

**MOBILITY FUND
PHASE 1 - §54.1009 ANNUAL REPORTING
DATA COLLECTION FORM**

FCC Form 690
Approved by OMB
OMB No. 3060-1185
Estimated Burden: 18 Hours

(010) Study Area Code	(010)	<input type="text"/>
(015) Study Area Name	(015)	<input type="text"/>
(020) Program Year	(020)	2012
(030) Contact Name: Person USAC should contact with questions about this data	(040)	<input type="text"/>
(035) Contact Telephone Number: Number of the person identified in Data Line (030)	(045)	<input type="text"/>
(039) Contact Email: Email of the person identified in Data Line (030)	(049)	<input type="text"/>

(040) Has the information required pursuant to §54.1009 been provided with a Form 481 filing (Y/N)?	(040)	<input type="checkbox"/>
Attach a description of the documents filed with the Form 481 reporting	(041)	<input type="text"/>
Cite the Study Area Code for the Form 481 reporting	(042)	<input type="text"/>
Cite the date of the Form 481 reporting	(043)	<input type="text"/>
(050) Carrier Contact Form <small>(has contact info. changed since prior filing? Yes or No)</small>		<input type="checkbox"/>
<small>(if yes, complete attached worksheet)</small>	(050)	<input type="text"/>
(060) Coverage and Performance Report		<input type="checkbox"/>
<small>(complete attached worksheet)</small>	(060)	<input type="text"/>
(070) Urban Rate Comparability Certification		<input type="checkbox"/>
<small>(complete attached certification)</small>	(070)	<input type="text"/>
(080) Tribal Lands Reporting (Y/N)?		<input type="checkbox"/>
<small>(Does this study area cover tribal lands? Yes or No)</small>		<input type="checkbox"/>
<small>(if yes, complete attached worksheet)</small>	(080)	<input type="text"/>
(090) Project Update Information		<input type="checkbox"/>
<small>(complete attached worksheet)</small>	(090)	<input type="text"/>
(100) Certifications		<input type="checkbox"/>
Reporting Carrier Certification	(101)	<input type="text"/>
Agent Certification	(102)	<input type="text"/>

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements)
Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). We will also accept your PRA comments if you send an email to PRA@fcc.gov.

Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

{ 050} Carrier Contact Form

(010) Study Area Code	(010)	
(015) Study Area Name	(015)	
(020) Program Year	(020)	2012
(030) Contact Name: Person USAC should contact with questions about this data	(030)	
(035) Contact Telephone Number: Number of the person identified in Data Line (030)	(035)	
(039) Contact Email: Email of the person identified in Data Line (030)	(039)	

Reporting Carrier / Mobility Fund Phase 1 Winning Bidder

(110) FCC Registration Number	
(111) Filing Carrier Name	
(112) Winning Bidder Carrier Name	
(113) Street Address (or PO Box)	
(114) City	
(115) State	
(116) Zip-Code	
(117) Telephone Number	
(118) Fax Number	
(119) Email Address	

Contact Information if same as above, indicate in this box

(120) Name (First, MI, Last, Suffix)	
(121) Filing Carrier Name	
(122) Street Address (or PO Box)	
(123) City	
(124) State	
(125) Zip-Code	
(126) Telephone Number	
(127) Fax Number	
(128) Email Address	

Authorized Agent Information if no agent, indicate in this box

(130) Name (First, MI, Last, Suffix)	
(131) Company	
(132) Street Address (or PO Box)	
(133) City	
(134) State	
(135) Zip-Code	
(136) Telephone Number	
(137) Fax Number	
(138) Email Address	

(070) Urban Rate Comparability Certification Compliance

The Reporting Carrier offers service in supported areas at rates that are within a reasonable range of rates for similar service plans offered by mobile wireless providers in urban areas.

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION ON ITS OWN BEHALF:

Certification of Officer as to Compliance with 47 CFR §54.1009(a)(4)			
I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this form is accurate.			
Name of Reporting Carrier			
Signature of authorized officer			Date
Printed name of authorized officer			
Title or position of authorized officer			
Telephone number of authorized officer: (____)____-____, ext. _____ Filing Due Date for this form			
Study Area Code of Reporting Carrier		(mm/dd/yyyy)	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to Authorize an Agent to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier			
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the compliance with 47 CFR §54.1009(a)(4) as reported to the authorized agent; and, to the best of my knowledge, the certification provided to the authorized agent is accurate.			
Name of Authorized Agent			
Name of Reporting Carrier			
Signature of authorized officer			Date
Printed name of authorized officer			
Title or position of authorized officer			
Telephone number of authorized officer: (____)____-____, ext. _____ Filing Due Date for this form			
Study Area Code of Reporting Carrier		(mm/dd/yyyy)	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier			
I, as agent for the reporting carrier, certify that I am authorized to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.			
Name of Reporting Carrier			
Name of Authorized Agent			
Signature of authorized agent or employee of agent			Date
Printed name of authorized agent or employee of agent			
Title or position of authorized agent or employee of agent			
Telephone number of authorized agent: (____)____-____, ext. _____ Filing Due Date for this form			
Study Area Code of Reporting Carrier		(mmddyyyy)	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

(080) Tribal Lands Reporting

<010>	Study Area Code	<010>	_____
<015>	Study Area Name	<015>	_____
<020>	Program Year	<020>	_____
<030>	Contact Name - Person USAC should contact regarding this data	<030>	_____
<035>	Contact Telephone Number - Number of person identified in data line <030>	<035>	_____
<039>	Contact Email Address - Email Address of person identified in data line <030>	<039>	_____
<140>	Coverage and Performance Report Year	<041>	_____

<142>	<u>State</u>	_____
<143>	<u>County</u>	_____
<144>	<u>Tribal Lands on which the ETC serves</u>	_____
<145>	<u>Tribal Government Engagement Obligation</u>	<u>{Name of PDF}</u>

If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached PDF, on line 145, demonstrates coordination with the Tribal government pursuant to § 54.1004 includes:

		Select (Yes,No, NA)
<146>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions;	<input type="text"/>
<147>	Feasibility and sustainability planning;	<input type="text"/>
<148>	Marketing services in a culturally sensitive manner;	<input type="text"/>
<149>	Compliance with Rights of way processes	<input type="text"/>
<150>	Compliance with Land Use permitting requirements	<input type="text"/>
<151>	Compliance with Facilities Siting rules	<input type="text"/>
<152>	Compliance with Environmental Review processes	<input type="text"/>
<153>	Compliance with Cultural Preservation review processes	<input type="text"/>
<154>	Compliance with Tribal Business and Licensing requirements.	<input type="text"/>

(090) Project Update Information

<010> Study Area Code	<010> _____
<015> Study Area Name	<015> _____
<020> Program Year	<020> _____
<030> Contact Name - Person USAC should contact regarding this data	<030> _____
<035> Contact Telephone Number - Number of person identified in data line <030>	<035> _____
<039> Contact Email Address - Email Address of person identified in data line <030>	<039> _____

<200>	<u>Date Authorized to Receive Support</u>	_____
<201>	<u>Targeted Completion Date</u>	_____
<202>	<u>Total Mobility Fund Support Awarded</u>	_____
<203>	<u>Total Mobility Fund Support Disbursed</u>	_____
<204>	<u>Support Applied to Network Design</u>	_____
<205>	<u>Support Applied to Construction</u>	_____
<206>	<u>Support Applied to Deployment</u>	_____
<207>	<u>Support Applied to Maintenance</u>	_____
<208>	<u>Certify Network will Support 3G Mobile Service (Yes/No)</u>	_____
<209>	<u>Certify Network will Support 4G Mobile Service (Yes/No)</u>	_____
<210>	<u>Actual Completion Date</u>	_____
<211>	<u>Project Status Description attached</u>	_____
<212>	<u>Status of Network Deployment – Network Design</u>	_____
<213>	<u>Status of Network Deployment – Construction</u>	_____
<214>	<u>Status of Network Deployment – Deployment</u>	_____
<215>	<u>Status of Network Deployment – Maintenance</u>	_____
<216>	<u>Project Budget Status</u>	_____
<217>	<u>Project Plan Status</u>	_____

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for Mobility Fund Recipients				
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for Mobility Fund recipients; and, to the best of my knowledge, the information reported on this form is accurate.</p>				
Name of Reporting Carrier				
Signature of Authorized Officer				Date
Printed name of Authorized Officer				
Title or position of Authorized Officer				
Telephone number of Authorized Officer: (____)____-____, ext. _____				
Study Area Code of Reporting Carrier			Filing Due Date for this form (mm/dd/yyyy)	
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>				

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for Mobility Fund Recipients on Behalf of Reporting Carrier				
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.				
Name of Authorized Agent				
Name of Reporting Carrier				
Signature of Authorized Officer				Date
Printed name of Authorized Officer				
Title or position of Authorized Officer				
Telephone number of Authorized Officer: (___) ___ - ____ , ext. _____				
Study Area Code of Reporting Carrier			Filing Due Date for this form (mm/dd/yyyy)	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for Mobility Fund Recipients on Behalf of Reporting Carrier				
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for Mobility Fund recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.				
Name of Reporting Carrier				
Name of Authorized Agent or Employee of Agent				
Signature of Authorized Agent or Employee of Agent				Date
Printed name of Authorized Agent or Employee of Agent				
Title or position of Authorized Agent or Employee of Agent				
Telephone number of Authorized Agent or Employee of Agent: (___) ___ - ____ , ext. _____				
Study Area Code of Reporting Carrier			Filing Due Date for this form (mmddyyyy)	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				