OMB Control No. 0660-0042 Expiration Date: 01/31/2021

	2. Award or Grant Number: 4. EIN:	69-10-S18069 98-6019463					
1. Recipient Name	CNMI Homeland Security a	nd Emergency Manageme	nt			6. Report Date (MM/DD/YYYY)	06/12/2019
3. Street Address	et Address 1313 Anatahan Drive Caller Box 10007						03/31/2019
5. City, State, Zip Code	Saipan, MP 96950					8. Final Report Yes □ No ☑	9. Report Frequency Quarterly X
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)		Description of Milestone Categ	ory	
Activities/Metrics for All Recipients	during the Reporting Quart	ter					
1	Governance Meetings	No	0	Actual number of governo	ance, subcommittee, or working group meetings relate	d to the NPSBN held during	the quarter
2	Individuals Sent to Broadband Conferences	No	0	-	uals who were sent to national or regional third-party or stage of the second stage of the second se	conferences with a focus are	ะa or training track
3	Convened Stakeholder Events	No	0	Actual number of events	coordinated - or held using SLIGP grant funds during th	e quarter, as requested by I	irstNet.
4	Staff Hired (Full-Time Equivalent)(FTE)	No	0.00	Actual number of state pe	ersonnel FTEs who began supporting SLIGP activities d	ıring the quarter (may be a	decimal).
5	Contracts Executed	No	0	Actual number of contrac	ts 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 thi	s reporting quarter.	
8	Further Identification of Potential Public Safety Users	No		Yes or No if further identi	fication of potential public safety users occurred during	g this reporting quarter.	
9	Plans for Emergency Communications Technology Transitions	No		Yes or No if plans for futu	re emergecy communications technology transitions o	ccurred during this reportin	g quarter.
10	Identified and Planned to Transition PS Apps & Databases	No		Yes or No if public safety developed this reporting	applications or databases within the State or territory quarter	were identified and transit	ion plans were
11	Identify Ongoing Coverage Gaps	No		Yes or No if participated i	n identifying ongoing coveage gaps using SLIGP funds	during this reporting quart	er.
12	Data Collection Activities	No			SMLA Phase Only) Yes or No if participated in data condata collection determination by Opt-Out (Post-SMLA)		ed by FirstNet or
Activities for Opt-Out States only in		the Reporting Quarter					
13	Stakeholders Engaged			Actual number of individu	ials reached via stakeholder meetings or events during	the quarter.	
14	Education and Outreach Materials Distributed In- Person			Actual number of materia	als distributed in-person during this quarter.		
15	Education and Outreach Materials distributed Electronically			Actual volume of hits or in the quarter.	mpressions to any website, e-newsletter, social media	post, or other account supp	orted by SLIGP during

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12b. Narrative description of any staffing challenges, vacancies, or changes. The Commonwealth of the Northern Mariana Islands (CNNII) is still conducting recovery efforts throughout the municipalities. The Federal Program Coordinator position was successfully transferred to the SLIGP 2.0 award allowing the ndividual to focus on coordination and facilitation of all activities throughout the Period of Performance. However, the Federal Program Coordinator retired from the agency during the reporting period as well. CNMI HSEM is currently loc of lill in the position as soon as a qualified candidate is identified. 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 (Contract, Subrec.) (Contra	L1a. Narrative description for each During this reporting period, CNMI With the vacancy of the Federal Procurrently placed on the SLIGP 2.0 for	HSEM was unable to carry o ogram Coordinator position,	out activities under this gra CNMI HSEM is currently to	nt due to the recove rying to identify a qu	ery efforts that are still beir alified candidate to fill the	ng conducted in the position as soon a	e CNMI as a result as possible in orde	of Typhoon Mangkhu r for planned major ac	t (DR-4396) and Super Ty tivities to take place. Wit	phoon Yutu (DR-4404). th the suspension
22. 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 project (s) Assigned Change										
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Change FTE% Project (s) Assigned Change None N					I'll all a Black and I del	de ETE ete Comme				ala far a thia table
ALL SLIGP 2.0 Projects None ALL SLIGP 2.0 Projects None 12b. Narrative description of any staffing challenges, vacancies, or changes. 12c Narrative description of any staffing challenges, vacancies, or changes. 12c Narrative description of any staffing challenges, vacancies, or changes. 12c Narrative description of any staffing challenges, vacancies, or changes. 12c Narrative description of any staffing challenges, vacancies, or changes. 12c Narrative description of any staffing challenges, vacancies, or changes. 12c Narrative description of any staffing challenges, vacancies, or changes. 12c Narrative description of any staffing challenges, vacancies, or changes. 12c Narrative description of any staffing challenges, vacancies, or changes related to contracts and/or subrecipients. 12c Narrative description any challenges, updates, or changes related to contracts and/or subrecipients. 12c Narrative description any challenges, updates, or changes related to contracts and/or subrecipients. 12c Narrative description any challenges, updates, or changes related to contracts and/or subrecipients. 12c Narrative description any challenges, updates, or changes related to contracts and/or subrecipients. 12c Narrative description any challenges, updates, or changes related to contracts and/or subrecipients.	<u> </u>	, , , , , , , , , , , , , , , , , , , ,	tea time to the project wit T	n current quarter's u			oyea by the state	not contractors. Please	e ao not remove inaiviau	
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3a. Contractual Table – Include all contractors. The totals from this table should equal the "Contractual" in Question 14f. Name	ndividual to focus on coordination o fill in the position as soon as a q	and facilitation of all activiti ualified candidate is identifie	ies throughout the Period	_	•	_	-			_
Name Subcontract Purpose Type (Contract/Subrec.) NONE NONE NONE NONE NONE NONE NONE NON	, , , , , , , , , , , , , , , , , , , ,									
NONE	13a. Contractual Table – Include al	contractors. The totals from			Question 14f.				1	
L3b. 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 wthin the CNMI's grant application still falls within the capability of CNMI HSEM. The CNMI government is still conducting recovery efforts of Typhoon			t Purpose		RFP/RFQ Issued (Y/N)		Start Date	End Date	Allocated	Allocated
The CNMI HSEM has not identified any contractors for this grant period. All activities wthin the CNMI's grant application still falls within the capability of CNMI HSEM. The CNMI government is still conducting recovery efforts of Typhoon	NONE	NONE							\$0.00	\$0.00
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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	\$13,230.90	\$0.00	\$13,230.90
b. Personnel Fringe Benefits	\$11,115.00	\$0.00	\$11,115.00	\$11,115.00	\$0.00	\$11,115.00	\$3,474.75	\$0.00	\$3,474.75
c. Travel	\$311,550.00	\$0.00	\$311,550.00	\$311,550.00	\$0.00	\$311,550.00	\$30,705.11	\$0.00	\$30,705.11
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	\$0.00	\$0.00	\$0.00
h. Indirect	\$114,215.00	\$0.00	\$114,215.00	\$114,215.00	\$0.00	\$114,215.00	\$6,519.00	\$0.00	\$6,519.00
i. Total Costs	\$535,000.00	\$0.00	\$535,000.00	\$535,000.00	\$0.00	\$535,000.00	\$53,929.76	\$0.00	\$53,929.76
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 be	st of my knowledge and belie	of that this report is correct	t and complete for p	erformance of activities fo	the purpose(s) s	et forth in the aw	ard documents.		
16a. Typed or printed name and ti Naomi S. Ada, Acting Grants Mana		fficial:					16c. Telephone (area code, number, and extension)	(670) 6	64 - 2216
16b. Signature of Authorized Certi	fying Official:						16d. Email Address:	naomi.ada@cnmihsem.g	gov.mp

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