



**U.S. DEPARTMENT OF COMMERCE**

**Performance Progress Report**

2. Award Or Grant Number

4. Report Date (MM/DD/YYYY)

1. Recipient Name

6. Designated Entity On Behalf Of:

3. Street Address

8. Final Report?

- Yes  
 No

9. Report Frequency

- Quarterly  
 Semi Annual  
 Annual  
 Final

5. City, State, Zip Code

7. Project / Grant Period  
Start Date: (MM/DD/YYYY)

7a.  
End Date: (MM/DD/YYYY)

8. Reporting Period End Date:  
(MM/DD/YYYY)

9a. If Other, please describe:

**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 |
|--------------------------------|-------------------------------|---|--------------------------------------|------------------------------|------------------------------|
|                                |                               |   |                                      |                              |                              |

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

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

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

10g. Have you initiated verification activities?  Yes  No

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

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

**Staffing**

10j. How many jobs have been created or retained as a result of this project?



| Mapping Budget Element    | Federal Funds Granted | Proposed In-Kind | Total Budget | Federal Funds Expended | Matching Funds Expended | Total Funds Expended |
|---------------------------|-----------------------|------------------|--------------|------------------------|-------------------------|----------------------|
| Personal Salaries         |                       |                  |              |                        |                         |                      |
| Personnel Fringe Benefits |                       |                  |              |                        |                         |                      |
| Travel                    |                       |                  |              |                        |                         |                      |
| Equipment                 |                       |                  |              |                        |                         |                      |
| Materials / Supplies      |                       |                  |              |                        |                         |                      |
| Subcontracts Total        |                       |                  |              |                        |                         |                      |
| Subcontract #1            |                       |                  |              |                        |                         |                      |
| Subcontract #2            |                       |                  |              |                        |                         |                      |
| Subcontract #3            |                       |                  |              |                        |                         |                      |
| Subcontract #4            |                       |                  |              |                        |                         |                      |
| Subcontract #5            |                       |                  |              |                        |                         |                      |
| Construction              |                       |                  |              |                        |                         |                      |
| Other                     |                       |                  |              |                        |                         |                      |
| Total Direct Costs        |                       |                  |              |                        |                         |                      |
| Total Indirect Costs      |                       |                  |              |                        |                         |                      |
| Total Costs               |                       |                  |              |                        |                         |                      |
| % Of Total                |                       |                  |              |                        |                         |                      |

## 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

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

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

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

## Funding

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

11f. How much Remains?

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

11h. How much Remains?

11i. Planning Worksheet

| Planning Budget Element   | Federal Funds Granted | Proposed In-Kind | Total Budget | Federal Funds Expended | Matching Funds Expended | Total Funds Expended |
|---------------------------|-----------------------|------------------|--------------|------------------------|-------------------------|----------------------|
| Personal Salaries         |                       |                  |              |                        |                         |                      |
| Personnel Fringe Benefits |                       |                  |              |                        |                         |                      |
| Travel                    |                       |                  |              |                        |                         |                      |
| Equipment                 |                       |                  |              |                        |                         |                      |
| Materials / Supplies      |                       |                  |              |                        |                         |                      |
| Subcontracts Total        |                       |                  |              |                        |                         |                      |
| Subcontract #1            |                       |                  |              |                        |                         |                      |
| Subcontract #2            |                       |                  |              |                        |                         |                      |
| Subcontract #3            |                       |                  |              |                        |                         |                      |
| Subcontract #4            |                       |                  |              |                        |                         |                      |
| Subcontract #5            |                       |                  |              |                        |                         |                      |
| Construction              |                       |                  |              |                        |                         |                      |
| Other                     |                       |                  |              |                        |                         |                      |
| Total Direct Costs        |                       |                  |              |                        |                         |                      |
| Total Indirect Costs      |                       |                  |              |                        |                         |                      |
| Total Costs               |                       |                  |              |                        |                         |                      |
| % 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

11l. 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)

12d. Email Address

12b. Signature of Authorized Certifying Official

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

Performance Progress Report  
OMB Approval Number: 0660-0034  
Expiration Date: 08/31/2010