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	ent			6. Report Date (MM/DD/YYYY)	11/06/2019	
3. Street Address	1313 Anatahan Drive Caller Box 10007						09/30/2019	
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 Ca	ategory		
Activities/Metrics for All Recipients	during the Reporting Quart	er						
1	Governance Meetings	No	0		ance, subcommittee, or working group meetings rel			
2	Individuals Sent to Broadband Conferences	No	0		als who were sent to national or regional third-par g SLIGP grant funds during the quarter	ty conferences with a focus area	i or training track	
3	Convened Stakeholder Events	No	0	Actual number of events o	coordinated - or held using SLIGP grant funds during	the quarter, as requested by Fi	rstNet.	
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).  Actual number of contracts executed during the quarter.				
5	Contracts Executed	No	0	Actual number of contract	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 p	policies and/or agreements were developed during	this reporting quarter.		
8	Further Identification of Potential Public Safety Users	No	March of the state	Yes or No if further identif	fication of potential public safety users occurred du	ring this reporting quarter.	Enteri	
9	Plans for Emergency Communications Technology Transitions	No		Yes or No if plans for futur	re emergecy communications technology transition	s occurred during this reporting	quarter.	
10	Identified and Planned to Transition PS Apps & Databases	No		Yes or No if public safety of this reporting quarter	applications or databases within the State or territo	ory we <mark>re identified and transitio</mark>	n plans were developed	
11	Identify Ongoing Coverage Gaps	No		Yes or No if participated in	n identifying ongoing coveage gaps using SLIGP fun	nds during this reporting quarter		
12	Data Collection Activities	No			SMLA Phase Only) Yes or No if participated in data lata collection determination by Opt-Out (Post-SML		d by FirstNet or	
Activities for Opt-Out States only in	the Pre-SMLA Phase during	the Reporting Quarter	The second second					
13	Stakeholders Engaged	THE WAY TO SHARE THE		Actual number of individu	als reached via stakeholder meetings or events dur	ing the quarter.	AND THE WARRANT SHEET	
14	Education and Outreach Materials Distributed In- Person			Actual number of material	ls distributed in-person during this quarter.			
15	Education and Outreach Materials distributed Electronically			Actual volume of hits or in quarter.	npressions to any website, e-newsletter, social med	lio post, or other account suppor	ted by SLIGP during the	

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

After having identified a new Fe	deral Program Coordinator, I discussions regarding the no	ction 11 for this quarter; any chall CNMI HSEM was able to start plan ext steps for the CNMI. On July 3rd t in the loop when discussions tak	nning activities m d, CNMI HSEM ar	noving forward. The SPOC I and FirstNet had a teleconfe	etter for the CNMI rence call to discus	has yet to be ident is better communic	ified and approved by ation and coordination	y the Governor of the CNN on with Docomo Pacific an	II. FIRSTNET and CNMI d AT&T representatives.
In the uncoming reporting perio	d the Federal Program Coor	dinator wishes to work with First	Net to bring down	n a workshop to the CNMI	The workshop wil	serve as an introd	uction to NPSBN, who	at is available, identify equ	uipment applications,
and discuss services that can be			tet to bring down	a workshop to the crimin					•
12. Personnel									
12a. Staffing Table - Please incl	ude all staff that have contrib	outed time to the project with curre	ent quarter's utili	ization. Please only include	FTE staff employe	d by the state not c	ontractors. Please do	not remove individuals fro	om this table.
Job Title	FTE%	Project (s) Assigned						Change	
Federal Program Coordinator	100%	ALL SLIGP 2.0 Projects							Yes
for all coordination for SLIGP 2.0	activities and FirstNet. Mrs.  r Subrecipients) all contractors. The totals for	Program Coordinator for SLIGP 2.  Naomi Tagabuel will also be assis  rom this table should equal the "C ract Purpose (Cor	sting with financi	ial management of the awa		Start Date	End Date	Total Federal Funds Allocated \$0.00	Total Matching Funds Allocated \$0.00
12h Narrativo description	hallenges undates or shans	es related to contracts and/or sub	recinients						
130. Narrative description any c	nationges, updates, or change	ant period. All activities wthin the	e CNMI's grant ap	pplication still falls within t	he capability of CN	MI HSEM.			

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

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	\$6,154.00		
. Personnel Fringe Benefits	\$11,115.00	\$0.00	\$11,115.00	\$11,115.00	\$0.00	\$11,115.00	\$1,689.00		\$1,689.0
. Travel	\$311,550.00	\$0.00	\$311,550.00	\$311,550.00	\$0.00	\$311,550.00	\$31,756.00	\$0.00	\$31,756.0
I. Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.0
. Materials/Supplies	\$17,420.00	\$0.00	\$17,420.00	\$17,420.00	\$0.00	\$17,420.00	\$0.00	\$0.00	\$0.0
. Contractual	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.0
. Other	\$15,700.00	\$0.00	\$15,700.00	\$15,700.00	\$0.00	\$15,700.00	\$0.00	THE RESERVE THE PERSON NAMED TO PERSON NAMED T	\$0.0
. Indirect	\$114,215.00	\$0.00	\$114,215.00	\$114,215.00	\$0.00	\$114,215.00	\$10,086.00	\$0.00	
Total Costs	\$535,000.00	\$0.00	\$535,000.00	\$535,000.00	\$0.00	\$535,000.00	\$49,685.00	\$0.00	\$49,685.0
Proportionality Percent	100.00%	0.00%	100.00%	100.00%	0.00%	100.00%	100.00%	0.00%	100.009
5. Certification: I certify to the be	at 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: Naomi Ada Tagabuel, Acting Grants Manager/Lead Planner						16c. Telephone (area code, number, and extension)	(670) 664 - 2216		
6b. Signature of Authorized Certif	ying Official:	1 Dach. 6	)				16d. Email Address:	naomi.ada@cnmihsem.g	lov.mp
	1 VINUOU	AND BULLETY ALLANT					Date:	11/18/2019	

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