

RECIPIENT NAME:  
AWARD NUMBER:  
DATE:

OMB CONTROL NUMBER: 0660-0037  
EXPIRATION DATE: 12-31-2010

### 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> NT10BIX5570030
	<b>3a. DUNS Number</b> 029980307
	<b>3b. EIN</b> 36-6006548
<b>4. Recipient Organization (Name and complete address including country, congressional district, and zip code)</b> DeKalb County Government 200 N. Main Street Suite 120 Sycamore, IL 60178-1431 Congressional District 014	
<b>5. Current Reporting Period End Date (MM/DD/YYYY)</b> 06/30/2010	<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>  Edward Harvey, Grant Coordinator	<b>7c. Telephone (area code, number and extension)</b>  815-517-1505
	<b>7d. Email Address</b>  eharvey@dekalbcounty.org
<b>7b. Signature of Certifying Official</b>	<b>7e. Date Report Submitted (MM/DD/YYYY):</b>

**Project Indicators (This Quarter)**

**1. Please describe significant project accomplishments completed during this quarter (150 words or less).**  
 The environmental assessment was completed and submitted for review. NTIA comments were addressed and submitted. System design was finalized. State Highway ROW access for the north part of the route was approved. Municipal ROW access approval was received from Cities of DeKalb, Sycamore and County of DeKalb.

**2. Please provide the percent complete for the following key milestones in your project. Write "N/A" in the second 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 (100 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	10	
2b.	Environmental Assessment	95	Awaiting NTIA review comments
2c.	Network Design	100	
2d.	Rights of Way	50	Contingent on public/private agreement. North part of route in-hand. South part of route to be acquired
2e.	Construction Permits and Other Approvals	75	Contingent on public/private agreement.
2f.	Site Preparation		N/A
2g.	Equipment Procurement	0	Contingent on public/private agreement.
2h.	Network Build (all components - owned, leased, IRU, etc)	0	Contingent on public/private agreement.
2i.	Equipment Deployment	0	
2j.	Network Testing	0	
2k.	Other (please specify):		

**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 (150 words or less).**

**4. Please report the following information regarding network build progress. Write "N/A" in the second 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 (100 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	
New network miles leased		N/A
Existing network miles upgraded	0	
Existing network miles leased	0	
Number of miles of new fiber (aerial or underground)	0	
Number of new wireless links		N/A
Number of new towers		N/A
Number of interconnection points	0	

For questions 5 and 6 please include information relating to agreements that you are negotiating or have entered into, or that your subrecipient, 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	1
Number of agreements currently being negotiated with broadband wholesalers or last mile providers	0

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<b>Indicators</b>	
<b>Average term of signed agreements</b>	5

**5b. Please list the names of the wholesale and last mile providers with whom you have signed agreements. Providers:**  
 TBC Net, Inc.

**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. Wholesale services description:**  
 100mb vlan; 1gb vlan; wholesale bandwidth; consumer access

**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 subrecipient, contractor, and/or subcontractor, and describe with specificity the portion of your network this third party operates (150 words or less).**  
 DeKalb Fiber Optic, Inc., (Fiber Physical Layer)  
 Northern Illinois University, (Electronics and CAI)  
 Subrecipient/ Vendor/ Contractor status TBD

**6. Please provide the data according to the type of subscriber. Write "N/A" 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 (100 words of 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	error in entering baseline data
	Providers with signed agreements receiving improved access	1	
	Providers with signed agreements receiving access to dark fiber	0	
	Please identify the speed tiers that are available and the number of subscribers for each	0	See response to Q. 5c
Community Anchor Institutions (including Government institutions)	Total subscribers served	41	
	Subscribers receiving new access	0	
	Subscribers receiving improved access	0	
	Please identify the speed tiers that are available and the number or subscribers for each	41	dark fiber
Residential / Households	Entities passed		n/a
	Total subscribers served		
	Subscribers receiving new access		
	Subscribers receiving improved access		
	Please identify the speed tiers that are available and the number of subscribers for each		
Businesses	Entities passed		n/a
	Total subscribers served		
	Subscribers receiving new access		
	Subscribers receiving improved access		
	Please identify the speed tiers that are available and the number of subscribers for each		

**7. Please describe any special offerings you may provide (150 words or less).**

DeKalb Fiber Optic has taken advantage of current renovation in downtown Dekalb to install fiber infrastructure to potentially serve 59 businesses. The expected investment of \$80,000 in private funds will provide significant business development potential of the system. DeKalb Fiber Optics also is developing a downtown DeKalb area municipal wireless product using the system infrastructure.

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

**8b. If so, please describe the changes (150 words or less).**

**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. Unless otherwise indicated in the instructions, figures should be reported cumulatively from award inception to the end of the most recent calendar year. 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 (100 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
N/A				none connected to-date with BTOP funds

**Project Indicators (Next Quarter)**

**1. Please describe significant project accomplishments planned for completion during the next quarter (150 words or less).**

Assuming we can get agreements and environmental assessment approval in-place by 9/1, the project may be able to install as much as 40,000 feet of duct and sufficient fiber to connect the first anchor institutions by the end of Q3.

**2. Please provide the percent complete for the following key milestones in your project. Write "N/A" in the second 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 (100 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	Environmental Assessment and private/public agreements have taken more time to completed than anticipated in the baseline report.
2b.	Environmental Assessment	100	
2c.	Network Design	100	
2d.	Rights of Way	75	We have concentrated on the north part of the route so that part of the project can start immediately. ROW approval on south part of the route will follow.
2e.	Construction Permits and Other Approvals	85	South part of route remains to be completed; Agreement with County/ DeKalb Fiber will include County permits and approvals.
2f.	Site Preparation		N/A
2g.	Equipment Procurement	20	Equipment procurement had slowed due to work on agreements
2h.	Network Build (all components - owned, leased, IRU, etc.)	15	Assumes construction work starts by 9/1/10
2i.	Equipment Deployment	15	Assumes construction work starts by 9/1/10
2j.	Network Testing	15	Assumes construction work starts by 9/1/10
2k.	Other (please specify):		

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**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 (150 words or less).**

Determination of DeKalb Fiber Optic status (subrecipient or vendor) continues to be a challenge and has caused some variance from planned accomplishments. BTOP has provided some assistance for making a decision and proceeding with agreements.

**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	\$39,000	\$7,800	\$31,200	\$4,016	\$803	\$3,213	\$13,480	\$10,784	\$2,696
b. Land, structures, right-of-ways, appraisals, etc.	\$1,435,481	\$996,922	\$438,563	\$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	\$646,480	\$491,145	\$155,335	\$46,500	\$9,300	\$37,200	\$90,000	\$18,000	\$72,000
e. Other architectural and engineering fees	\$45,000	\$9,000	\$36,000	\$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	\$10,969,231	\$766,223	\$10,203,008	\$0	\$0	\$0	\$1,645,384	\$329,007	\$1,316,377
j. Equipment	\$1,695,000	\$694,950	\$1,000,050	\$0	\$0	\$0	\$254,250	\$50,850	\$203,400
k. Miscellaneous	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>l. SUBTOTAL (add a through k)</b>	<b>\$14,830,211</b>	<b>\$2,966,040</b>	<b>\$11,864,171</b>	<b>\$50,516</b>	<b>\$10,103</b>	<b>\$40,413</b>	<b>\$2,003,114</b>	<b>\$408,641</b>	<b>\$1,594,407</b>
m. Contingencies	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>TOTALS (sum of l and m)</b>	<b>\$14,830,211</b>	<b>\$2,966,040</b>	<b>\$11,864,171</b>	<b>\$50,516</b>	<b>\$10,103</b>	<b>\$40,413</b>	<b>\$2,003,114</b>	<b>\$408,641</b>	<b>\$0</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:	b. Program Income to Date:
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