OM8 Control No. 0660-0038 Expiration Date: 8/31/2016

| | 2. Award or Grant Number: | 66-10-\$13066 | | | | | | | |
|---|--|---|---------------------------------|---|------------------------|--|-------------------------|------------------------|--|
| | 4. EIN: | 980018947 | | | | | | | |
| 1. Recipient Name | Guam Homeland Securi | 6. Report Date (MM/DD/YYYY) | 1/30/2015 | | | | | | |
| 3. Street Address | 221B Chalan Palasyo | 7. Reporting Period End Date: (MM/DD/YYYY) | 12/31/2015 | | | | | | |
| 5. City, State, Zip Code | Agana Heights, Guam 96910 | 8. Final Report Yes NoX | 9. Report Frequency Quarterly X | | | | | | |
| 10a. Project/Grant Period | | | | | | | | | |
| Start Date: (MM/DD/YYYY) | 9/1/2013 | 10b. End Date: (MM/DD/YYYY) | 1/ | 31/2018 | | | | | |
| 11. List the individual projects | in your approved Project Pla | n | | | | | | | |
| | Project Type (Capacity Building, SCIP Update, | Project Deliverable Quantity (Number & Indicator Description) | Total Federal Funding Amount | Total Federal Funding Amount expended at the end of this reporting period | Percent of | Percent of Total Federal Amount expended | | | |
| 1 | Stakeholder Meetings | 352 | | | | | | | |
| 2 | Broadband Conferences | 3 | | | | | | | |
| 3 | Staff Hires | 0 | | | | | | | |
| 4 | Contract Executions | 6 | | | | | | | |
| 5 | Governance Meetings | 0 | | | | | | | |
| 6 | Education and Outreach | 134 | | | | | THE LATE OF | | |
| 7 | Subrecipient Agreement Executed | 0 | | | | | | | |
| 8 | Phase 2 - Coverage | Stage 5/6 | | | Explicate Letters | | | | |
| 9 | Phase 2 – Users and Their Operational Areas | Stage 5/6 | | | | | TOY TO SEE | | |
| 10 | Phase 2 – Capacity Planning | Stage 4 | | | | | | | |
| 11 | Phase 2 – Current Providers/Procurement | Stage 4 | | | | | | | |
| | Phase 2 – State Plan Decision | Stage 1 | | | | | | | |
| | | | Baseline Report for th | nis project; any challenges or | r obstacles encountere | d and mitigation strategies you l | nave employed; planne | d major activities for | |
| the next quarter; and any addit | ional project milestones or in | nformation. | | | | | | | |
| the 2015 Fall SPOC Meeting in V | Vestminster, CO, the Initial Co | nsultation Meeting for Gu | am with FirstNet on O | ctober 22, 2015 and the SPOC | Webinar in November | ng and Lt. Governor's Public Safet 2015. There was no Governance testimonial/informational video | meeting this quarter. C | ontract executions | |
| 11b. If the project team anticip. Commerce before implementat | | to the approved Baseline | Report in the next qu | arter, describe those below. | Note that any substan | tive changes to the Baseline Rep | ort must be approved | by the Department of | |
| | | | | | | | | | |
| 11c. Provide any other information that would be useful to NTIA as it assesses this project's progress. | | | | | | | | | |
| | | | | | | | | | |
| 11d. Describe any success stories or best practices you have identified. Please be as specific as possible. | | | | | | | | | |

| 12. Personnel | | | | | | | | | |
|---|--|--|----------------------------|--------------------------------|--|---------------------|---|---|-----------------------------|
| 12a. If the project is not fully s | staffed, describe how any lack | of staffing may impact | the project's time line | and when the project will b | e fully staffed | i. | | • | |
| | • | | | | | | | | |
| | | | | | | | | | |
| 12b. Staffing Table | | | | | | | | | |
| Job Title | FTE% | | | Projec | t (s) Assigned | | | | Change |
| Program Coordinator III | 100 | Manages SLIGP - financial, outreach/education activities; data collection and any related activities involving the SLIGP and Nationwide Public | | | | | | | |
| | | Safety Broadband Netv | vork | | | | | | |
| | | | | | | | | 2 % | |
| 13. Subcontracts (Vendors and | d/or Subrecipients) | | | | | | | | |
| 13a. Subcontracts Table – Incl | ude all subcontractors. The to | otals from this table mu | st equal the "Subcontra | acts Total" in Question 14f. | | | | | |
| Name | | | Туре | | Contract | | | Total Federal Funds | Total Matching Funds |
| | | | (Vendor/Subrec.) | RFP/RFQ Issued (Y/N) | Executed | Start Date | End Date | Allocated | Allocated |
| | | | | | (Y/N) | | | | |
| Westin Resort Guam | Meeting room space for Initi | al Consultation Mtg | Vendor | Υ | Y | 10/14/2015 | 9/30/2016 | \$3,000.00 | \$0.00 |
| Sheraton Laguna Resort | Meeting room space | | Vendor | Υ | У | 10/14/2015 | 9/30/2016 | \$3,000.00 | \$0.00 |
| Pacific Star Hotel | Meeting room space | | Vendor | Y | У | 10/14/2015 | 9/30/2016 | \$3,000.00 | \$0.00 |
| Copy Express | Printing/Copy Services | | Vendor | Y | Υ | 10/14/2015 | 9/30/2016 | \$400.00 | \$0.00 |
| Fast Copy | Printing/Copy Services | | Vendor | Y | Υ | 10/14/2015 | 9/30/2016 | \$400.00 | \$0.00 |
| Victoria Printing | Printing/Copying/Banner Pro | duction | Vendor | Y | Y | 10/14/2015 | 9/30/2016 | \$400.00 | \$0.00 |
| Guam Webz | Website Developer | | Vendor | Y | Y | 8/20/2015 | 12/31/2015 | \$1,848.00 | \$0.00 |
| Victoria Printing | Graphic Design Services | | Vendor | Y | Y | 5/1/2015 | 9/30/2015 | \$500.00 | \$0.00 |
| American Printing | Printing/Production services | | Vendor | Ý | Y | 5/1/2105 | 9/30/2015 | \$500.00 | \$0.00 |
| Copy Express | Printing/Copying/Banner Pro | duction | Vendor | Y | Y | 5/1/2015 | 9/30/2015 | \$500.00 | \$0.00 |
| Sorensen Media Group | Video Production Services | | Vendor | Y | Y | 9/21/2015 | 12/31/2015 | \$5,000.00 | \$0.00 |
| | Video Video cioni scriticos | | Vendor | <u> </u> | | 3/22/2023 | 12/02/2025 | \$3,000.00 | 70.00 |
| 13b. Describe any challenges e | encountered with vendors and | /or subrecipients. | | · | | | | | |
| With the Fiscal Year of Government | | The Contract of the Contract o | Victoria Printing Amer | rican Printing and Conv Expr | ess ended with | h no evnenses ah | le to be incurred after Dece | mber 31 2015 Therefo | re new contracts with |
| Copy Express and Victoria Print | | | | | | | | | |
| maintenance services. | and were initiated in suriour y 2. | ozo to oc expired, asea | by and or read or sep | Action 50, 2020. We are co | mentry megoti | acing contract wi | in dum viene us develope. | TOT WEDSILE to COTTONIA | |
| 14. Budget Worksheet | | ~~~ | | | | | | | |
| Columns 2, 3 and 4 must match | your current project budget f | or the entire award whi | ich is the SE-A2AA on file | | | | | | |
| Only list matching funds that th | | | icit is the si 4247 on the | • | | | | | |
| | | | | | I | W 7000 W700 | | | |
| Project Budget Element (1) a. Personnel Salaries | | Federal Funds Awarded (2) \$166,200.20 | | Approved Matching Funds (3) | Total Budget (4) | | Federal Funds Expended (5) | Approved Matching Funds Expended (6) | Total funds Expended (7) |
| | | | | \$0.00 | | | \$46,744.56 | | \$46,744.56 |
| b. Personnel Fringe Benefits | | \$78,822.71 | | \$0.00 | \$78,822.71 | | \$15,352.38 | | \$15.352.38 |
| c. Travel | | \$83,360.00 | | \$0.00 | \$83,360.00 | | \$18,751.78 | | \$18,751.78 |
| d. Equipment | | \$0.00 | | \$0.00 | \$0.00 | | \$0.00 | | \$0.00 |
| e. Materials/Supplies | | \$25,800.00 | | \$0.00 | \$25,800.00 | | \$1,187.39 | | \$1,187.39 |
| f. Subcontracts Total | | \$148,397.35 | | \$0.00 | \$148,397.35 | | \$10,786.70 | | \$10,786.70 |
| g. Other | | | \$10,000.00 | | \$10,000.00 | | \$0.00 | | \$0.00 |
| h. Indirect | | \$16,719.74 | | \$0.00 \$0.00 | \$16,719.74 | | \$0.00 | | \$0.00 |
| i. Total Costs | | \$529,300.00 | | \$0.00 | \$529,300.00 | | \$92,822.81 | \$0.00 | \$92,822.81 |
| j. % of Total | | | 100% | | 100% | | 100% | 0% | 100% |
| 15. Certification: I certify to the | e hest of my knowledge and h | | | 0% | | 2000 | | 078 | 10076 |
| 16a. Typed or printed name an | | | correct and complete in | or performance or activities | tor the purpe | 32(3) 321 101111 11 | 16c. Telephone (area | I | |
| | The state of the s | ig officiali | | | | | code, number, and extension) 674-475-9600 | | |
| BRIG. GEN. JOHNNY S. LIZAMA, | GUAM HOMELAND SECURITY | ADVISOR | | | | | | | |
| | COMMITTONIES IND SECONITY | NO VIDOR | | | | | CACCIONOTY | | - |
| 16b. Signature of Authorized Certifying Official: | | | | | | | 16d. Email Address: c/o leigh.pereda@ghs.guam.gov | | |
| | | 70.7,0,1,0,1,0,1,0,1,0,1,0,1,0,1,0,1,0,1,0, | | | | | | | |
| Charles Esteves Administrator | | | | | | | Date: | 1/30/2015 | |
| | | Charle | s Esteves | .Administra | tor | | Date. | 175072015 | |