

QUARTERLY PERFORMANCE PROGRESS REPORT FOR BROADBAND INFRASTRUCTURE PROJECTS

General Information

1. Federal Agency and Organizational Element to Which Report is Submitted Department of Commerce, National Telecommunications and Information Administration	2. Award Identification Number NT10BIX5570084	3. DUNS Number 836204271
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4. Recipient Organization Iowa Health System 1200 Pleasant Street, Des Moines, IA 50309-1406
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5. Current Reporting Period End Date (MM/DD/YYYY) 09-30-2013	6. Is this the last Report of the Award Period? <input checked="" type="radio"/> Yes <input type="radio"/> No
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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.

7a. Typed or Printed Name and Title of Certifying Official Stephanie Young	7c. Telephone (area code, number and extension) X
	7d. Email Address YoungSJ@ihs.org

7b. Signature of Certifying Official Submitted Electronically	7e. Date Report Submitted (MM/DD/YYYY): 02-18-2014
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Project Indicators (This Quarter)

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

Phase 1 - All 9 huts and fiber laterals to existing network are deployed and operational.

Phase 2 - Iowa Health System (IHS)/Broadband Inc. (BBI) deployed 21 of the 21 sites on the main ring and they became operational. Q1 2013, the North, South, and West rings were operational. The upgrade of the western long haul route was completed during Q3. 3088 miles of existing network have been upgraded, including upgrading 73 interconnection points.

Phase 3 - IHS/BBI executed 14 capacity agreements with last mile providers to date and executed 2 capacity agreements with CAIs, Riverside Clinic and Siouxland PACE clinic. All fiber routes for the Maquoketa, Denison, and Charles City have been constructed during this quarter, completing all construction activities to connect new customers. Total CAIs migrated by end of Q3 total 181, of those 154 were originally planned CAIs and 27 were newly added CAIs that will benefit from their newly upgraded connectivity.

112 new network miles were deployed, 98 miles leased, and 3088 existing network miles were upgraded to include 73 interconnection point upgrades during this project.

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	Complete
2b.	Environmental Assessment	100	Complete
2c.	Network Design	100	Complete
2d.	Rights of Way	100	Complete
2e.	Construction Permits and Other Approvals	100	Complete
2f.	Site Preparation	100	Complete
2g.	Equipment Procurement	100	Complete
2h.	Network Build (all components - owned, leased, IRU, etc)	100	Complete
2i.	Equipment Deployment	100	Complete
2j.	Network Testing	100	Complete
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).

IHS did not face any challenges during the past quarter that would have impacted project completion.

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	112	Complete

Indicator	Total	Narrative (describe your reasons for any variance from the baseline plan or any other relevant information)
New network miles leased	98	Complete
Existing network miles upgraded	3,088	Complete
Existing network miles leased	0	N/A
Number of miles of new fiber (aerial or underground)	112	Complete
Number of new wireless links	0	N/A
Number of new towers	0	N/A
Number of new and/or upgraded interconnection points	73	Complete

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	14
Number of agreements currently being negotiated with broadband wholesalers or last mile providers	12
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:

- Cedar Falls Utilities
- US Secure Hosting Center
- Bellevue Municipal Utilities
- Enseva Data Center
- Mahaska Communications Group
- Osage Municipal Utilities
- FiberComm
- InfoBunker
- Harlan Municipal Utilities
- VS Enterprises
- City of Denison
- Professional Computer
- City of Maquoketa
- City of Charles City

Riverside Clinic - removed from the list of broadband wholesalers or last mile providers. This clinic is under new Community Anchor Institutions.

Siouxland PACE Clinic- removed from the list of broadband wholesalers or last mile providers. This clinic is under new Community Anchor Institutions.

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:

See Attachment

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 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	14	Variance due to signing Siouxland PACE and Riverside clinics. We are providing them broadband connectivity and have removed them from the Broadband Wholesalers or Last Mile Providers and replaced them in the Community Anchor Institution category.
	Providers with signed agreements receiving improved access	0	N/A
	Providers with signed agreements receiving access to dark fiber	0	N/A
Community Anchor Institutions (including Government institutions)	Please identify the speed tiers that are available and the number of subscribers for each	5	50Megs = 3 subscribers 100Megs=5 subscribers 500Megs=1 subscriber 1Gig=4 subscribers 2Gig=1 subscriber
	Total subscribers served	181	Variance from baseline report of 190 due to clinics relocating or closing within the funding period.
	Subscribers receiving new access	0	No variance from baseline report
	Subscribers receiving improved access	181	Variance from baseline report of 190 due to clinics relocating or closing within the funding period.
Residential / Households	Please identify the speed tiers that are available and the number of subscribers for each	1	100Megs=181 subscribers
	Entities passed	0	No variance from baseline report
	Total subscribers served	0	No variance from baseline report
	Subscribers receiving new access	0	No variance from baseline report
	Subscribers receiving improved access	0	No variance from baseline report
Businesses	Please identify the speed tiers that are available and the number of subscribers for each	0	No variance from baseline report
	Entities passed	0	No variance from baseline report
	Total subscribers served	0	No variance from baseline report
	Subscribers receiving new access	0	No variance from baseline report
	Subscribers receiving improved access	0	No variance from baseline report

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

No special offerings during Q3 2013.

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
N/A	N/A	N/A	N/A	See Attachment

Project Indicators (Next Quarter)

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

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	Complete
2b.	Environmental Assessment	100	Complete
2c.	Network Design	100	Complete
2d.	Rights of Way	100	Complete
2e.	Construction Permits and Other Approvals	100	Complete
2f.	Site Preparation	100	Complete
2g.	Equipment Procurement	100	Complete
2h.	Network Build (all components - owned, leased, IRU, etc.)	100	Complete
2i.	Equipment Deployment	100	Complete
2j.	Network Testing	100	Complete
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).
N/A

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	\$57,259	\$0	\$57,259	\$57,259	\$0	\$57,259	\$57,259	\$0	\$57,259
b. Land, structures, right-of-ways, appraisals, etc.	\$1,123,506	\$0	\$1,123,506	\$1,123,506	\$0	\$1,123,506	\$1,123,506	\$0	\$1,123,506
c. Relocation expenses and payments	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
d. Architectural and engineering fees	\$2,958,658	\$222,300	\$2,736,358	\$2,958,658	\$222,300	\$2,736,358	\$2,958,658	\$222,300	\$2,736,358
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	\$541,071	\$0	\$541,071	\$541,071	\$0	\$541,071	\$541,071	\$0	\$541,071
h. Demolition and removal	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
i. Construction	\$3,065,856	\$574,701	\$2,491,155	\$3,065,856	\$574,701	\$2,491,155	\$3,065,856	\$574,701	\$2,491,155
j. Equipment	\$16,224,699	\$8,558,654	\$7,666,045	\$16,224,699	\$8,558,654	\$7,666,045	\$16,224,699	\$8,558,654	\$7,666,045
k. Miscellaneous	\$131,236	\$0	\$131,236	\$131,236	\$0	\$131,236	\$131,236	\$0	\$131,236
l. SUBTOTAL (add a through k)	\$24,102,285	\$9,355,655	\$14,746,630	\$24,102,285	\$9,355,655	\$14,746,630	\$24,102,285	\$9,355,655	\$14,746,630
m. Contingencies	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
n. TOTALS (sum of l and m)	\$24,102,285	\$9,355,655	\$14,746,630	\$24,102,285	\$9,355,655	\$14,746,630	\$24,102,285	\$9,355,655	\$14,746,630

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: \$93,033	b. Program Income to Date: \$93,033
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