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

		U.S. Department of Commerce	2. Award or Grant Number				
				78-10-S13078			
		Performance Progress Report			4. EIN #		
				090101838			
		irgin Islands –Office of the Governor		6. Report Date (MM/DD/YYYY) 04/14/2014			
	of Information Technology			7. Reporting Period End Date:			
	Address	500 A		7. Reporting Period End Date: 03/31/2014			
	ky Shopping Center, Suite (500 A			8. Final Report 9. Report Frequency		
5. City, 5	tate, Zip Code						
Charlott	e Amalie, Virgin Islands 00	802		I Yes	Quarterly		
	ject/Grant Period	10b. End Date: (MM/DD/YYYY)	1				
Start Date: (MM/DD/YYYY) 08/01/2013			07/31/2016				
11. List	the individual projects in yo	our approved Project Plan					
	Project Type (Capacity	Project Deliverable Quantity	Total Federal	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Funding Amount expended	Percent of Total Federal Funding	
	Building, SCIP Update, (Number & Indicator		Funding Amount at the er		this reporting period	Amount expended	
	Outreach, Training etc.) Description)					
1	Stakeholder Meetings	10	\$				
2	Training Sessions	N/A					
3	Broadband Conference	s 5					
4	Staff Hires (FTE)	0					
5	Contract Executions	0					
6	Statutory or Regulatory Equivalent	0					
7	Governance Meetings	3					
8	Education and Outreac	h 0					
	Phase II Activities	N/A					

Governance Meeting was held during the quarter which was combined with one Governance Meeting. In addition, two additional Governance Meeting were held. Our Program Manager has been on board since December 16, 2013 and he has been assisting in the coordination, attendance and material presentations at the Stakeholders and Governance meetings. No additional staff was hired, however, consideration has been requested to hire additional personnel. It may not require a revision to the grant if we utilize cost savings realized during the period we sought a Program Manager for this grant.

11b. If the project team anticipates requesting any changes to the approved Baseline Report in the next quarter, describe those below. Note that any substantive changes to the Baseline Report must be approved by the Department of Commerce before implementation.

A review of the baseline indicates we held the planned number of outreach meetings, had an 80% attendance during our stakeholder's meetings, hired no new personnel or hired any contractors as yet. No flyers were distributed however FirstNet information received were shared with the attendees at the Stakeholders and Outreach meetings.

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11d. Describe any success stories or best practices you have identified. Please be as specific as possible.

We currently do not have any success stories to report.

12. Personnel

12a. If the project is not fully staffed, describe how any lack of staffing may impact the project's time line and when the project will be fully staffed.

This grant was solicited with the intention that a single person, a Program Manager, would have the responsibility of providing oversight for the SLIGP grant. He would ensure that all activities are completed on time and within budget. The Program Manager is responsible for carrying out grant activities and reporting to the point of contact (POC). He would also work to expand the State's governance structure. The Program Manager has to provide a Master plan to incorporate the NPSWBN technological requirements into our existing radio and broadband network infrastructure. In addition, he has the responsibility of researching Long Term Evolution (LTE) technologies, educating, coordinating of SLIPG activity, managing the SLIGP Budget, documenting all SLIGP activities, preparing the USVI team for the FirstNet consultations and assuring compliance with SLIGP requirements.

As indicated earlier, he is currently on board and now able to get the VI team back on track.

12b. Staffing Table

Job Title FTE %						Change No Change			
Program Manager			6 Program	Program Management of SLIGP Grant as delineated above in 12a					
				Add Row	Remove	e Row			
13. Subcontra	cts (Vendors and/or Subreci	pients)				ulies,			
13a. Subcontra	acts Table – Include all subc	ontractors. The total	s from this t	able must equ	al the "Sub	contracts	Fotal" in Question 14f	•	
Name	Subcontract Purpose	Type (Vendor/Subrec.)	RFP/RFQ Issued (Y/N)	Contract Executed (Y/N)	Start Date	End Date	Total Federal Funds Allocated	Total Matching Funds Allocated	Project and % Assigne
TBD	Website Development and maintenance	Vendor	N	N	TBD	TBD	\$49,920	\$0	N/A
TBD	Cost for wireless	Vendor	N	N	TBD	TBD	\$82,800	\$0	N/A

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			Add Row	Remove Row			
13b. Describe any challenges of The Bureau of Information Te				pearheaded by the Pr	ogram Manager.		
14. Budget Worksheet				57			
Columns 2, 3 and 4 must matc	h your current proje	ct budget for the entire a	ward, which is the	e SF-424A on file.			
Only list matching funds that the	he Department of Co	ommerce has already app	proved.				
Project Budget Element (1)	Federal Funds Awarded (2)	Approved Matching Funds (3)	Total Budget (4)	Federal Funds Expended (5)	Approved Matching Funds Expended (6)	Total Funds Expended (7)	
a. Personnel Salaries	\$195,000	\$0	\$195,000	15,000	\$0	\$15,000	
b. Personnel Fringe Benefits	\$ 74,283	\$0	\$ 74,283	4,897	\$0	\$4,897	
c. Travel	87,458	\$0	\$ 87,458	\$ 21,140	\$0	\$21,140	
d. Equipment	\$ 0	\$0	\$0	\$0	\$0	\$0	
e. Materials/Supplies	\$ 7,367	\$0	\$ 7,367	\$0	\$0	\$0	
f. Subcontracts Total	\$136,170	\$0	\$136,170	\$0	\$0	\$0	
g. Other	\$ 15,350	\$0	\$ 15,350	\$0	\$0	\$0	
h. Total Costs	\$515,628	\$0	\$515,628	\$41,037	\$0	\$41,037	
i. % of Total	100%	\$0	100%	100%	0%	100%	
15. Certification: I certify to the documents.	e best of my knowl	edge and belief that this	report is correct	and complete for perf	ormance of activities for the purp	ose(s) set forth in the award	
16a. Typed or printed name a Reuben D. Molloy, MBA	nd title of Authorize	ed Certifying Official	16c. Telephone (area code, number, and extension)				
Reuben D. Molloy, MBA	enter I	Mullon	340-713-0354 Extension 5510				
Director/Chief Information Te	chnology Officer	1		16d. Email Address reuben.molloy@bit.vi.gov			
16b. Signature of Authorized	and the second	lery	16e. Date Report Submitted (month, day, year)				

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a currently valid OMB control number. Public reporting burden for this collection of information is estimated to average 10 hours per response for the application process, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Michael Dame, Director, State and Local Implementation Grant Program, Office of Public Safety Communications, National Telecommunications and Information Administration, U.S. Department of Commerce (DOC), 1401 Constitution Avenue, N.W., HCHB, Room 7324, Washington, D.C. 20230.