

**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>  NT10BIX5570027	<b>3. DUNS Number</b>  009848524
<b>4. Recipient Organization</b>  E.N.M.R. Telephone Cooperative 7111 N Prince St , Clovis, NM 88101-9730		
<b>5. Current Reporting Period End Date (MM/DD/YYYY)</b>  12-31-2012	<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>  Tom Phelps	<b>7c. Telephone (area code, number and extension)</b>  5753894220	
	<b>7d. Email Address</b>  tphelps@plateautel.com	
<b>7b. Signature of Certifying Official</b>  Submitted Electronically	<b>7e. Date Report Submitted (MM/DD/YYYY):</b>  02-27-2013	

**Project Indicators (This Quarter)**

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

Construction, splicing, equipment installation and testing has been completed. All PFSA's have been activated and are able to carry traffic. Anchor institutions are being activated daily.

**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	96	Waiting for final invoicing on construction, equipment and installation, which should be received and paid in January 2013.
2b.	Environmental Assessment	100	No variance.
2c.	Network Design	100	No variance.
2d.	Rights of Way	0	N/A
2e.	Construction Permits and Other Approvals	100	No variance.
2f.	Site Preparation	100	No variance.
2g.	Equipment Procurement	99	Please see above.
2h.	Network Build (all components - owned, leased, IRU, etc)	99	Please see above.
2i.	Equipment Deployment	99	Please see above.
2j.	Network Testing	100	No variance.
2k.	Other (please specify): N/A	0	N/A

**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).**

None.

**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	91	Positive variance.
New network miles leased	528	No variance.
Existing network miles upgraded	1,268	Not reflected as a separate line item in baseline. No variance.
Existing network miles leased	0	N/A
Number of miles of new fiber (aerial or underground)	1,887	Positive variance.
Number of new wireless links	0	N/A
Number of new towers	0	N/A

Indicator	Total	Narrative (describe your reasons for any variance from the baseline plan or any other relevant information)
Number of new and/or upgraded interconnection points	20	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	11
Number of agreements currently being negotiated with broadband wholesalers or last mile providers	0
Average term of signed agreements (in quarters)	12

5b. Please list the names of the wholesale and last mile providers with whom you have signed agreements (100 words or less). Providers: Windstream, TLSN, US Cable, CableOne, Sierra Communications, South Plains Telephone Cooperative, WT Services, Inc., Delcom, Five Area Systems, Yucca Communications, Penasco Valley Telecom, Conterra Ultra Broadband

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:

Long Haul Special Access Services which are typically point to point Ethernet services from Interconnection Point to Interconnection Point; Local Access Services which are typically Ethernet services from the local Interconnection Point to the anchor institution.

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	3	There are 3 providers currently receiving new access to ENMR-Plateau's core middle mile network.
	Providers with signed agreements receiving improved access	8	There are 8 providers currently receiving improved access to ENMR-Plateau's core middle mile network.
	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	14	DS1 - 0, DS3 - 0, OC3 - 0, OC12 - 2, 50Mb - 1, 100Mb - 5, 200Mb - 2, 1Gb - 1, 2.5Gb - 1, 10Gb - 2
Community Anchor Institutions (including Government institutions)	Total subscribers served	286	N/A
	Subscribers receiving new access	282	N/A

Subscriber Type	Access Type	Total	Narrative (describe your reasons for any variance from the baseline plan or any other relevant information)
	Subscribers receiving improved access	4	N/A
	Please identify the speed tiers that are available and the number or subscribers for each	60	1.5Mb - 1, 3Mb - 4, 5Mb - 11, 8Mb - 7, 10Mb - 4, 15Mb - 0, 20Mb - 7, 30Mb - 0, 40Mb - 1, 50Mb - 0, 100Mb - 1, 1Gb - 23, 10Gb - 1
Residential / Households	Entities passed	0	N/A
	Total subscribers served	0	N/A
	Subscribers receiving new access	0	N/A
	Subscribers receiving improved access	0	N/A
	Please identify the speed tiers that are available and the number of subscribers for each	0	N/A
Businesses	Entities passed	0	N/A
	Total subscribers served	0	N/A
	Subscribers receiving new access	0	N/A
	Subscribers receiving improved access	0	N/A
	Please identify the speed tiers that are available and the number of subscribers for each	0	N/A

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
City Municipal Complex	Las Vegas	Other Government Facilities	No	N/A
Police Department	Las Vegas	Public Safety Entities	No	N/A
Carnegie Public Library	Las Vegas	Libraries	No	N/A

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
San Miguel County Magistrate	Las Vegas	Other Government Facilities	No	N/A
San Miguel County Courthouse	Las Vegas	Other Government Facilities	No	N/A
Social Security Office	Las Vegas	Other Government Facilities	No	N/A
Ranger Station	Las Vegas	Other Government Facilities	No	N/A
El Centro Family Healthcare	Las Vegas	Medical and Healthcare Providers	No	N/A
Medical Plaza	Las Vegas	Medical and Healthcare Providers	No	N/A
Las Vegas Dialysis	Las Vegas	Medical and Healthcare Providers	No	N/A
Alta Vista Regional Hospital	Las Vegas	Medical and Healthcare Providers	No	N/A
Paul Henry Elementary	Las Vegas	Schools (K-12)	No	N/A
West Las Vegas High School	Las Vegas	Schools (K-12)	No	N/A
Tony Serna Elementary	Las Vegas	Schools (K-12)	No	N/A
Rio Gallinas School	Las Vegas	Schools (K-12)	No	N/A
Don Celilio Elementary	Las Vegas	Schools (K-12)	No	N/A
Sierra Vista Elementary	Las Vegas	Schools (K-12)	No	N/A
Robertson High School	Las Vegas	Schools (K-12)	No	N/A
Luis Armijo Elementary	Las Vegas	Schools (K-12)	No	N/A
Legion Park Elementary	Las Vegas	Schools (K-12)	No	N/A
Early Childhood Learning Center	Las Vegas	Other Government Facilities	No	N/A
City Administration	Las Vegas	Other Government Facilities	No	N/A
Memorial Middle School	Las Vegas	Schools (K-12)	No	N/A
Children Youth and Families Department	Las Vegas	Other Government Facilities	No	N/A

<b>New Mexico Commission for the Blind</b>	Las Vegas	<b>Other Community Support Organizations</b>	<b>No</b>	<b>N/A</b>
<b>New Mexico Health Institute</b>	Las Vegas	<b>Medical and Healthcare Providers</b>	<b>No</b>	<b>N/A</b>
<b>New Mexico State Police</b>	Las Vegas	<b>Public Safety Entities</b>	<b>No</b>	<b>N/A</b>
<b>San Miguel Public Health</b>	Las Vegas	<b>Medical and Healthcare Providers</b>	<b>No</b>	<b>N/A</b>
<b>New Mexico DOT</b>	Las Vegas	<b>Public Safety Entities</b>	<b>No</b>	<b>N/A</b>
<b>Vocational Rehab</b>	Las Vegas	<b>Other Community Support Organizations</b>	<b>No</b>	<b>N/A</b>
<b>New Mexico Human Services Department</b>	Las Vegas	<b>Other Government Facilities</b>	<b>No</b>	<b>N/A</b>
<b>New Mexico Behavioral Health Institute</b>	Las Vegas	<b>Other Government Facilities</b>	<b>No</b>	<b>N/A</b>
<b>New Mexico Motor Vehicle Division</b>	Las Vegas	<b>Other Government Facilities</b>	<b>No</b>	<b>N/A</b>
<b>New Mexico Department of Labor</b>	Las Vegas	<b>Other Government Facilities</b>	<b>No</b>	<b>N/A</b>
<b>NMHU-NMCAC</b>	Las Vegas	<b>Other Institutions of Higher Education</b>	<b>No</b>	<b>N/A</b>
<b>Highlands University</b>	Las Vegas	<b>Other Institutions of Higher Education</b>	<b>No</b>	<b>N/A</b>
<b>Luna Community College</b>	Las Vegas	<b>Community Colleges</b>	<b>No</b>	<b>N/A</b>
<b>Union Elementary</b>	Las Vegas	<b>Schools (K-12)</b>	<b>No</b>	<b>N/A</b>
<b>San Miguel County Building</b>	Las Vegas	<b>Other Government Facilities</b>	<b>No</b>	<b>N/A</b>
<b>San Miguel District Attorney</b>	Las Vegas	<b>Other Government Facilities</b>	<b>No</b>	<b>N/A</b>
<b>El Centro Family Health</b>	Las Vegas	<b>Medical and Healthcare Providers</b>	<b>No</b>	<b>N/A</b>
<b>El Centro Student Health Center</b>	Las Vegas	<b>Medical and Healthcare Providers</b>	<b>No</b>	<b>N/A</b>
<b>Alta Vista Hospital</b>	Las Vegas	<b>Medical and Healthcare Providers</b>	<b>No</b>	<b>N/A</b>
<b>Fred Macaron Public Library</b>	Springer	<b>Libraries</b>	<b>No</b>	<b>N/A</b>

US Army National Guard	Springer	Other Government Facilities	No	N/A
Colfax General Long Term Care	Springer	Other Community Support Organizations	No	N/A
Springer Family Healthcare	Springer	Medical and Healthcare Providers	No	N/A
Springer High School	Springer	Schools (K-12)	No	N/A
Miranda Junior High School	Springer	Schools (K-12)	No	N/A
Springer Forester Elementary School	Springer	Schools (K-12)	No	N/A
Springer Head Start	Springer	Other Community Support Organizations	No	N/A
Springer School Administration	Springer	Schools (K-12)	No	N/A
Springer Elementary School	Springer	Schools (K-12)	No	N/A
Magistrate Court	Springer	Other Government Facilities	No	N/A
NM Department of Transportation	Springer	Public Safety Entities	No	N/A
Luna Community College	Springer	Community Colleges	No	N/A
City Recreation Center	Springer	Other Community Support Organizations	No	N/A
Motor Vehicle Department	Springer	Other Government Facilities	No	N/A
Post Office	Springer	Other Government Facilities	No	N/A
El Centro Family Clinic	Springer	Medical and Healthcare Providers	No	N/A
City Hall	Springer	Other Government Facilities	No	N/A
Springer City Maintenance Facility	Springer	Other Government Facilities	No	N/A
University of New Mexico	Albuquerque	Other Institutions of Higher Education	No	Educational Purposes

**Project Indicators (Next Quarter)**

1. Please describe significant project accomplishments planned for completion during the next quarter (600 words or less).  
 Payment of final invoicing, begin project closeout activities. No network miles will be deployed next quarter construction is complete. No additional CAI's will be connected by the end of next quarter, all CAI's have been connected. ENMR is continuing direct communication to the CAI's in order to sign them up for service on the BTOP funded network. ENMR estimates 1 new agreement by the end of next quarter.

**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	No variance.
2b.	Environmental Assessment	100	No variance.
2c.	Network Design	100	No variance.
2d.	Rights of Way	0	N/A
2e.	Construction Permits and Other Approvals	100	No variance.
2f.	Site Preparation	100	No variance.
2g.	Equipment Procurement	100	No variance.
2h.	Network Build (all components - owned, leased, IRU, etc.)	100	No variance.
2i.	Equipment Deployment	100	No variance.
2j.	Network Testing	100	No variance.
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).**

No potential challenges or issues known at this time. The total for part i. Construction under Matching Funds for the "Actuals from Project Inception through End of Current Report Period" below includes \$370,991 of ENMR Telephone Cooperative's in-kind matching requirement.



**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	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
b. Land, structures, right-of-ways, appraisals, etc.	\$736,764	\$226,028	\$510,736	\$736,764	\$226,028	\$510,736	\$736,764	\$226,028	\$510,736
c. Relocation expenses and payments	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
d. Architectural and engineering fees	\$1,948,902	\$597,894	\$1,351,008	\$1,942,560	\$595,948	\$1,346,612	\$1,948,902	\$597,894	\$1,351,008
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	\$9,085,464	\$3,044,459	\$6,041,005	\$8,575,884	\$2,881,687	\$5,694,197	\$9,085,464	\$3,044,459	\$6,041,005
j. Equipment	\$4,831,569	\$1,482,252	\$3,349,317	\$4,709,129	\$1,440,993	\$3,268,136	\$4,831,569	\$1,482,252	\$3,349,317
k. Miscellaneous	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>l. SUBTOTAL (add a through k)</b>	\$16,602,699	\$5,350,633	\$11,252,066	\$15,964,337	\$5,144,656	\$10,819,681	\$16,602,699	\$5,350,633	\$11,252,066
m. Contingencies	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>n. TOTALS (sum of l and m)</b>	\$16,602,699	\$5,350,633	\$11,252,066	\$15,964,337	\$5,144,656	\$10,819,681	\$16,602,699	\$5,350,633	\$11,252,066

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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