AWARD NUMBER: NT10BIX5570117 DATE: 02/22/2011			OMB CONTROL NUMBER: 0660-0037 EXPIRATION DATE: 12/31/2013		
QUARTERLY PERFORMANCE PROC	RESS REPOR	T FOR BROADBA	ND INFRASTRUCTURE PROJECTS		
General Information					
Federal Agency and Organizational Element to Which Report is Submitted	2. Award Identific	ation Number	3. DUNS Number		
Department of Commerce, National Telecommunications and Information Administration	NT10BIX557011	7	045815883		
4. Recipient Organization	,				
Oconee County 415 S. Pine Street, Walhalla, SC	29691-2145				
5. Current Reporting Period End Date (MM/DD/YYY	Y)	6. Is this the last Rep	ort of the Award Period?		
12-31-2010					
7. Certification: I certify to the best of my knowledg purposes set forth in the award documents.	e and belief that th	is report is correct and	d complete for performance of activities for the		
7a. Typed or Printed Name and Title of Certifying O	fficial	7c. Teleph	one (area code, number and extension)		
Kim Wilbanks		x			
		7d. Email	Address		
		kwilbanks	s@oconeesc.com		
7b. Signature of Certifying Official		7e. Date R	eport Submitted (MM/DD/YYYY):		
Submitted Electronically		02-22-2011			

RECIPIENT NAME: Oconee County

AWARD NUMBER: NT10BIX5570117

DATE: 02/22/2011

OMB CONTROL NUMBER: 0660-0037 EXPIRATION DATE: 12/31/2013

## **Project Indicators (This Quarter)**

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

Approximately 70 miles of South Carolina Department of Transportation permitting has been completed. We attended the BTOP conference in November. We did an official kick-off ceremony to introduce the project to the public. Prepared Environmental Assessment to be submitted in January. Met with the National Forestry personnel regarding the Environmental Assessment . Worked on Request for Proposals for the installation of fiber and the request for bid on fiber. Contract will be awarded for installation of fiber in the next quarter. Negotiating Direct Internet Access with multiple vendors. Readiness review of tri-city network operation centers. Set up separate bank account for broadband purposes. A new team member will be hired beginning next quarter. We are compiling information for other Request for Proposals that will be start in the coming months.

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	3	NA
2b.	Environmental Assessment	25	NA
2c.	Network Design	40	
2d.	Rights of Way	30	In our baseline report we showed 40% complete by the end of the 4th quarter. We are behind in permitting based upon our decision to rebid fiber installation contract. We should be on target by the end of the first quarter of 2011.
2e.	Construction Permits and Other Approvals	30	In our baseline report we showed 40% complete by the end of the 4th quarter. We are behind in permitting based upon our decision to rebid fiber installation contract. We should be on target by the end of the first quarter of 2011.
2f.	Site Preparation	0	NA
2g.	Equipment Procurement	0	NA
2h.	Network Build (all components - owned, leased, IRU, etc)	0	NA
2i.	Equipment Deployment	0	NA
2j.	Network Testing	0	NA
2k.	Other (please specify):	0	NA

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).

na

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	0	NA
New network miles leased	0	NA

RECIPIENT NAME:Oconee County

AWARD NUMBER: NT10BIX5570117

DATE: 02/22/2011

OMB CONTROL NUMBER: 0660-0037 EXPIRATION DATE: 12/31/2013

Indicator	Total	Narrative (describe your reasons for any variance from the baseline plan or any other relevant information)
Existing network miles upgraded	0	NA
Existing network miles leased	0	NA
Number of miles of new fiber (aerial or underground)	0	NA
Number of new wireless links	0	NA
Number of new towers	0	NA
Number of new and/or upgraded interconnection points	0	NA

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	1
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: none at this time

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:

N/A

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	0	NA
	Providers with signed agreements receiving improved access	0	NA
	Providers with signed agreements receiving access to dark fiber	0	NA
	Please identify the speed tiers that are available and the number of subscribers for each	0	NA

RECIPIENT NAME:Oconee County

AWARD NUMBER: NT10BIX5570117

DATE: 02/22/2011

OMB CONTROL NUMBER: 0660-0037 EXPIRATION DATE: 12/31/2013

Subscriber Type Access Type		Total	Narrative (describe your reasons for any variance from the baseline plan or any other relevant information)
Community Anchor Institutions (including Government institutions)	Total subscribers served	0	NA
	Subscribers receiving new access	0	NA
	Subscribers receiving improved access	0	NA
	Please identify the speed tiers that are available and the number or subscribers for each	0	NA
Residential / Households	Entities passed	0	NA
	Total subscribers served	0	NA
	Subscribers receiving new access	0	NA
	Subscribers receiving improved access	0	NA
	Please identify the speed tiers that are available and the number of subscribers for each	0	NA
Businesses	Entities passed	0	NA
	Total subscribers served	0	NA
	Subscribers receiving new access	0	NA
	Subscribers receiving improved access	0	NA
	Please identify the speed tiers that are available and the number of subscribers for each	0	NA
7. Please describe any na	special offerings you may provide <mark>(600 v</mark>	vords or less).	
8a. Have your network	management practices changed over the	last quarter?	○ Yes ● No
8b. If so, please describ	be the changes (300 words or less).		
connected to your netw cumulatively). Also ind	please provide a list by service area of th ork as a result of BTOP funds. Figures s icate whether your organization is currer	should be repor	nchor institutions (including Government institutions) ted for the most recent reporting quarter only (NOT broadband service to the anchor institution. Finally, provide a unded infrastructure (300 words or less).

Institution Name	Service Area (town or county)	n Institution (as broadband		Narrative description of how anchor institutions are using BTOP-funded infrastructure
0	0	0	0	0

## **Project Indicators (Next Quarter)**

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

We plan to have our Environmental Assessment application submitted and waiting on Finding of no significant impact. We should have the permits completed for the entire network. When we are approved for our FONSI, we plan to start installing fiber. We plan to have the Request for Proposals completed for the fiber vendor, inside and outside plant manager and a vendor for some of the

RECIPIENT NAME: Oconee County

AWARD NUMBER: NT10BIX5570117

OMB CONTROL NUMBER: 0660-0037 DATE: 02/22/2011 EXPIRATION DATE: 12/31/2013

equipment.

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	18	NA
2b.	Environmental Assessment	100	NA
2c.	Network Design	70	NA
2d.	Rights of Way	70	NA
2e.	Construction Permits and Other Approvals	70	NA
2f.	Site Preparation	0	NA
2g.	Equipment Procurement	20	NA
2h.	Network Build (all components - owned, leased, IRU, etc.)	10	NA
2i.	Equipment Deployment	20	NA
2j.	Network Testing	10	NA
2k.	Other (please specify): 0	0	NA

<sup>3.</sup> 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).

At this time we do not for see any issues or challenges.

DATE: 02/22/2011

## 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.

OMB CONTROL NUMBER: 0660-0037

EXPIRATION DATE: 12/31/2013

Budget for Entire Project					from Project and of Current 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	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
b. Land, structures, right-of-ways,	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
appraisals, etc. c. Relocation expenses and payments	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
d. Architectural and engineering fees	\$628,760	\$314,763	\$313,997	\$356,903	\$227,769	\$129,134	\$556,903	\$291,769	\$265,134
e. Other architectural and engineering	\$483,500	\$154,720	\$328,780	\$0	\$0	\$0	\$177,500	\$56,800	\$120,700
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	\$15,000	\$15,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0
j. Equipment	\$12,818,604	\$4,101,953	\$8,716,651	\$4,886	\$1,564	\$3,322	\$2,708,617	\$866,757	\$1,841,860
k. Miscellaneous	\$360,900	\$115,488	\$245,412	\$5,742	\$1,895	\$3,847	\$34,500	\$11,040	\$23,460
I. SUBTOTAL (add a through	\$14,306,764	\$4,701,924	\$9,604,840	\$367,531	\$231,228	\$136,303	\$3,477,520	\$1,226,366	\$2,251,154
m. Contingencies	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
n. TOTALS (sum of I and m)		\$4,701,924	\$9,604,840	\$367,531	\$231,228	\$136,303	\$3,477,520	\$1,226,366	\$2,251,154

<sup>2.</sup> 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