U.S. DEPARTMENT OF COMMERCE

Performance Progress Report

2. Award or Grant Number
60-50-M09067

4. Report Date (MM/DD/YYYY)
01-29-2013

1. Recipient Name
Office of the Governor - American Samoa

6. Reporting Period End Date:
12-31-2012

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	627,564	33%
2	N/A				
3	N/A				
4	N/A				
5	N/A				
6	N/A				

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 project is being staffed through percentages provided by matching from the local government.

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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
TDB	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.

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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	$9,455	$15,754	$25,209
Personnel Fringe Benefits	$21,100	$2,581	$23,681	$1,896	$1,656	$3,552
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	$616,213	$94,069	$710,282
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	$627,564	$111,479	$739,043
Total Indirect Costs	$73,403	$8,216	$81,619	$0	$0	$0
Total Costs	$1,900,496	$282,913	$2,183,409	$627,564	$111,479	$739,043
% of Total	87	13	100	85	15	100

13. Hardware / Software

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, it will be shipped to the American Samoa Government upon completion of the project.

14. SBI PPR Project Attachment (Skip question 14b if Data Collection is your only project).

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.

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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) 01-29-2013

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