| · C                                     |                           |              |  |        |   |  | 60-50-M090                     | 067                                       |                        |  |
|---|---------------------------|--------------|--|--------|---|--|--------------------------------|---|------------------------|--|
| Performance Progress Report             |                           |              |  |        |   |  |                                | 4. Report Date (MM/DD/YYYY)<br>07/30/2010 |                        |  |
| 1. Recipient Name                       |                           |              |  |        |   |  | 6. Designate                   | d Entity                                  | On Behalf Of:          |  |
| Office of the Gover                     | mor - America             | an Sam       | oa   |        |   |  |                                |   |                        |  |
| 3. Street Address                       |                           |              |  |        |   | atak giranda jajan valantaran nya ayan ditaran n | 8. Final Rep                   | ort?                                      | 9. Report Frequency    |  |
| A.P. Lutali Executiv                    | ve Office Build           |              | Yes  |        | <ul><li>Quarterly</li></ul>             |  |                                |   |                        |  |
| 5. City, State, Zip Code                |                           |              |  |        |   |  |                                |   | Semi Annual Annual     |  |
| Pago Pago, Americ                       | can Samoa 96              | 6799         |  |        |   |  |                                |   | O Final                |  |
| 7. Project / Grant F<br>Start Date: (MM |                           | 7a.<br>End D | Pate: (MM/DD/YYYY)                                 | 8.     | Reporting Period End<br>(MM/DD/YYYY)    | Date:  | 9a. If Other, please describe: |   |                        |  |
| 02/15/2010                              |                           | 02/14/       | 2015   | 06/    | 30/2010                                 |  | ,                              |   |                        |  |
| 10. Broadband<br>10a. Provider Table    |                           |              |  |        |   |  |                                |   |                        |  |
| Number of<br>Providers Identified       | Number of<br>Providers Co | ntacted      | Number of Agreemer<br>Reached for Data Sh          |        | Number of Partial<br>Data Sets Received | Numbe<br>Comple                                  | er of<br>ete Data Sets         | Numb<br>Data S                            | er of<br>Sets Verified |  |
| 2                                       | 2                         |              | 0  |        | 2                                       | 0  |                                | 1   |                        |  |
| 10b. Are you submit                     | ting the require          | d PROV       | IDER DATA by using the                             | ne Ex  | cel spreadsheet provid                  | ded by the                                       | SBDD grants                    | office?                                   | ● Yes                  |  |
| 10d. If so, describe t                  | the discussions           | to date      | any providers that indi<br>with each of these prov | riders | and the current status                  | •  |                                |   |                        |  |
| activities to be                        |                           | -            | means (e.g. data extra                             | iction | , extrapolation, etc), p                | ease desc  | cribe your prog                | gress to                                  | date and the relevant  |  |
| Speaking directly w                     | vith providers            | to unde      | erstand their coverage                             | e are  | ea, due to lack of ge                   | ospatial i                                       | nformation f                   | rom the                                   | providers.             |  |
| 10f. Please describe                    | e the verification        | activitie    | es you plan to implemen                            | nt     |   |  |                                |   |                        |  |
| /erification of data<br>DSL coverage by |                           | arty da      | a sets. Verification o                             | f bro  | adband coverage a                       | reas by e  | each provide                   | rs. Veri                                  | fication of ASTCA's    |  |
| 10g. Have you initia                    | ted verification          | activities   | ? Yes No   |        |   |  |                                |   |                        |  |
| 10h. If yes, please d                   |                           |              |  |        |   |  |                                |   |                        |  |
|   |                           |              |  |        |   |  |                                |   |                        |  |
| 10i. If verification ac                 | tivities have no          | t been in    | itiated please provide a                           | proje  | ected time line for beg                 | inning and                                       | d completing s                 | uch acti                                  | vities                 |  |
| Sept. 2010/Octobe                       | r 2010.                   |              |  |        |   |  |                                |   |                        |  |
| Staffing<br>10j. How many jobs          | have been crea            | ated or r    | etained as a result of th                          | is pro | oject?                                  |  |                                |   |                        |  |
| )                                       |                           |              |  |        |   |  |                                |   |                        |  |
|   |                           |              |  |        |   |  |                                |   |                        |  |
|   |                           |              |  |        |   |  |                                |   |                        |  |

2. Award Or Grant Number

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

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

In the process of hiring a Project Manager to manage the day to day operations of the project.

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

2

10n. Staffing Table

| Job Title                 | FTE %  |                                  | Date of Hire |  |
|---------------------------|--------|----------------------------------|--------------|--|
| Project Manager           | 100    | 100 08/30/2010<br>100 02/15/2011 |              |  |
| GIS Specialist/Instructor | 100    |                                  |              |  |
|                           | Add Ro | w                                | Remove Row   |  |

## **Sub Contracts**

10o. Subcontracts Table

| Name of Subcontractor | Purpose of Subcontract | RFP Issued<br>(Y/N) | Contract<br>Executed (Y/N) | Start Date | End Date   | Federal<br>Funds | In-Kind Funds |
|-----------------------|------------------------|---------------------|----------------------------|------------|------------|------------------|---------------|
| Broadmap, LLC         | Mapping                | N                   | N                          | 08/09/2010 | 02/14/2012 | \$800,640        | \$0           |
|                       |                        |                     |                            |            | Add Row    | Rem              | ove Row       |

## **Funding**

10p. How much Federal funding has been expended as of the end of the last quarter? \$0

10q. How much Remains?

\$557,580

10r. How much matching funds have been expended as of the end of last quarter?

\$0

10s. How much Remains?

\$64,397

10t. Budget Worksheet

| Mapping Budget Element    | Federal<br>Funds<br>Granted | Proposed<br>In-Kind | Total<br>Budget | Federal<br>Funds<br>Expended | Matching Funds<br>Expended | Total Funds<br>Expended |
|---------------------------|-----------------------------|---------------------|-----------------|------------------------------|----------------------------|-------------------------|
| Personal Salaries         | \$65,000                    | \$0                 | \$65,000        | \$0                          | \$0                        | \$0                     |
| Personnel Fringe Benefits | \$5,655                     | \$0                 | \$5,655         | \$0                          | \$0                        | \$0                     |
| Travel                    | \$32,280                    | \$0                 | \$32,280        | \$0                          | \$0                        | \$0                     |
| Equipment                 | \$42,167                    | \$0                 | \$42,167        | \$0                          | \$0                        | \$0                     |
| Materials / Supplies      | \$16,400                    | \$64,397            | \$80,797        | \$0                          | \$0                        | \$0                     |
| Subcontracts Total        | \$373,197                   | \$0                 | \$373,197       | \$0                          | \$0                        | \$0                     |
| Subcontract #1            | \$373,197                   |                     | \$373,197       | \$0                          | \$0                        | \$0                     |
| Subcontract #2            |                             |                     |                 |                              |                            |                         |
| Subcontract #3            |                             |                     |                 |                              |                            |                         |
| Subcontract #4            |                             |                     |                 |                              |                            |                         |
| Subcontract #5            |                             |                     |                 |                              |                            |                         |
| Construction              |                             |                     |                 |                              |                            |                         |
| Other                     |                             |                     |                 |                              | 0                          |                         |
| Total Direct Costs        | \$537,699                   | \$64,397            | \$602,096       | \$0                          | \$0                        | \$0                     |
| Total Indirect Costs      | \$19,881                    | \$0                 | \$19,881        | \$0                          | \$0                        | \$0                     |
| Total Costs               | \$557,580                   | \$64,397            | \$621,977       | \$0                          | \$0                        | \$0                     |
| % Of Total                | 89.65                       | 10.35               |                 |                              |                            |                         |

| Hardware / Software   |
|---|
| 10u. Has the project team purchased the software / hardware described in the application? Yes No  |
| 10v. If yes, please list  |
|   |
|   |
| 10w. Please note any software / hardware that has yet to be purchased and explain why it has not been purchased   |
| Waiting for execution of contract between contractor and the ASG. This is due to tight procurement rules with the ASG buying equipment and then shipping it out of the territory to be developed on, thus the contractor will provide the ASG the equipment as a deliverable. |
| 10x. Has the project team purchased or used any data sets? Yes No   |
| 10y. If yes, please list  |
|   |
|   |
| 10z. Are there any additional project milestones or information that has not been included? Yes No  |
| 10aa. If yes, please list   |
|   |
|   |
| 10bb. Please describe any challenge or obstacle that you have encountered and detail the mitigation strategies the project team is employing  |
| Difficulty coordinating data discussion and getting the data from the internet providers. We believe this is because of lack of experience in the area among local providers, working on methodology on how to assist providers with this.                                    |
| 10cc. Please provide any other information that you think would be useful to NTIA as it assesses your Broadband Mapping Project   |
|   |
|   |
| 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                                 |
|   |
|   |
| 11b. Please describe any challenge or obstacle that you have encountered and detail the mitigation strategies the project team is employing   |
| Lack of Project Manager; once a project manager is in place, implementation of project goals will be much easier.   |
|   |
| 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   |
| The ASG and Broadmap, LLC will provide the NTIA with a change proposal detailing Broadband Planning changes in the near future.   |
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## **Funding**

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

11f. How much Remains?

\$500,000

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

11h. How much Remains?

\$0

11i. Planning Worksheet

| The Flatting Workshoot    |                             |                     |                 |                              |                            |                         |
|---------------------------|-----------------------------|---------------------|-----------------|------------------------------|----------------------------|-------------------------|
| Planning Budget Element   | Federal<br>Funds<br>Granted | Proposed<br>In-Kind | Total<br>Budget | Federal<br>Funds<br>Expended | Matching Funds<br>Expended | Total Funds<br>Expended |
| Personal Salaries         | \$50,000                    | \$0                 | \$50,000        | \$0                          | \$0                        | \$0                     |
| Personnel Fringe Benefits | \$4,350                     | \$0                 | \$4,350         | \$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        | \$427,443                   | \$0                 | \$427,443       | \$0                          | \$0                        | \$0                     |
| Subcontract #1            |                             |                     |                 |                              |                            |                         |
| Subcontract #2            |                             |                     |                 |                              |                            |                         |
| Subcontract #3            |                             |                     |                 |                              |                            |                         |
| Subcontract #4            |                             |                     |                 |                              |                            |                         |
| Subcontract #5            |                             |                     |                 |                              |                            |                         |
| Construction              | \$0                         | \$0                 | \$0             | \$0                          | \$0                        | \$0                     |
| Other                     | \$0                         | \$0                 | \$0             | \$0                          | \$0                        | \$0                     |
| Total Direct Costs        | \$481,793                   | \$0                 | \$481,793       | \$0                          | \$0                        | \$0                     |
| Total Indirect Costs      | \$18,207                    | \$0                 | \$18,207        | \$0                          | \$0                        | \$0                     |
| Total Costs               | \$500,000                   |                     | \$500,000       |                              |                            |                         |
| % Of Total                |                             |                     |                 |                              |                            |                         |
|                           |                             |                     |                 |                              |                            |                         |

## **Additional Planning Information**

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

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

Lack of Project Manager (as cited above).

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

| 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                          | 12c. Telephone (area code, number, and extension)             |
| Andrew D. Berguist  | 684-633-5566  |
| 1 /Tta ( ann )  | 12d. Email Address  |
| Acting Proset Manager ( Special)  | Andrew. Berguist@dac.as                                       |
| 12b. Signature of Authorized Sertifying Official  | 12e. Date Report Submitted<br>(Month, Day, Year)              |
| Hollas / Permy  | 07-31-2010  |
|   | Performance Progress Report<br>OMB Approval Number: 0660-0034 |
|   | Expiration Date: 08/31/2010                                   |
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