certifying Official:

Samana Semo Ve'ave'a

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

(684) 699-0411

16b. Signature of Authorized Certifying Official:



16d. Email Address:

s.veavea@asdhs.as.gov

Date: 10/30/17

10/30/2017