

Infrastructure Annual Performance Report Introduction

SUBMISSION REQUIREMENTS:

All Broadband Technology Opportunities Program (BTOP) grant recipients are required to complete an annual performance report. The attached performance report form must be completed and submitted after the end of every calendar year, and reports must be submitted separately for each BTOP award. The prime recipient is solely responsible for the accurate completion and timely submission of this form.

DEADLINE:

All recipients are required to submit their annual performance report each year on January 30th, by 11:59pm ET. The timely submission of performance reports is a requirement of all BTOP awards as stated in the special award conditions. Incomplete submissions will be sent back to the recipient for further information. Annual reports are to be submitted in addition to the required quarterly report which is due concurrently. The reports are different in scope and must be answered separately.

COMPLETING THE PERFORMANCE REPORT:

The BTOP performance report form consists of three main sections:

- Section 1: General Information
- Section 2: Report Data

Each question must be answered fully and accurately (within word limits). If your answer to certain questions does not fit in the space provided, please provide additional information in a separate document or spreadsheet, using the format provided in the performance report form. If particular questions do not apply to your project, please write "N/A." All fields should be filled out with the requested data or "N/A." Please note that to the extent that only your subrecipient, contractor, and/or subcontractor has access to any of the information requested in the performance report, the prime recipient is responsible for collecting this information and submitting it to NTIA.

Please reference the attached line item instructions for assistance. If you have additional questions, please contact your assigned Federal Program Officer.

DATA REVIEW:

Program Office staff will be responsible for reviewing performance reports and may need to follow up with recipients regarding the submitted data. Recipients must promptly respond to any and all Program Office follow-up questions regarding the submitted data; in some cases, recipients will be required to revise and re-submit performance reports. The data provided will be compared to each recipient's Baseline Project Plan and will help the Program Office monitor the progress and performance of each BTOP project.

All progress reports will be made publicly available via the Internet. To the extent that recipients believe that the information they are providing is confidential, recipients may make a request for such information to be kept private and identify any information they believe should not be released to the public. They should also file both a redacted and an unredacted version of their report. Recipients should note, however, that the Recovery Act requires substantial transparency and that NTIA may not necessarily approve such requests. If NTIA does approve, the agency will keep such information private from public disclosure to the extent permitted by law, including the Freedom of Information Act, as amended (5 U.S.C. 552), the Trade Secrets Act, as amended (18 U.S.C. 1905), and the Economic Espionage Act of 1996 (18 U.S.C. 1831 et seq.).

RECIPIENT NAME:
 AWARD NUMBER:
 DATE:

OMB CONTROL NO. 0660-XXXX
 EXPIRATION DATE: XX-XX-XXXX

Proposed Annual Performance Report Questions for Infrastructure

General Information				
		Page	of	Pages
1. Federal Agency and Organization Element to Which Report is Submitted	2. Award Identification Number	3a. DUNS Number		
		3b. EIN		
4. Recipient Organization (Name and complete address including county, congressional district, and zip code)				
5. Current Reporting Period End Date (MM/DD/YYYY)		6. Is this the Last Report of the Award Period?		<input type="checkbox"/> Yes <input type="checkbox"/> No
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		7c. Telephone (<i>area code, number and extension</i>)		
		7d. Email Address		
7b. Signature of Certifying Official		7e. Date Report Submitted (MM/DD/YYYY)		

RECIPIENT NAME:
 AWARD NUMBER:
 DATE:

OMB CONTROL NO. 0660-XXXX
 EXPIRATION DATE: XX-XX-XXXX

OVERALL PROJECT PERFORMANCE INDICATORS			
<p>1. Please provide the following average cost figures for your project. Please review the instructions to determine how to calculate these figures. Write "N/A" in the second column if your project does not yet have this information. Depending on whether your project contains Middle Mile and/or Last Mile components, some metrics may not apply. Please provide a narrative description if the total is different from the target provided in your baseline plan (100 words or less).</p>			
Cost Indicator	Average Cost / Speed	Narrative (describe your reasons for any variance from the baseline plan or any other relevant information)	
Average cost per new mile (Middle Mile)			
Average cost per household passed (Last Mile)			
Average cost per subscriber (Last Mile)			
Maximum broadband speed advertised (Middle Mile)			
Maximum broadband speed advertised (Last Mile)			
Average broadband speed provided (Middle Mile)			
Average broadband speed provided (Last Mile)			
<p>2. Please list the counties within each state where your grant-funded infrastructure were deployed. Please also list the Census tracts that comprise your service area(s).</p>			
Facility Identifier/ Name	Facility Type	County	Census Tract
<p>3. Please list the names of the providers with whom you have entered into interconnection, peering, and/or transit agreements during this annual reporting period as a result of your grant project. If you have not entered into any agreements, please write "N/A."</p>			
Interconnection Agreements			
Peering and Transit Agreements			
CAPACITY, UTILIZATION, AND CAPABILITY INDICATORS			

RECIPIENT NAME:
 AWARD NUMBER:
 DATE:

OMB CONTROL NO. 0660-XXXX
 EXPIRATION DATE: XX-XX-XXXX

4. Community Anchor Institutions: In the chart below, please provide information on the types of community anchor institutions capable of receiving service (e.g., passed by your network) as a result of BTOP funds.						
Type of Community Anchor Institution	Total Number Within Service Area	Type of Community Anchor Institution	Total Number Within Service Area			
Schools (K-12)		Public Housing				
Libraries		Other Institutions of Higher Education				
Medical and Healthcare Providers		Other Community Support Organizations				
Public Safety Entities		Other Government Facilities				
Community Colleges		Total Community Anchor Institutions				
5. Please indicate the average increase in broadband speed provided to the community anchor institution customers as a result of your project, including a description of how this increase was calculated (100 words or less).						
6. What retail 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 retail service (150 words or less). Retail services description:						
7. What network management policies (e.g., bandwidth limitations, traffic prioritizations) are in place for the services provided by your project (150 words or less)? Network management policy description:						
8. If applicable, please provide the total number and the percentage of subscribers who have dropped the broadband service provided through this project (total number of households and/or businesses and the "churn rate") and the subscribers' reasons for discontinuing their service (150 words or less).						
9. Please provide the following information regarding the number of fiber strands:						
Total Number of Strands	Total Number of Active Fiber Strands Used by Recipient	Total Number of Leased Fiber Strands	Total Number of Dark Fiber Strands	Total Number of Strands Being Built		
				Active	Leased	Dark
10. If you wholesale dark fiber, please list your wholesale customers and the number of fiber miles you currently are leasing to those customers:						
11. Please provide the following information regarding the facility collocation capacity:						
Total Facility (total square feet)	Number of Square Feet	Number of Square	Number of Square Feet			

RECIPIENT NAME:
AWARD NUMBER:
DATE:

OMB CONTROL NO. 0660-XXXX
EXPIRATION DATE: XX-XX-XXXX

for all facilities)	Used by Recipient	Feet Leased	Available
12. If you do not own collocation space, please describe how and where other network providers and/or customers interconnect with your network (250 words or less).			
13. To the extent that you have made any subcontracts or subgrants, please identify any subcontracts or subgrants that have been made to socially and economically disadvantaged small business concerns as defined by 8(a) of the Small Business Act, 15 U.S.C. 647, as modified by NTIA's adoption of an alternative small business size standard for use in BTOP.			
14. Please describe any best practices/lessons learned that can be shared with other similar BTOP projects (250 words or less).			

RECIPIENT NAME:
 AWARD NUMBER:
 DATE:

OMB CONTROL NO. 0660-XXXX
 EXPIRATION DATE: XX-XX-XXXX

Infrastructure Annual Performance Report Instructions

Line Item Instructions for the Performance Report Attachment (BTOP Annual Report for Infrastructure Projects)

Question Number	Reporting Item	Instructions	Clarification and Definitions
General Information			
1	Federal Agency and Organizational Element to Which Report is Submitted	Enter the name of the Federal agency and organizational element identified in the award document or otherwise instructed by the agency.	Enter "Department of Commerce, National Telecommunications and Information Administration."
2	Award Identification Number	Enter the award number assigned to each award by the Federal agency.	Enter your 10 digit grant award number listed on your award package CD-450 form.
3a	DUNS Number	Enter the recipient organization's Data Universal Numbering System (DUNS) number or Central Contract Registry extended DUNS number.	The number entered should match the DUNS number listed on your award package CD-450 form.
3b	EIN	Enter the recipient organization's Employer Identification Number (EIN).	The number entered should match the EIN number listed on your award package CD-450 form.
4	Recipient Organization	Enter the name and complete address of the recipient organization including zip code.	The data entered should match the data listed on your award package CD-450 form.
5	Reporting Period End Date	Enter the last day of the current reporting period.	The date entered should match a calendar year quarterly end date.

RECIPIENT NAME:
 AWARD NUMBER:
 DATE:

OMB CONTROL NO. 0660-XXXX
 EXPIRATION DATE: XX-XX-XXXX

6	Is this the last report of the award period?	Check yes or no.	The last report is the final performance report submitted during the closeout of the grant.
7a	Certifying Official	Enter the name of your organization's Certifying Official.	The Certifying Official should be the AOR or the Principal Investigator/Project Manager designated by the AOR.
7b	Certifying Official Signature	Enter the signature of your organization's Certifying Official.	The Certifying Official should be the AOR or the Principal Investigator/Project Manager designated by the AOR.
7c	Telephone Number	Enter the telephone number of the Certifying Official.	The number may be needed in case of any follow-up questions regarding the performance report.
7d	Email Address	Enter the email address of the Certifying Official.	The email address may be needed in case of any follow-up questions regarding the performance report.
7e	Report Submission Date	Enter the date the report was submitted.	Reports are to be submitted by the quarterly due dates.
Overall Project Performance Indicators			
1	Cost Indicators	<p>Please provide the following average cost figures for your project. Write "N/A" in the second column if your project does not yet have this information.</p> <p>Recipients should use cumulative costs to date for each of the infrastructure metrics: Cost per Mile, Cost per Household and Cost per Subscriber. However, in order to create parity between the</p>	<p>Average Cost Per Mile (pertains only to middle mile projects) is defined as the direct capital costs associated with the installation of the middle mile transmission infrastructure divided by the route miles the transmission infrastructure traverses. The capital costs are derived from transmission infrastructure such as conduit, cables and the labor used to</p>

RECIPIENT NAME:
AWARD NUMBER:
DATE:

OMB CONTROL NO. 0660-XXXX
EXPIRATION DATE: XX-XX-XXXX

		<p>numerator (costs) and the denominator (miles/households/subscribers), recipients should only count the costs of those parts of the network for which deployment is complete. For example: if no portion of a middle mile network is available for service then there should be no miles of network or cost per mile to report. Similarly, when a portion of the network is available for service, then the route miles (for a MM network) or the number of households (for a LM network) associated with the completed portion the network should be used as the denominator and only those portions of the costs associated with the completed portion of the network should be used in the numerator to calculate the metric.</p> <p>Cost per Mile is a metric for Middle Mile (MM) network components. Applicants that do not have a MM component do not need to provide a cost per mile statistic.</p> <p>Cost per Household and Cost per Subscriber are metrics for Last Mile (LM) network components. Recipients that do not have a LM component do not need to provide cost per mile or cost per subscriber statistics.</p>	<p>install this transmission infrastructure. The capital costs do not include network access (e.g., core network routers), customer premise equipment (CPE), building/facility construction, test equipment, billing and operational support systems, and/or any additional professional services.</p> <p>Average Cost Per Household (pertains only to Last Mile projects or to the Last Mile component of combined last mile/middle mile projects) is defined as the direct capital costs associated with the installation of the last mile transmission infrastructure to the households in the areas(s) divided by the number of households to which that infrastructure makes service available. The capital costs are derived from transmission infrastructure such as distribution and remote terminals (e.g., DSLAM, B/GPON), conduit, cables, wireless transceivers, antennas and the labor used to install the transmission infrastructure. The capital costs do not include any costs associated with CPE, CPE installation services, building/facility/tower construction, test equipment, billing and operational support systems and/or any additional professional services.</p> <p>Average Cost Per Subscriber (pertains only to last mile projects or to the last mile component of combined last mile/middle mile projects) is defined as the direct capital costs associated with the</p>
--	--	---	---

RECIPIENT NAME:
AWARD NUMBER:
DATE:

OMB CONTROL NO. 0660-XXXX
EXPIRATION DATE: XX-XX-XXXX

			<p>installation of the last mile transmission infrastructure to the households in the service areas(s) divided by the number of households subscribing to broadband service delivered over that last mile transmission infrastructure. The capital costs are derived from transmission infrastructure such as distribution and remote terminals (e.g., DSLAM, B/GPON), conduit, cables, wireless transceivers, antennas and the labor used to install the transmission infrastructure. The capital costs do not include any costs associated with CPE, CPE installation services, building/facility/tower construction, test equipment, billing and operational support systems and/or any additional professional services.</p> <p>Maximum broadband speed advertised is the highest speed you advertise as available. This metric is relevant to both middle mile and last mile network components.</p> <p>Average broadband speed provided is the average speed taking into account fast and slow periods. This metric is relevant to both middle mile and last mile network components.</p> <p>If actual costs are higher or lower than projected in your baseline plan, please provide a narrative response to explain the variance.</p> <p>Please limit narrative responses to 100</p>
--	--	--	--

RECIPIENT NAME:
 AWARD NUMBER:
 DATE:

OMB CONTROL NO. 0660-XXXX
 EXPIRATION DATE: XX-XX-XXXX

			words or less.
2	Funded Facilities	Please provide the facility name and type, the county and census tract information for any facilities funded by your project during this annual reporting period. Report only facilities for which construction has been completed. If your project does not fund any facilities, please write "N/A."	A funded facility is defined as any building or enclosure that is 1) used to house equipment/facilities used by the network, and 2) funded by the grant.
3	Interconnection, Peering and Transit Agreements	Please list the names of the providers with whom you have entered into interconnection, peering, and/or transit agreements during this annual reporting period as a result of your grant project. If you have not entered into any agreements, please mark "N/A."	Please continue on an additional page if space is not sufficient.
Capacity, Utilization, and Capability Indicators			
4	Community Anchor Institutions	Please provide information on the types of community anchor institutions capable of receiving service (that is, passed by your network) as a result of BTOP funds.	For each type of community anchor institution, please provide the total number within the service area. Anchor institutions are "capable of receiving service" or "passed" to the extent that they could reasonably obtain service using the grant recipient's facilities, either directly from the grant recipient or via a third-party service provider, but additional network deployment and/or additional equipment installation is necessary in order to provide service.
5	Broadband Speed Service Increase	Please indicate the average increase in broadband speed associated with the community anchor	Please limit narrative responses to 100 words or less.

RECIPIENT NAME:
 AWARD NUMBER:
 DATE:

OMB CONTROL NO. 0660-XXXX
 EXPIRATION DATE: XX-XX-XXXX

		institution customers as a result of your project, including a description of how this increase was calculated.	
6	Retail Pricing Plans	As an attachment to this report, please provide pricing plans (in \$ per month) for the retail services provided by your project.	Please provide information for all retail services offered by your organization. Please limit narrative responses to 150 words or less.
7	Network Management Policies	What network management policies (e.g., bandwidth limitations, traffic prioritizations) are in place for the services provided by your project?	Please provide information on your network management policies for all services offered by your organization. Please limit narrative responses to 150 words or less.
8	Dropped Service	If applicable, please provide the total number and the percentage of subscribers who have dropped the broadband service provided through this project (total number of households and/or businesses and the "churn rate") and the subscribers' reasons for discontinuing their service. This will apply to most last mile providers.	To calculate the churn rate, divide the number of subscribers lost by the total number of subscribers you have at the end of the period and multiply by 100. Please limit narrative responses to 150 words or less.
9	Fiber	Please provide information regarding the number of fiber strands.	Provide information on the total number strands you have and the total number you use, lease or have dark. Provide information on total number of fiber strands being built that will be active, leased or dark.
10	Dark Fiber	If you wholesale dark fiber, please list the names of your wholesale customers and the number of fiber miles you currently lease.	Insert number of dark fiber miles leased and names of customers. If not applicable, please enter "N/A".

RECIPIENT NAME:
 AWARD NUMBER:
 DATE:

OMB CONTROL NO. 0660-XXXX
 EXPIRATION DATE: XX-XX-XXXX

11	Collocation	Please provide information regarding your facility collocation capacity.	Insert total facility capacity in square feet you use, lease, and have available.
12	Collocation	If you do not own collocation space, please describe how and where other network providers and/or customers interconnect with your network.	<p>If you do not own collocation space and another network provider or customer is only connecting core network equipment at a location not owned by you, please provide: the actual location of the equipment location and/or point of interconnection; the owner of the alternate location (e.g. Internet Exchange Point, POP); and a description of how the interconnection occurs.</p> <p>Please limit narrative responses to 250 words or less.</p>
13	Small Business Concern	To the extent that you have made any subcontracts or subgrants, please identify any subcontracts or subgrants that have been made to socially and economically disadvantaged small business concerns as defined by 8(a) of the Small Business Act, 15 U.S.C. 647, as modified by NTIA's adoption of an alternative small business size standard for use in BTOP.	BTOP defines a "socially and economically disadvantaged small business concern as " a firm, together with its controlling interests and affiliates, with average revenues not exceeding \$40 million for the preceding three years, and that meets the definition of a socially and economically disadvantaged small business concern under the Small Business Act."
14	Best Practices	Please describe any best practices/lessons learned that can be shared with other similar BTOP projects.	Please limit responses to 250 words or less.

RECIPIENT NAME:
AWARD NUMBER:
DATE:

OMB CONTROL NO. 0660-XXXX
EXPIRATION DATE: XX-XX-XXXX

Notwithstanding any other provision of law, no person is required to respond to, nor shall any person be subject to a penalty for failure to comply with, a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a currently valid OMB control number. Public reporting burden for this collection of information is estimated to average 3.52 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Anthony G. Wilhelm, Director, Broadband Technology Opportunities Program, Office of Telecommunications and Information Applications, National Telecommunications and Information Administration, U.S. Department of Commerce (DOC), 1401 Constitution Avenue, N.W., HCHB, Room 4887, Washington, D.C. 20230