

U.S. DEPARTMENT OF COMMERCE

Performance Progress Report

2. Award Or Grant Number
70-50-M09073

4. Report Date (MM/DD/YYYY)
04-29-2011

1. Recipient Name
CNMI Department of Commerce

6. Designated Entity On Behalf Of:
CNMI Government

3. Street Address
Caller Box 10007 CK,

8. Final Report? Yes No
9. Report Frequency
 Quarterly
 Semi Annual
 Annual
 Final

5. City, State, Zip Code
Saipan , MP 96950

7. Project / Grant Period
Start Date: (MM/DD/YYYY)
09-01-2010

7a. End Date: (MM/DD/YYYY)
08-31-2015

7b. Reporting Period End Date:
03-31-2011

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
0	0	0	1	0	0

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

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

N/A

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

- a. Provider Portal/Web Application – A beta version of the Provider Portal has been released to Guam for review. Following acceptance, the portal will be released and trained to the providers. Coverage or broadband attribution changes and continuous provider validation efforts can then be managed within the portal. Estimated time for release is the end of February.
- b. 3rd Party Source Material – Comparison of collected and processed data against 3rd party source material has been completed on provider data collected thus far. We will inquire about any discrepancies identified during this data comparison for the Spring 2011 data submission outreach efforts.
- c. Requirement gathering and planning efforts on the Territory's interactive map (web site) and Crowd Sourcing will initiate in the upcoming quarter. We will also be reviewing if there are any statistics from the FCC speed tests that can be utilized for verification activities until the release of the interactive map.
- d. CAI Portal/Web Application – A beta version of the CAI Portal has been released to Guam for review. Following acceptance, the portal will be released and can be used for CAI data collection, as well as verification.

10g. Have you initiated verification activities? Yes No

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

N/A

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

Once data has been collected and sub-contract has been executed

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

Sub-contractual agreements are not yet in place so sub-contractors cannot hire local contractor or execute a sub-contract with BroadMap to begin mapping work.

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

12

10n. Staffing Table

Job Title	FTE %	Date of Hire
N/A	0	N/A

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
One-Economy Corporation	To fulfill the Mapping and Planning deliverables to the NTIA	N	N	03/18/2011	08/31/2015	0	0

Add Row

Remove Row

Funding

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

10q. How much Remains? \$1,216,116

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

10s. How much Remains? \$54,029

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	\$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

Mapping Budget Element	Federal Funds Granted	Proposed In-Kind	Total Budget	Federal Funds Expended	Matching Funds Expended	Total Funds Expended
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

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

Sub-contractors cannot expend money until sub-contracts are signed

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

Our sub-contractors have taken the time to prepare, but they will be ready soon and the sub-contractors are ready to start upon execution

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

None

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

N/A

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? \$1,216,116

11g. How much matching funds have been expended as of the end of last quarter? \$0 11h. How much Remains? \$54,029

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?

No

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

None at this time

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

None

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

Ivan Blanco

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

12d. Email Address

director.csd@commerce.gov.mp

12b. Signature of Authorized Certifying Official

Submitted Electronically

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

05-01-2011