

U.S. DEPARTMENT OF COMMERCE

## Performance Progress Report

**2. Award or Grant Number**

60-50-M09067

**4. Report Date (MM/DD/YYYY)**

04-30-2013

**1. Recipient Name**

Office of the Governor - American Samoa

**6. Reporting Period End Date:**

03-31-2013

**3. Street Address**

A.P. Lutali Executive Office Building, Utulei 3rd Floor,

**5. City, State, Zip Code**

Pago Pago, AS 96799

**7a. Project / Grant Period  
Start Date: (MM/DD/YYYY)**

02-15-2010

**7b. End Date: (MM/DD/YYYY)**

02-14-2015

**8. Designated Entity on Behalf of:**

Office of the Governor

**9. List the individual projects in your approved project plan**

	Project Type (Data Collection, Capacity Building, Technical Assistance, etc.)	Project Name (if different from Project Type)	Total Federal Funding Amount	Total Federal Funding Amount expended at the end of this reporting period	Percent of Total Federal Funding amount expended
1	Data Collection	Am Samoa SBI Project	1,900,496	836,250	44%
2	N/A				
3	N/A				
4	N/A				
5	N/A				
6	N/A				
			\$1,900,496	\$836,250	44%

**10. Personnel**

**10a. If the project is not fully staffed, describe how any lack of staffing may impact the project's timeline and when the project will be fully staffed.**

The personnel for this project is being staffed through percentages provided by matching from the local government

10b. Staffing Table										
Job Title				FTE %	Project(s) Assigned			Change		
N/A				0	N/A			No Change		
			Add Row		Remove Row					
11. Subcontracts										
11a. Subcontracts Table - Include all subcontractors. The totals from this table equal the "Subcontracts Total" from the Program Budget Worksheet (Q. 12, Column 2, 3, and 4)										
Name	Subcontract Purpose	RFP Issued (Y/N)	Contract Executed (Y/N)	Start Date	End Date	Total Federal Funds Allocated	Total Matching Funds Allocated	Project and % Assigned (Example: Data Collection 75)		
Broadmap, LLC	Data Collection	No	Yes	08/01/2010	02/14/2015	1,189,480	90,000	Data Collection	100	
TBD	Data Collection	No	No	02/15/2010	02/14/2015	205,135	0	Data Collection	100	
					Add Row	Remove Row				
11b. Describe any challenges encountered with vendors or subrecipients.										
No Challenges.										

<b>12. Budget worksheet</b>						
Columns 2, 3, and 4 will match your current project budget for your entire award, which is the SF-424A on file. Only list matching funds that the Department of Commerce has already approved.						
<b>Project Budget Element</b>	<b>Federal Funds Awarded</b>	<b>Approved Matching Funds</b>	<b>Total Budget</b>	<b>Federal Funds Expended</b>	<b>Approved Matching Funds Expended</b>	<b>Total Funds Expended</b>
<b>Personnel Salaries</b>	\$242,530	\$29,670	\$272,200	\$0	\$17,933	\$17,933
<b>Personnel Fringe Benefits</b>	\$21,100	\$2,581	\$23,681	\$0	\$1,845	\$1,845
<b>Travel</b>	\$35,280	\$0	\$35,280	\$0	\$0	\$0
<b>Equipment</b>	\$79,667	\$0	\$79,667	\$0	\$0	\$0
<b>Materials / Supplies</b>	\$53,901	\$152,446	\$206,347	\$0	\$0	\$0
<b>Subcontracts Total</b>	\$1,394,615	\$90,000	\$1,484,615	\$836,250	\$94,069	\$930,319
<b>Construction</b>	\$0	\$0	\$0	\$0	\$0	\$0
<b>Other</b>	\$0	\$0	\$0	\$0	\$0	\$0
<b>Total Direct Costs</b>	\$1,827,093	\$274,697	\$2,101,790	\$836,250	\$113,847	\$950,097
<b>Total Indirect Costs</b>	\$73,403	\$8,216	\$81,619	\$0	\$0	\$0
<b>Total Costs</b>	\$1,900,496	\$282,913	\$2,183,409	\$836,250	\$113,847	\$950,097
<b>% of Total</b>	87	13	100	88	12	100

  

<b>13. Hardware / Software</b>
13a. List any hardware/software purchased during this reporting period.  None
13b. Please note any hardware/software that has yet to be purchased and explain why it has not been purchased.  Vendor has already purchased hardware and software, which will be shipped to the American Samoa Government upon completion of the project.

  

<b>14. SBI PPR Project Attachment (Skip question 14b if Data Collection is your only project).</b>
14a. Complete a SBI PPR Project Data Collection Attachment and attach it to the PPR.
14b. Complete a SBI PPR Attachment for each additional funded project and attach it to the PPR.

**15. Certification: I certify to the best of my knowledge and belief that this report is correct and complete for performance of activities for the purpose set forth in the award documents.**

15a. Typed or Printed Name and Title of Authorized Certifying Official

Andrew D Berquist

Lead IT Project Manager

15c. Telephone  
(area code, number, and extension)

684-633-3648

15d. Email Address

Andrew.Berquist@itd.as.gov

15b. Signature of Authorized Certifying Official

Submitted Electronically

15e. Date Report Submitted  
(MM/DD/YYYY)

05-31-2013