

RECIPIENT NAME:City of Williamstown

AWARD NUMBER: NT10BIX5570058

DATE: 08/29/2011

OMB CONTROL NUMBER: 0660-0037

EXPIRATION DATE: 12/31/2013

### QUARTERLY PERFORMANCE PROGRESS REPORT FOR BROADBAND INFRASTRUCTURE PROJECTS

#### General Information

<b>1. Federal Agency and Organizational Element to Which Report is Submitted</b>  Department of Commerce, National Telecommunications and Information Administration	<b>2. Award Identification Number</b>  NT10BIX5570058	<b>3. DUNS Number</b>  156339889
<b>4. Recipient Organization</b>  City of Williamstown 400 N. Main Street, Williamstown, KY 41097-0126		
<b>5. Current Reporting Period End Date (MM/DD/YYYY)</b>  06-30-2011	<b>6. Is this the last Report of the Award Period?</b>  <input type="radio"/> Yes <input checked="" type="radio"/> No	
<b>7. Certification: I certify to the best of my knowledge and belief that this report is correct and complete for performance of activities for the purposes set forth in the award documents.</b>		
<b>7a. Typed or Printed Name and Title of Certifying Official</b>  Chuck Hudson	<b>7c. Telephone (area code, number and extension)</b>  X	
	<b>7d. Email Address</b>  chudson@wtownky.org	
<b>7b. Signature of Certifying Official</b>  Submitted Electronically	<b>7e. Date Report Submitted (MM/DD/YYYY):</b>  08-29-2011	

**Project Indicators (This Quarter)**

**1. Please describe significant project accomplishments completed during this quarter (600 words or less).**

We have approximately 99% of the fiber installed and 99% of electronics in place, with at least half of the equipment being placed during this quarter. At the end of the quarter we have began our testing and held our community informative meeting. Contractors have only billed us for 76% of construction.

**2. Please provide the percent complete for the following key milestones in your project. Write "0" in the Percent Complete column and "N/A" in the Narrative column if your project does not include this activity. If you provided additional milestones in your baseline plan, please insert them at the bottom of the table. Unless otherwise indicated in the instructions, figures should be reported cumulatively from award inception to the end of the most recent reporting quarter. Please provide a narrative description if the percent complete is different from the target provided in your baseline plan (300 words or less).**

	Milestone	Percent Complete	Narrative (describe reasons for any variance from baseline plan or subsequent written updates provided to your program officer)
2a.	Overall Project	76	Have not received all invoices
2b.	Environmental Assessment	0	n/a
2c.	Network Design	100	no variation from baseline
2d.	Rights of Way	100	no variation from baseline
2e.	Construction Permits and Other Approvals	100	no variation from baseline
2f.	Site Preparation	0	n/a
2g.	Equipment Procurement	75	Waiting on final invoices and a couple pieces of equipment
2h.	Network Build (all components - owned, leased, IRU, etc)	99	Still awaiting invoices
2i.	Equipment Deployment	75	Contractor has only invoiced once since beginning of project
2j.	Network Testing	0	began testing; Contractor has not invoiced for testing
2k.	Other (please specify):	0	No variation from baseline.

**3. To the extent not covered above, please describe any challenges or issues faced during this past quarter in achieving planned progress against the project milestones listed above. In particular, please identify any areas or issues where technical assistance from the BTOP program may be useful (600 words or less).**

No challenges or issues this quarter other than weather.

**4. Please report the following information regarding network build progress. Write "0" in the Total column and "N/A" in the Narrative column if your project does not include this activity. Unless otherwise indicated in the instructions, figures should be reported cumulatively from award inception to the end of the most recent reporting quarter. Please provide a narrative description if the total is different from the target provided in your baseline plan (600 words or less).**

Indicator	Total	Narrative (describe your reasons for any variance from the baseline plan or any other relevant information)
New network miles deployed	24	We have slightly over 1500 feet of fiber yet to lash up.
New network miles leased	0	n/a
Existing network miles upgraded	0	n/a
Existing network miles leased	0	n/a
Number of miles of new fiber (aerial or underground)	24	We have slightly over 1500 feet of fiber yet to lash up.
Number of new wireless links	0	n/a
Number of new towers	0	n/a
Number of new and/or upgraded interconnection points	1	No variation from baseline.

For questions 5 and 6 please include information relating to agreements that you are negotiating or have entered into, or that your sub recipient, contractor or subcontractor is negotiating or entered into.

5a. If applicable, please provide the following information with regard to agreements with broadband wholesalers and/or last mile providers as a result of your project.

Indicators	
Number of signed agreements with broadband wholesalers or last mile providers	0
Number of agreements currently being negotiated with broadband wholesalers or last mile providers	0
Average term of signed agreements (in quarters)	0

5b. Please list the names of the wholesale and last mile providers with whom you have signed agreements (100 words or less). Providers:  
n/a

5c. What wholesale services are being provided by this project? Please describe below. As an attachment to this report, please provide pricing plans (in \$ per month) associated with each wholesale service provided by your product (100 words or less). Wholesale services description:

At this time we have no plans of offering wholesale services. We will address if there is a request however we do not anticipate any from the area served.

5d. If you have designated a third party to operate all or a portion of your network, please provide the name and contact information for this third party, indicate if this entity is a sub recipient, contractor, and/or subcontractor, and describe with specificity the portion of your network this third party operates (600 words or less).

n/a - We, "grant recipient," will operate all the network.

6. Please provide the data according to the type of subscriber. Write "0" in the Total column and "N/A" in the Narrative column if your project does not pass or serve a particular subscriber type. Unless otherwise indicated in the instructions, figures should be reported cumulatively from award inception to the end of the most recent reporting quarter. Please provide a narrative description if the total is different from the target provided in your baseline plan (300 words or less).

Subscriber Type	Access Type	Total	Narrative (describe your reasons for any variance from the baseline plan or any other relevant information)
Broadband Wholesalers or Last Mile Providers	Providers with signed agreements receiving new access	0	n/a
	Providers with signed agreements receiving improved access	0	n/a
	Providers with signed agreements receiving access to dark fiber	0	n/a
	Please identify the speed tiers that are available and the number of subscribers for each	0	n/a
Community Anchor Institutions (including Government institutions)	Total subscribers served	0	Network not yet complete; no variance from baseline.
	Subscribers receiving new access	0	Network not yet complete; no variance from baseline.
	Subscribers receiving improved access	0	Network not yet complete; no variance from baseline.
	Please identify the speed tiers that are available and the number or subscribers for each	0	Network not yet complete; no variance from baseline.

Subscriber Type	Access Type	Total	Narrative (describe your reasons for any variance from the baseline plan or any other relevant information)
<b>Residential / Households</b>	<b>Entities passed</b>	670	Approximately 1500 feet of fiber to be placed to fulfill the other 12 residents, this fiber will be placed the first week of Q2.
	<b>Total subscribers served</b>	0	Network not yet complete; no variance from baseline.
	<b>Subscribers receiving new access</b>	0	Network not yet complete; no variance from baseline.
	<b>Subscribers receiving improved access</b>	0	Network not yet complete; no variance from baseline.
	<b>Please identify the speed tiers that are available and the number of subscribers for each</b>	0	Network not yet complete; no variance from baseline.
<b>Businesses</b>	<b>Entities passed</b>	36	Have constructed fiber and equipment in front of all 36, all the fiber that passes businesses in place.
	<b>Total subscribers served</b>	0	Network not yet complete; no variance from baseline.
	<b>Subscribers receiving new access</b>	0	Network not yet complete; no variance from baseline.
	<b>Subscribers receiving improved access</b>	0	Network not yet complete; no variance from baseline.
	<b>Please identify the speed tiers that are available and the number of subscribers for each</b>	0	Network not yet complete; no variance from baseline.

**7. Please describe any special offerings you may provide (600 words or less).**

n/a - Network not yet complete.

**8a. Have your network management practices changed over the last quarter?**  Yes  No

**8b. If so, please describe the changes (300 words or less).**

n/a

**9. Community Anchor Institutions:**

Using the table below, please provide a list by service area of the community anchor institutions (including Government institutions) connected to your network as a result of BTOP funds. Figures should be reported for the most recent reporting quarter only (NOT cumulatively). Also indicate whether your organization is currently providing broadband service to the anchor institution. Finally, provide a short narrative description with examples of how institutions are using BTOP-funded infrastructure (300 words or less).

Institution Name	Service Area (town or county)	Type of Anchor Institution (as defined in your baseline)	Are you also the broadband service provider for this institution? (Yes / No)	Narrative description of how anchor institutions are using BTOP-funded infrastructure
0	0	0	0	Network not yet complete.

**Project Indicators (Next Quarter)**

**1. Please describe significant project accomplishments planned for completion during the next quarter (600 words or less).**

We should have 100 percent of plant built - both fiber and electronics, have all the testing complete, and have a large start on hooking up customers.

**2. Please provide the percent complete for the following key milestones in your project. Write "0" in the Planned Percent Complete column and "N/A" in the Narrative column if your project does not include this activity. If you provided additional milestones in your baseline plan, please insert them at the bottom of the table. Unless otherwise indicated in the instructions, figures should be reported cumulatively from award inception to the end of the next reporting quarter. Please provide a narrative description if the percent complete is different from the target provided in your baseline plan (300 words or less).**

	Milestone	Planned Percent Complete	Narrative (describe reasons for any variance from baseline plan or any other relevant information)
2a.	<b>Overall Project</b>	100	No variance from baseline.
2b.	<b>Environmental Assessment</b>	0	n/a
2c.	<b>Network Design</b>	100	No variance from baseline.
2d.	<b>Rights of Way</b>	100	No variance from baseline.
2e.	<b>Construction Permits and Other Approvals</b>	100	No variance from baseline.
2f.	<b>Site Preparation</b>	0	n/a
2g.	<b>Equipment Procurement</b>	100	No variance from baseline.
2h.	<b>Network Build (all components - owned, leased, IRU, etc.)</b>	100	No variance from baseline.
2i.	<b>Equipment Deployment</b>	100	No variance from baseline.
2j.	<b>Network Testing</b>	100	No variance from baseline.
2k.	<b>Other (please specify):</b>	100	By the end of quarter three of 2011 we should be 100 percent complete with the construction and testing, which will leave the customer installs and we should not have any problems meeting the baseline numbers for those.

**3. Please describe any challenges or issues anticipated during the next quarter that may impact planned progress against the project milestones listed above. In particular, please identify any areas or issues where technical assistance from the BTOP program may be useful (600 words or less).**  
 None anticipated.

**Infrastructure Budget Execution Details**

**Activity Based Expenditures (Infrastructure)**

1. Please provide details below on your total budget, cumulative actual expenditures (for the period ending the current quarter), and cumulative anticipated expenditures (for the period ending next quarter) for each line item, including detailed disbursements of both matching funds and federal funds from project inception through end of this quarter (actual) or next quarter (anticipated). Actual and anticipated figures should be reported cumulatively from award inception to the end of the applicable reporting quarter.

Budget for Entire Project				Actuals from Project Inception through End of Current Reporting Period			Anticipated Actuals from Project Inception through End of Next Reporting Period		
Cost Classification	Total Cost (plan)	Matching Funds (plan)	Federal Funds (plan)	Total Cost	Matching Funds	Federal Funds	Total Costs	Matching Funds	Federal Funds
a. Administrative and legal expenses	\$5,000	\$1,000	\$4,000	\$5,000	\$1,000	\$4,000	\$5,000	\$1,000	\$4,000
b. Land, structures, right-of-ways, appraisals, etc.	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
c. Relocation expenses and payments	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
d. Architectural and engineering fees	\$12,500	\$2,500	\$10,000	\$12,500	\$2,500	\$10,000	\$12,500	\$2,500	\$10,000
e. Other architectural and engineering fees	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
f. Project inspection fees	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
g. Site work	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
h. Demolition and removal	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
i. Construction	\$182,975	\$36,595	\$146,380	\$138,647	\$27,729	\$110,918	\$182,975	\$36,595	\$146,380
j. Equipment	\$468,660	\$93,732	\$374,928	\$353,650	\$70,730	\$282,920	\$468,660	\$93,732	\$374,928
k. Miscellaneous	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>l. SUBTOTAL (add a through k)</b>	\$669,135	\$133,827	\$535,308	\$509,797	\$101,959	\$407,838	\$669,135	\$133,827	\$535,308
m. Contingencies									
<b>n. TOTALS (sum of l and m)</b>	\$669,135	\$133,827	\$535,308	\$509,797	\$101,959	\$407,838	\$669,135	\$133,827	\$535,308

2. Program Income: Please provide the program income you listed in your application budget and actuals to date through the end of the reporting period.

a. Application Budget Program Income: \$0	b. Program Income to Date: \$0
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