

**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>  NT10BIX5570059	<b>3. DUNS Number</b>  003786126
--	---	--

<b>4. Recipient Organization</b>  Public Utility District of Pend Oreille County 130 N Washington Ave, Newport, WA 99156-9070
---

<b>5. Current Reporting Period End Date (MM/DD/YYYY)</b>  09-30-2013	<b>6. Is this the last Report of the Award Period?</b>  <input checked="" type="radio"/> Yes <input type="radio"/> No
--	---

**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>7a. Typed or Printed Name and Title of Certifying Official</b>  Joe Onley  Community Network System Manager	<b>7c. Telephone (area code, number and extension)</b>  5094479333
	<b>7d. Email Address</b>  jonley@popud.org

<b>7b. Signature of Certifying Official</b>  Submitted Electronically	<b>7e. Date Report Submitted (MM/DD/YYYY):</b>  04-25-2014
---	--

Empty space for additional information or comments
--

**Project Indicators (This Quarter)**

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

Pend Oreille Public Utility District continued to build the laterals and drops to customer premises during the last quarter. Work began on the closeout documents and paperwork for completion of the project. Additionally, accomplishments throughout the course of the project include but are not limited to: The deployment of close to 600 miles of Fiber Optic Cables carrying Broadband Service to areas unserved or underserved throughout the Public Funded Service Area in Pend Oreille County located in Northeast Washington State. New fiber optic service and connections were completed to over 3300 premises, of which 970 have signed up to receive service, and 275 are already receiving service. Based upon these numbers and the positive community response Pend Oreille PUD has received, the project is recognized to be a great benefit to this previously unserved rural area.

**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	100	Project is Completed.
2b.	Environmental Assessment	100	Project is Completed.
2c.	Network Design	100	Project is Completed.
2d.	Rights of Way	100	Project is Completed.
2e.	Construction Permits and Other Approvals	100	Project is Completed.
2f.	Site Preparation	100	Project is Completed.
2g.	Equipment Procurement	100	Project is Completed.
2h.	Network Build (all components - owned, leased, IRU, etc)	100	Project is Completed.
2i.	Equipment Deployment	100	Project is Completed.
2j.	Network Testing	100	Project is Completed.
2k.	Other (please specify): N/A	100	This metric was removed as a result of the revised budget.

**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).**

Completion of connection to all subscribers is still in progress.

**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	585	This is the final metric for this category for the project.
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)	585	This is the final metric for this category for the project.

Indicator	Total	Narrative (describe your reasons for any variance from the baseline plan or any other relevant information)
Number of new wireless links	0	This metric, although originally planned as part of the project, is no longer part of the design and has been removed from the project.
Number of new towers	0	Although originally identified in the application as being part of the project, towers have been removed from the network and design.
Number of new and/or upgraded interconnection points	1	No Variance.

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	5
Number of agreements currently being negotiated with broadband wholesalers or last mile providers	0
Average term of signed agreements (in quarters)	20

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

Internet Xpress  
Pend Oreille Valley Networks, Inc.  
iFiber  
180 Networks  
Concept Communication Corporation

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:

The Wholesale services being offered include residential and business class broadband, point-to-point ethernet transport, and virtual networks and have been provided in the attached document.

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

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	5	This metric falls short of the 6 (six) originally planned in the Baseline projections. Additional Providers may be added in the future.
	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

Subscriber Type	Access Type	Total	Narrative (describe your reasons for any variance from the baseline plan or any other relevant information)
<b>Community Anchor Institutions (including Government institutions)</b>	<b>Total subscribers served</b>	14	Baseline 24- Although originally included in our Baseline, since improvement has not been made to the original list of 24 CAI's, they will not be counted for reporting purposes.
	<b>Subscribers receiving new access</b>	0	BL-0 Meeting Baseline.
	<b>Subscribers receiving improved access</b>	14	Baseline-24- See 'Total Subscribers' served narrative above.
	<b>Please identify the speed tiers that are available and the number or subscribers for each</b>	4	13-10MBPS, 0-50 MBPS 1-100 MBPS 0-1000 MBPS
<b>Residential / Households</b>	<b>Entities passed</b>	5,000	BL-4997
	<b>Total subscribers served</b>	275	BL-1494
	<b>Subscribers receiving new access</b>	275	BL-1484 See 'Total Subscribers Served' narrative above.
	<b>Subscribers receiving improved access</b>	0	BL-10
	<b>Please identify the speed tiers that are available and the number of subscribers for each</b>	2	0-10 Meg, 275-100 Meg
<b>Businesses</b>	<b>Entities passed</b>	360	BL-364
	<b>Total subscribers served</b>	0	BL-44
	<b>Subscribers receiving new access</b>	0	BL-34
	<b>Subscribers receiving improved access</b>	0	BL-10
	<b>Please identify the speed tiers that are available and the number of subscribers for each</b>	10	10-100 Meg Port

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

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
Newport Hospital	Newport	Medical and Healthcare Providers	No	Anchor Institutions are utilizing BTOP Funded Infrastructure for essential services including health, education and welfare.

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
Newport Hospital Clinic	Newport	Medical and Healthcare Providers	No	Anchor Institutions are utilizing BTOP Funded Infrastructure for essential services including health, education and welfare.
Newport Counseling Center	Newport	Medical and Healthcare Providers	No	Anchor Institutions are utilizing BTOP Funded Infrastructure for essential services including health, education and welfare.
Newport Library	Newport	Libraries	No	Anchor Institutions are utilizing BTOP Funded Infrastructure for essential services including health, education and welfare.
Doctor Network Dr. Kersting	Newport	Medical and Healthcare Providers	No	Anchor Institutions are utilizing BTOP Funded Infrastructure for essential services including health, education and welfare.
Doctor Network Dr. Jones/Radke	Newport	Medical and Healthcare Providers	No	Anchor Institutions are utilizing BTOP Funded Infrastructure for essential services including health, education and welfare.
Doctor Network Dr. Kraus	Newport	Medical and Healthcare Providers	No	Anchor Institutions are utilizing BTOP Funded Infrastructure for essential services including health, education and welfare.
County Court House	Newport	Other Government Facilities	No	Anchor Institutions are utilizing BTOP Funded Infrastructure for essential services including health, education and welfare.
City Hall/Newport Fire	Newport	Public Safety Entities	No	Anchor Institutions are utilizing BTOP Funded Infrastructure for essential services including health, education and welfare.
Pend Oreille Sheriff Office	Newport	Public Safety Entities	No	Anchor Institutions are utilizing BTOP Funded Infrastructure for essential services including health, education and welfare.
Pend Oreille County IT	Newport	Other Government Facilities	No	Anchor Institutions are utilizing BTOP Funded Infrastructure for essential services including health, education and welfare.
Newport School District	Newport	Schools (K-12)	No	Anchor Institutions are utilizing BTOP Funded Infrastructure for essential services including health, education and welfare.
IEL SCC Newport	Newport	Other Institutions of Higher Education	No	Anchor Institutions are utilizing BTOP Funded Infrastructure for essential services including health, education and welfare.
IEL SCC Newport Video L	Newport	Other Institutions of Higher Education	No	Anchor Institutions are utilizing BTOP Funded Infrastructure for essential services including health, education and welfare.

**Project Indicators (Next Quarter)**

1. Please describe significant project accomplishments planned for completion during the next quarter (600 words or less).  
 The project was substantially complete as of September 30, 2013. Closeout activities remain and final reporting for the project are both slated to end in the last quarter of 2013.

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.	Overall Project	100	Project is completed.
2b.	Environmental Assessment	100	Project is completed.

	Milestone	Planned Percent Complete	Narrative (describe reasons for any variance from baseline plan or any other relevant information)
2c.	Network Design	100	Project is completed.
2d.	Rights of Way	100	Project is completed.
2e.	Construction Permits and Other Approvals	100	Project is completed.
2f.	Site Preparation	100	Project is completed.
2g.	Equipment Procurement	100	Project is completed.
2h.	Network Build (all components - owned, leased, IRU, etc.)	100	Project is completed.
2i.	Equipment Deployment	100	Project is completed.
2j.	Network Testing	100	Project is completed.
2k.	Other (please specify): N/A	0	N/A

**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).**

Successful completion and acceptance of the closeout documents would be the only potential for delay that we could see. An extension for closeout may be a possibility as we proceed through the quarter.

**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	\$258,100	\$51,620	\$206,480	\$290,270	\$58,054	\$232,216	\$290,270	\$58,054	\$232,216
b. Land, structures, right-of-ways, appraisals, etc.	\$921,395	\$184,279	\$737,116	\$186,531	\$184,729	\$1,802	\$186,531	\$184,729	\$1,802
c. Relocation expenses and payments	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
d. Architectural and engineering fees	\$5,867,402	\$1,537,588	\$4,329,814	\$6,064,628	\$1,212,926	\$4,851,702	\$6,064,628	\$1,212,926	\$4,851,702
e. Other architectural and engineering fees	\$666,811	\$133,363	\$533,448	\$625,941	\$125,188	\$500,753	\$625,941	\$125,188	\$500,753
f. Project inspection fees	\$2,000,000	\$400,000	\$1,600,000	\$1,871,735	\$374,347	\$1,497,388	\$1,871,735	\$374,347	\$1,497,388
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	\$21,153,596	\$3,824,940	\$17,328,656	\$21,429,121	\$4,323,689	\$17,105,432	\$21,429,121	\$4,323,689	\$17,105,432
j. Equipment	\$3,204,993	\$682,669	\$2,522,324	\$3,588,747	\$532,461	\$3,056,286	\$3,588,747	\$532,461	\$3,056,286
k. Miscellaneous	\$0	\$0	\$0	\$15,324	\$3,065	\$12,259	\$15,324	\$3,065	\$12,259
<b>l. SUBTOTAL (add a through k)</b>	<b>\$34,072,297</b>	<b>\$6,814,459</b>	<b>\$27,257,838</b>	<b>\$34,072,297</b>	<b>\$6,814,459</b>	<b>\$27,257,838</b>	<b>\$34,072,297</b>	<b>\$6,814,459</b>	<b>\$27,257,838</b>
m. Contingencies	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>n. TOTALS (sum of l and m)</b>	<b>\$34,072,297</b>	<b>\$6,814,459</b>	<b>\$27,257,838</b>	<b>\$34,072,297</b>	<b>\$6,814,459</b>	<b>\$27,257,838</b>	<b>\$34,072,297</b>	<b>\$6,814,459</b>	<b>\$27,257,838</b>

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: \$19,119
---	-------------------------------------