U.S. Department of Commerce SLIGP 2.0 Performance Progress Report							69-10-\$18069 98-6019463		
1. Recipient Name	oient Name CNMI Homeland Security and Emergency Management						08/17/2020		
3. Street Address	1313 Anatahan Drive Caller Box 10007					(MM/DD/YYYY) 7. Reporting Period End Date: (MM/DD/YYYY)	06/30/2020		
5. City, State, Zip Code	Saipan, MP 96950					8. Final Report Yes □ No ☑	9. Report Frequency Quarterly X		
10a. Project/Grant Period						TO THE RELLEVAN			
Start Date: (MM/DD/YYYY)	03/01/2018	10b. End Date: (MM/DD/YYYY)	03/31/2021						
11. List the individual projects in y	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)	Description of Milestone Category					
Activities/Metrics for All Recipient	s during the Reporting Quart	er			AND DESCRIPTION OF THE PARTY OF				
1	Governance Meetings	No	0	- Lebinorium	ance, subcommittee, or working group meetings related				
2	Individuals Sent to Broadband Conferences	No	0		ials who were sent to national or regional third-party c ig SLIGP grant funds during the quarter	onferences with a focus area	or training track		
3	Convened Stakeholder Events	No	0	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 agreem	ents 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	THE STATE OF	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 emergecy 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 development this reporting quarter					
11	Identify Ongoing Coverage Gaps	No		Yes or No if participated in identifying ongoing coveage gaps using SLIGP funds during this reporting quarter.					
12	Data Collection Activities	No	5	(Opt-In and Opt-Out Post-SMLA Phase Only) Yes or No if participated in data collection activities as requested by FirstNet or following a documented data collection determination by Opt-Out (Post-SMLA) grantees.					
Activities for Opt-Out States only in	the Pre-SMLA Phase during	the Reporting Quarter	THE PLANE						
13	Stakeholders Engaged			Actual number of individu	als reached via stakeholder meetings or events during	the quarter.			
14	Education and Outreach Materials Distributed In- Person			Actual number of materia	Is distributed in-person during this quarter.				
25	Education and Outreach Materials distributed Electronically			Actual volume of hits or in quarter.	npressions to any website, e-newsletter, social media p	ost, ar other account suppor	ted by SLIGP during the		

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The CNMI Government was shu	t down for approximately h	estion 11 for this quarter; any chall alf of the reporting period as a resu ally restoring operations for for a to	It of the existing	g threat of COVID-19. All go	overnment operation	ons and activities w	vere still ceased and s	tay-at-home orders were	still in place. The
play. Although the CNMI Govern	nment reopened all governr	ment offices, CNMI HSEM still contin	nues to run the	COVID-19 response operati	ons at the CNMI Er	nergency Operatio	ns Center. The govern		
challenges in trying to move for	ward with the launch of Firs	stNet. Competing priorities with oth	er agencies dur	ing this COVID-19 environn	nent has also made	planning more dif	ficult.		
12. Personnel									
	ude all staff that have contri	ibuted time to the project with curre	ent avarter's util	lization. Please only include	FTE staff employe	d by the state not a	contractors. Please do	not remove individuals fr	om this table
Job Title	FTE%	land to the project with carre	uted 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 fr Project (s) Assigned						
Federal Program Coordinator	100%	ALL SLIGP 2.0 Projects							Change No
0									
12b. Narrative description of an		cies, or changes.							
No changes during this reporting	g period.								
13. Contractive (Contract on Alex	Cuburalalanta\								
13. Contractual (Contract and/or		from this table should equal the "Co	antractual" in O	uestion 14f					
		Type		T	Contract	T	1911	Total Federal Funds	Total Matching Fund
Name	Subcon	Tract Purpose	(Contract/Subrec.)	RFP/RFQ Issued (Y/N)	Executed (Y/N)	Start Date	End Date	Allocated	Allocated
NONE	NONE				Linearted (1714)			\$0.00	\$0.00
								¥5.55	Ç0.00
13b. Narrative description any cl	hallenges, updates, or chang	ges related to contracts and/or sub-	ecipients.						
The CNMI HSEM has not identific	ed any contractors for this g	grant period. All activities wthin the	CNMI's grant a	pplication still falls within t	he capability of CN	IMI HSEM.			
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				e e					

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	\$27,736.00	\$0.00	\$27,736.0
o. Personnel Fringe Benefits	\$11,115.00	\$0.00	\$11,115.00	\$11,115.00	\$0.00	\$11,115.00	\$5,351.00	\$0.00	\$5,351.0
:. Travel	\$311,550.00	\$0.00	\$311,550.00	\$311,550.00	\$0.00	\$311,550.00	\$40,238.00	\$0.00	\$40,238.0
d. Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.0
e. Materials/Supplies	\$17,420.00	\$0.00	\$17,420.00	\$17,420.00	\$0.00	\$17,420.00	\$687.00	\$0.00	\$687.0
. Contractual	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.0
g. Other	\$15,700.00	\$0.00	\$15,700.00	\$15,700.00	\$0.00	\$15,700.00	\$5,750.00	\$0.00	\$5,750.0
n. Indirect	\$114,215.00	\$0.00	\$114,215.00	\$114,215.00	\$0.00	\$114,215.00	\$10,086.00	\$0.00	\$10,086.0
. Total Costs	\$535,000.00	\$0.00	\$535,000.00	\$535,000.00	\$0.00	\$535,000.00	\$89,848.00	\$0.00	\$89,848.0
. Proportionality Percent	100.00%	0.00%	100.00%	100.00%	0.00%	100.00%	100.00%	0.00%	100.009
15. Certification: I certify to the bes	st of my knowledge and belief	that this report is correct	and complete for per	formance of activities for t	he purpose(s) set	forth in the awar	d documents.		
6a. Typed or printed name and title of Authorized Certifying Official: Iaomi Ada Tagabuel, Grants Manager/Lead Planner					16c. Telephone (area code, number, and extension)	(670) 664 - 2216			
l6b. Signature of Authorized Certif	ying Official:						16d. Email Address:	naomi.ada@cnmihsem.g	ov.mp

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