			Department of Commo OPerformance Progres			2. Award or Grant Number: 4. EIN:	69-10-518069 98-6019463			
1. Recipient Name	CNMI Homeland Security a	nd Emergency Manageme	ent			6. Report Date (MM/DD/YYYY)	09/17/2019			
3. Street Address						7. Reporting Period End Date: (MM/DD/YYYY)	06/30/2019			
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 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 Recipients	during the Reporting Quart	er								
1	Governance Meetings	No	0		of governance, subcommittee, or working group meetings related to the NPSBN held during the quarter					
2	Individuals Sent to Broadband Conferences	No	0		als who were sent to national or regional third-po g SLIGP grant funds during the quarter	irty conjerences with a jocus area	i 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 contract	s executed during the quarter.					
6	Subrecipient Agreements Executed	No	0	Actual number of agreeme	ents executed during the quarter.		of this rest.			
7	Data Sharing Policies/Agreements Developed	No		Yes or No if data sharing p	olicies and/or agreements were developed durin	g this reporting quarter.				
8	Further Identification of Potential Public Safety Users	No		Yes or No if further identif	ication of potential public safety users occurred d	uring this reporting quarter.				
9	Plans for Emergency Communications Technology Transitions	No		Yes or No if plans for futur	e emergecy communications technology transitio	ns occurred during this reporting	quarter.			
10	Identified and Planned to Transition PS Apps & Databases	No		Yes or No if public safety a this reporting quarter	pplications or databases within the State or territ	ory were identified and transitio	n plans were developed			
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		following a documented d	And These Confect Yes or No if participated in data ata collection determination by Opt-Out (Post-SM	a collection activities as requested LA) grantees.	l by FirstNet or			
Activities for Opt-Out States only in	the Pre-SMLA Phase during	the Reporting Quarter		wolling with a second second						
13	Stakeholders Engaged			Actual number of individue	als reached via stakeholder meetings or events du	ring the quarter.	Mining a Manual			
14	Education and Outreach Materials Distributed In- Person			Actual number of moterial	s distributed in-person during this quarter.					
15	Education and Outreach Materials distributed Electronically			Actual valume of hits or im quarter.	pressions to any website, e-newsletter, social me	dia post, or other account suppor	ted by SLIGP during the			

11a. Narrative description for each activity reported in Question 11 for this quarter; any challenges or obstacles encountered and mitigation strategies you have employed; planned major activities for the next quarter; and any additional project During this reporting period, CNMI HSEM was unable to carry out activities under this grant due to the sudden departure of the Grants Manager/Lead Planner. An Acting Grants Manager/Lead Planner was identified not too long after. The Acting Grants Manager/Lead Planner was able to pick up where the predecessor left off. Discussions regarding the SPOC for the CNMI was heavily discussed within the reporting period as well. CNMI HSEM hopes to have a designated SPOC by the next reporting period pending the approval of the Governor of the CNMI. In addition, FIRSTNET and CNMI HSEM have been corresponding to set up a teleconference call to further discuss the current situation with the CNMI and what will happen moving forward.

12. Personnel

Job Title	FTE%	Project (s) Assigned	Change	
ederal Program Coordinator	100%	ALL SLIGP 2.0 Projects	None	

12b. Narrative description of any staffing challenges, vacancies, or changes.

CNMI HSEM is still actively seeking a qualified individual to fill the Federal Program Coordinator position under the SLIGP 2.0 award. Filling the Federal Program Coordinator position has proven to be extremely difficult as the CNMI Government is currently under austerity measures as specified under Directive No. 2019-003 that was released by the Governor's Office. CNMI HSEM leadership hopes to be able to fill the position soon as well as designate the SPOC at the same time.

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	Type (Contract/Subrec.)	RFP/RFQ Issued (Y/N)	Contract Executed (Y/N)	Start Date	End Date	Total Federal Funds Allocated	Total Matching Funds Allocated
NONE	NONE						\$0.00	\$0.00

13b. 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 within the CNMI's grant application still falls within the capability of CNMI HSEM.

Project Budget Element (1)	NTE Total Federal Funds Approved (2)	NTE Total Matching Funds Approved (3)	NTE Tot <mark>al</mark> 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	\$13,231.00	\$0.00	\$13,231.0
b. Personnel Fringe Benefits	\$11,115.00	\$0.00	\$11,115.00	\$11,115.00	\$0.00	\$11,115.00	and the second se		\$3,475.0
c. Travel	\$311,550.00	\$0.00	\$311,550.00	\$311,550.00	\$0.00	\$311,550.00	\$30,705.00		\$30,705.0
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	\$0.00	\$0.00	\$0.0
f. 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	\$0.00	\$0.00	\$0.0
h. Indirect	\$114,215.00	\$0.00	\$114,215.00	\$114,215.00	\$0.00	\$114,215.00	\$12,076.00	\$0.00	\$12,076.0
. Total Costs	\$535,000.00	\$0.00	\$535,000.00	\$535,000.00	\$0.00	\$535,000.00	\$59,487.00	\$0.00	\$59,487.0
i. 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 be	st of my knowledge and belief	that this report is correct	t and complete for per	formance of activities for t	the purpose(s) set	forth in the awar	d documents.		
16a. Typed or printed name and title of Authorized Certifying Official: Naomi Ada Tagabuel, Acting Grants Manager/Lead Planner					16c. Telephone (area code, number, and extension)	(670) 664 - 2216			
16b. Signature of Authorized Certifying Official:					16d. Email Address: Date:	naomi.ada@cnmihsem.g 09/17/2019	ov.mp		

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