

**U.S. DEPARTMENT OF COMMERCE**

**Performance Progress Report**

2. Award Or Grant Number

60-50-M09067

4. Report Date (MM/DD/YYYY)

10-31-2011

1. Recipient Name

Office of the Governor - American Samoa

6. Designated Entity On Behalf Of:

Office of the Governor

3. Street Address

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

8. Final Report?

Yes

No

9. Report Frequency

Quarterly

Semi Annual

Annual

Final

5. City, State, Zip Code

Pago Pago, AS 96799

7. Project / Grant Period

Start Date: (MM/DD/YYYY)

02-15-2010

7a.

End Date: (MM/DD/YYYY)

02-14-2015

7b.

Reporting Period End Date:

09-30-2011

9a. If Other, please describe:

N/A

**10. Broadband Mapping**

10a. Provider Table

Number of Providers Identified	Number of Providers Contacted	Number of Agreements Reached for Data Sharing	Number of Partial Data Sets Received	Number of Complete Data Sets	Number of Data Sets Verified
3	2	0	2	0	2

10b. Are you submitting the required PROVIDER DATA by using the Excel spreadsheet provided by the SBDD grants office?  Yes  No

10c. Have you encountered challenges with any providers that indicate they may refuse to participate in this project?  Yes  No

10d. If so, describe the discussions to date with each of these providers and the current status

N/A - No refusal to provide data.

10e. If you are collecting data through other means (e.g. data extraction, extrapolation, etc), please describe your progress to date and the relevant activities to be undertaken in the future

Continued collection of CAI data through vendor's sub-contractor's town hall meetings.

10f. Please describe the verification activities you plan to implement

Verification is being completed by verifying data against third party data sets.

10g. Have you initiated verification activities?  Yes  No

10h. If yes, please describe the status of your activities

Often locally provided data isn't in a geospatial data set, therefore must be digitized by the vendor. Verification is then sent back to the providers to determine whether or not the data is accurate.

10i. If verification activities have not been initiated please provide a projected time line for beginning and completing such activities

N/A

**Staffing**

10j. How many jobs have been created or retained as a result of this project?

0

10k. Is the project currently fully staffed?  Yes  No

10l. If no, please explain how any lack of staffing may impact the project's time line and when the project will be fully staffed

Interviews for the coordinator position are slated for early October - hiring should occur sometime thereafter.

10m. When fully staffed, how many full-time equivalent (FTE) jobs do you expect to create or retain as a result of this project?

0

10n. Staffing Table

Job Title	FTE %	Date of Hire
N/A	0	05/02/2011

Add Row

Remove Row

### Sub Contracts

10o. Subcontracts Table

Name of Subcontractor	Purpose of Subcontract	RFP Issued (Y/N)	Contract Executed (Y/N)	Start Date	End Date	Federal Funds	In-Kind Funds
Broadmap, LLC	Mapping & Planning	N	Y	08/01/2010	03/31/2012	800,640	0
TBA	Mapping	N	N	04/01/2012	02/15/2015	593,975	90,000

Add Row

Remove Row

### Funding

10p. How much Federal funding has been expended as of the end of the last quarter? \$412,902      10q. How much Remains? \$1,487,594

10r. How much matching funds have been expended as of the end of last quarter? \$0      10s. How much Remains? \$282,913

10t. Budget Worksheet

Mapping Budget Element	Federal Funds Granted	Proposed In-Kind	Total Budget	Federal Funds Expended	Matching Funds Expended	Total Funds Expended
Personal Salaries	\$242,530	\$29,670	\$272,200	\$0	\$0	\$0
Personnel Fringe Benefits	\$21,100	\$2,581	\$23,681	\$0	\$0	\$0
Travel	\$35,280	\$0	\$35,280	\$0	\$0	\$0
Equipment	\$79,667	\$0	\$79,667	\$0	\$0	\$0
Materials / Supplies	\$53,901	\$152,446	\$206,347	\$0	\$0	\$0
Subcontracts Total	\$1,394,615	\$90,000	\$1,484,615	\$412,902	\$0	\$412,902
Subcontract #1	\$800,640	\$0	\$800,640	\$412,902	\$0	\$412,902
Subcontract #2	\$593,975	\$90,000	\$683,975	\$0	\$0	\$0
Subcontract #3	\$0	\$0	\$0	\$0	\$0	\$0
Subcontract #4	\$0	\$0	\$0	\$0	\$0	\$0
Subcontract #5	\$0	\$0	\$0	\$0	\$0	\$0
Construction	\$0	\$0	\$0	\$0	\$0	\$0
Other	\$0	\$0	\$0	\$0	\$0	\$0
Total Direct Costs	\$1,827,093	\$274,697	\$2,101,790	\$412,902	\$0	\$412,902
Total Indirect Costs	\$73,403	\$8,216	\$81,619	\$0	\$0	\$0
Total Costs	\$1,900,496	\$282,913	\$2,183,409	\$412,902	\$0	\$412,902

Mapping Budget Element	Federal Funds Granted	Proposed In-Kind	Total Budget	Federal Funds Expended	Matching Funds Expended	Total Funds Expended
% Of Total	87	13	100	100	0	100

### Hardware / Software

10u. Has the project team purchased the software / hardware described in the application?  Yes  No

10v. If yes, please list

N/A

10w. Please note any software / hardware that has yet to be purchased and explain why it has not been purchased

Hardware/Software should be purchased in the coming weeks and will be shipped once the vendor has completed the product being developed.

10x. Has the project team purchased or used any data sets?  Yes  No

10y. If yes, please list

N/A

10z. Are there any additional project milestones or information that has not been included?  Yes  No

10aa. If yes, please list

N/A

10bb. Please describe any challenge or obstacle that you have encountered and detail the mitigation strategies the project team is employing

The American Samoa Government will submit a proposal by the end of October detailing a proposed grant reduction/reprogramming in an effort to meet it's matching requirements.

10cc. Please provide any other information that you think would be useful to NTIA as it assesses your Broadband Mapping Project

N/A

### 11. Broadband Planning

11a. Please describe progress made against all goals, objectives, and milestones detailed in the approved Project Plan. Be sure to include a description of each major activity / milestone that you plan to complete and your current status

Vendor's sub-contractor has written a report based on the townhalls and will be conducting a survey through the American Samoa Department of Education regarding Broadband Penetration in the Territory.

11b. Please describe any challenge or obstacle that you have encountered and detail the mitigation strategies the project team is employing

No new challenges have been encountered.

11c. Does the Project Team anticipate any changes to the project plan for Broadband Planning?  Yes  No

11d. If yes, please describe these anticipated changes. Please note that NTIA will need to approve changes to the Project Plan before they can be implemented

N/A

**Funding**

11e. How much Federal funding has been expended as of the end of the last quarter? \$0                      11f. How much Remains?                      \$0

11g. How much matching funds have been expended as of the end of last quarter?    \$0                      11h. How much Remains?                      \$0

11i. Planning Worksheet

Personal Salaries	\$0	\$0	\$0	\$0	\$0	\$0
Personnel Fringe Benefits	\$0	\$0	\$0	\$0	\$0	\$0
Travel	\$0	\$0	\$0	\$0	\$0	\$0
Equipment	\$0	\$0	\$0	\$0	\$0	\$0
Materials / Supplies	\$0	\$0	\$0	\$0	\$0	\$0
Subcontracts Total	\$0	\$0	\$0	\$0	\$0	\$0
Subcontract #1	\$0	\$0	\$0	\$0	\$0	\$0
Subcontract #2	\$0	\$0	\$0	\$0	\$0	\$0
Subcontract #3	\$0	\$0	\$0	\$0	\$0	\$0
Subcontract #4	\$0	\$0	\$0	\$0	\$0	\$0
Subcontract #5	\$0	\$0	\$0	\$0	\$0	\$0
Construction	\$0	\$0	\$0	\$0	\$0	\$0
Other	\$0	\$0	\$0	\$0	\$0	\$0
Total Direct Costs	\$0	\$0	\$0	\$0	\$0	\$0
Total Indirect Costs	\$0	\$0	\$0	\$0	\$0	\$0
Total Costs	\$0	\$0	\$0	\$0	\$0	\$0
% Of Total	0	0	0	0	0	0

**Additional Planning Information**

11j. Are there any additional project milestones or information that has not been included?

N/A

11k. Please describe any challenge or obstacle that you have encountered and detail the mitigation strategies the Project Team is employing

N/A

11l. Please provide any other information that you think would be useful to NTIA as it assesses your Broadband Mapping Project

N/A



12. 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.

12a. Typed or Printed Name and Title of Authorized Certifying Official

Andrew D Berquist

IT & Communications Specialist

12c. Telephone  
(area code, number, and extension)

684-633-5566

12d. Email Address

Andrew.Berquist@DOC.AS

12b. Signature of Authorized Certifying Official

Submitted Electronically

12e. Date Report Submitted  
(Month, Day, Year)

11-29-2011