U.S. Department of Commerce SLIGP 2.0 Performance Progress Report						2. Award or Grant Number: 4. EIN:	69-10-S18069 98-6019463			
						6. Report Date	1			
l. Recipient Name	CNMI Homeland Security and Emergency Management					(MM/DD/YYYY)	02/18/2020			
. Street Address	1313 Anatahan Drive Caller	7. Reporting Period End Date: (MM/DD/YYYY)	12/31/2019							
. City, State, Zip Code	Saipan, MP 96950					8. Final Report Yes  No	9. Report Frequency Quarterly X			
0a. Project/Grant Period										
Start Date: (MM/DD/YYYY)	03/01/2018	10b. End Date: (MM/DD/YYYY)	03/31/2021		and the second se					
1. List the individual projects in	your 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 Miles	tone Category				
activities/Metrics for All Recipier	nts during the Reporting Quart	er		Street or and	and the second se					
1	Governance Meetings	No	0		ance, subcommittee, or working group meeti					
2	Individuals Sent to Broadband Conferences	No	0	Actual number of individuals who were sent to national or regional third-party conferences with a focus area or training track related to the NPSBN using SLIGP grant funds during the quarter						
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 agreements 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		Yes or No if further identij	fication of potential public safety users occur	red during this reporting quarter.				
9	Plans for Emergency Communications Technology Transitions	No		Yes or No if plans for futu	re emergecy communications technology tra	nsitions occurred during this reporting	quarter.			
10	Identified and Planned to Transition PS Apps & Databases	No		Yes or No if public safety o this reporting quarter	applications or databases within the State or	territory were identified and transitio	n plans were develope			
11	Identify Ongoing Coverage Gaps	No		Yes or No if participated in	n identifying ongoing coveage gaps using SLI	GP funds during this reporting quarter				
12	Data Collection Activities	No		(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.						
tivities for Opt-Out States only	and a second s	the Reporting Quarter								
13	Stakeholders Engaged	and the second state	a de la companya de la	Actual number of Individu	als reached vio stakeholder meetings or even	nts during the quarter.				
14	Education and Outreach Materials Distributed In- Person			Actual number of materia	ls distributed in-person during this quarter.					
15	Education and Outreach Materials distributed Electronically		the state of the s	Actual valume of hits or in quarter.	npressions to any website, e-newsletter, soci	al media post, or other account suppor	ted by SLIGP during th			

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 After having identified a new Federal Program Coordinator, CNMI HSEM was able to start planning activities moving forward. The SPOC letter for the CNMI has yet to be identified and approved by the Governor of the CNMI. FIRSTNET and CNMI HSEM continue to have informal discussions regarding the next steps for the CNMI. CNMI HSEM was able to get on a quarterly call with the Federal Program Officer to discuss various topics of concern for the SLIGP 2.0 award. During the meeting, CNMI HSEM followed up on the Period of Performance Extension Amendment that was submitted. In addition, CNMI HSEM informed the Federal Program Officer of its intentions to bring a FirstNet workshop to all three islands in the CNMI. The CNMI HSEM team discussed allowable costs for the workshop and the sole purpose of the proposed workshops. FirstNet, AT&T, and Docomo would be on all three (3) islands to discuss preparation efforts for the roll out of FirstNet in the CNMI. Furthermore, CNMI HSEM followed up on reimbursement/drawdowns for expenses incurred by the agency. Reimbursement was very much needed in order to pay vendors for services rendered. The only challenges experienced by the FirstNet Planning workshops that of reimbursement efforts. There were several issues being experienced by the CNMI Department of Finance (DOF) when trying to drawdown funds in ASAP. Major planned events for the next quarter include the FirstNet Planning Workshops that would involve all law enforcement/first responder agencies that would be availing of the services. The FirstNet Planning Workshop will take place on January 13 - 14, 2020 on the island of Taian. These workshops will allow for participants to ask questions and get answers directly from FirstNet, AT&T, and Docomo. This will help to bring a better understa

12. Personnel

Job Title	FTE%	Project (s) Assigned	Change	
Federal Program Coordinator	100%	ALL SLIGP 2.0 Projects	No	

12b. Narrative description of any staffing challenges, vacancies, or changes. No staffing changes for this reporting period.

## 13. Contractual (Contract and/or Subrecipients)

13a. Contractual Table - Include all contractors. The totals from this table should equal the "Contractual" in Question 14f.

		RFP/RFQ Issued (Y/N)	Contract Executed (Y/N)	Start Date	End Date	Total Federal Funds Allocated	Total Matching Funds Allocated
NONE						\$0.00	\$0.00
	Subcontract Purpose	(Contract/Subrec.)	Subcontract Purpose     (Contract/Subrec.)     REP/REQ Issued (T/N)       NONE	Subcontract Purpose         (Contract/Subrec.)         RFP/RFQ Issued (Y/N)         Executed (Y/N)           NONE	Subcontract Purpose         Image: Contract/Subrec.         RFP/RFQ Issued (Y/N)         Executed (Y/N)         Start Date           NONE	Subcontract Purpose     RFP/RFQ Issued (Y/N)     Executed (Y/N)     Start Date     End Date       NONE	Subcontract Purpose         (Contract/Subrec.)         RFP/RFQ Issued (Y/N)         Executed (Y/N)         Start Date         End Date         Allocated           NONE

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

## 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.

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	\$0.00	\$6,154.0
b. Personnel Fringe Benefits	\$11,115.00	\$0.00	\$11,115.00	\$11,115.00	\$0.00	\$11,115.00	\$1,689.00	\$0.00	\$1,689.0
c. Travel	\$311,550.00	\$0.00	\$311,550.00	\$311,550.00	\$0.00	\$311,550.00	\$36,278.00	\$0.00	\$36,278.0
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
. 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	\$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	\$54,207.00	\$0.00	\$54,207.00
. 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 bes	t 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.	and an an weake	
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 Certif		Kard.	0				16d. Email Address:	naomi.ada@cnmihsem.g	ov.mp
X agatu						Date:	02/18/2020		

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