

U.S. Department of Commerce Performance Progress Report				2. Award or Grant Number:	60-10-513060	
				4. EIN:	97-0000676	
1. Recipient Name	American Samoa Department of Homeland Security (ASDHS)			6. Report Date (MM/DD/YYYY)	7/27/2015	
3. Street Address	PO Box 4567			7. Reporting Period End Date: (MM/DD/YYYY)	6/30/2015	
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)	8/31/2016		
11. List the individual projects in your approved Project Plan						
	Project Type (Capacity Building, SCIP Update,	Project Deliverable Quantity (Number & Indicator Description)	Total Federal Funding Amount	Total Federal Funding Amount expended at the end of this reporting period	Percent of Total Federal Amount expended	
1	Stakeholder Meetings	0				
2	Broadband Conferences	0				
3	Staff Hires	0				
4	Contract Executions	0				
5	Governance Meetings	0				
6	Education and Outreach	0				
7	Subrecipient Agreement Executed	0				
8	Phase 2 - Coverage	Stage 1				
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					
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>Milestone activities: During this 8th quarter, the FirstNet Mobile Data Collection Survey was submitted to 8 local first-responder stakeholders for completion. SLIGP funded staff as well as ASDHS support personnel were able to participate during the July 8th initial FirstNet planning call for the upcoming consultation meeting in August.</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.						

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

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.

The project is not fully staffed, recruiting of a permanent SWIC and a contractual FirstNet Consultant will improve efforts toward meeting time lines in terms of coordinating activities for the initiation and completion of Phase 2. Needed technical

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	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	
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.

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	\$291,000.00	\$0.00	\$291,000.00	\$54,172.36	\$0.00	\$54,172.36
b. Personnel Fringe Benefits	\$48,597.00	\$0.00	\$48,597.00	\$8,367.23	\$0.00	\$8,367.23
c. Travel	\$54,981.00	\$0.00	\$54,981.00	\$54,145.71	\$0.00	\$54,145.71
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	\$0.00	\$0.00	\$0.00
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	\$0.00	\$0.00	\$0.00
h. Indirect	\$63,177.00	\$0.00	\$63,177.00	\$14,492.80	\$0.00	\$14,492.80
i. Total Costs	\$502,930.00	\$0.00	\$502,930.00	\$131,178.10	\$0.00	\$131,178.10
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:				16c. Telephone (area code, number, and extension)	684-699-0411	
JUNIASOLUA T. SAVUSA, DIRECTOR AMERICAN SAMOA DEPARTMENT OF HOMELAND SECURITY				16d. Email Address:	j.savusa@asdhs.as.gov	
16b. Signature of Authorized Certifying Official:				Date:	8/6/15	
Jacinta S. Brown					8/6/2015	