

<b>U.S. DEPARTMENT OF COMMERCE</b>  <b>Performance Progress Report</b>				<b>2. Award or Grant Number</b> 60-50-M09067	
				<b>4. Report Date (MM/DD/YYYY)</b> 05-01-2014	
<b>1. Recipient Name</b> Office of the Governor - American Samoa				<b>6. Reporting Period End Date:</b> 03-31-2014	
<b>3. Street Address</b> A.P. Lutali Executive Office Building, Utulei 3rd Floor,					
<b>5. City, State, Zip Code</b> Pago Pago, AS 96799					
<b>7a. Project / Grant Period Start Date: (MM/DD/YYYY)</b> 02-15-2010	<b>7b. End Date: (MM/DD/YYYY)</b> 02-14-2015	<b>8. Designated Entity on Behalf of:</b> Office of the Governor			
<b>9. List the individual projects in your approved project plan</b>					
	<b>Project Type (Data Collection, Capacity Building, Technical Assistance, etc.)</b>	<b>Project Name (if different from Project Type)</b>	<b>Total Federal Funding Amount</b>	<b>Total Federal Funding Amount expended at the end of this reporting period</b>	<b>Percent of Total Federal Funding amount expended</b>
1	Data Collection	Am. Samoa SBI Project	1,900,496	1,148,217	60%
2	N/A				
3	N/A				
4	N/A				
5	N/A				
6	N/A				
			\$1,900,496	\$1,148,217	60%
<b>10. Personnel</b>  <b>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.</b>  The personnel for this project is being staffed through matching percentages provided from the American Samoa 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.									

12. Budget worksheet						
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.						
Project Budget Element	Federal Funds Awarded	Approved Matching Funds	Total Budget	Federal Funds Expended	Approved Matching Funds Expended	Total Funds Expended
Personnel Salaries	\$242,530	\$29,670	\$272,200	\$0	\$29,938	\$29,938
Personnel Fringe Benefits	\$21,100	\$2,581	\$23,681	\$0	\$2,685	\$2,685
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	\$1,148,216	\$91,693	\$1,239,909
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	\$1,148,216	\$124,316	\$1,272,532
Total Indirect Costs	\$73,403	\$8,216	\$81,619	\$0	\$0	\$0
Total Costs	\$1,900,496	\$282,913	\$2,183,409	\$1,148,216	\$124,316	\$1,272,532
% of Total	87	13	100	90	10	100

  

13. Hardware / Software
<p>13a. List any hardware/software purchased during this reporting period.</p> <p>None</p>
<p>13b. Please note any hardware/software that has yet to be purchased and explain why it has not been purchased.</p> <p>Vendor has purchased the hardware already, which will be sent to the American Samoa Government for continued operations at the expiration of the grant program.</p>

  

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

**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)

05-01-2014