

**Secure and Trusted Communications Networks Reimbursement Program**

FCC Form 5640: Status Updates, Section 1.50004(k)

Information Submitted Using Online Portal

Estimated Time Per Response: 2 hours

(Note: This is a representative description of the information to be collected via the online portal and is not intended to be a visual representation of what each applicant will see, the order in which they will see information, or the exact wording or directions used to collect the information.)

Item Number	Field(s) Description	Purpose/Instructions
<b>Applicant Information</b>		
1	Applicant FCC Registration Number (FRN)	An FRN is a 10-digit number that is assigned by the Commission Registration System (CORES) to a business or individual registering with the FCC. This unique FRN is used to identify the registrant's business dealings with the FCC. This information will be auto-generated from the information provided in the Application Request for Funding Allocation.
2	Applicant Name	This is the name of the Applicant submitting this request. This information will be auto-generated from the information provided in the Application Request for Funding Allocation.

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3	<p>Applicant Information:</p> <ul style="list-style-type: none"> <li>• Applicant Street Name;</li> <li>• Applicant City;</li> <li>• Applicant State;</li> <li>• Applicant Zip Code;</li> <li>• Applicant Phone Number;</li> <li>• Applicant Email.</li> </ul>	<p>This information will be auto-generated from the information provided in the Application Request for Funding Allocation.</p>
<b>Contact Information</b>		
4	<p>Contact different than Applicant:</p> <ul style="list-style-type: none"> <li>• Contact Name;</li> <li>• Contact Street Name;</li> <li>• Contact City;</li> <li>• Contact State;</li> <li>• Contact Zip Code;</li> <li>• Contact Phone #;</li> <li>• Contact Email.</li> </ul>	<p>These items identify the contact representative, if different from the Applicant. This is usually the headquarters offices of a large company, the law firm or other representative of the Applicant, or the person or company that prepared or submitted the application on behalf of the Applicant. If there is a question about the application, an FCC representative will communicate with the Applicant's contact representative. This information will be auto-generated from the information provided in the Application Request for Funding Allocation but filer will have the opportunity to change information to designate a different contact for the filing.</p>
5	<p>Contact same as Applicant:</p> <ul style="list-style-type: none"> <li>• Contact Name;</li> <li>• Contact Street Name;</li> <li>• Contact City;</li> <li>• Contact State;</li> <li>• Contact Zip Code;</li> </ul>	<p>These items identify the contact representative. This is usually the headquarters offices of a large company, the law firm or other representative of the Applicant, or the person or company that prepared or submitted the application on behalf of the Applicant. If there is a question about the application, an FCC representative will communicate with the Applicant's contact representative.</p>

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	<ul style="list-style-type: none"> <li>• Contact Phone #;</li> <li>• Contact Email.</li> </ul>	<p>This information will be auto-generated from the information provided in the Application Request for Funding Allocation but filer will have the opportunity to change information to designate a different contact for the filing.</p>
<b>Explanation of Effort and Availability of Commercial Equipment</b>		
6	<p>Provide explanation of efforts undertaken, and challenges encountered, in permanently removing, replacing, and disposing of covered communications equipment or service.</p>	<p>Statutorily required to obtain this information from recipient to help evaluate replacement equipment availability and any other challenges to completing the removal, replacement, and disposal process.</p>
7	<p>Explain whether you are finding commercially available equipment in the marketplace. If not, then explain efforts taken to obtain replacement equipment.</p>	<p>Statutorily required to obtain this information from recipient to help evaluate replacement equipment availability and any other challenges to completing the removal, replacement, and disposal process.</p>
<b>Program Compliance</b>		
8	<p>Indicate whether recipient has fully complied with (or is in the process of complying with) all requirements of the Reimbursement Program.</p>	<p>Statutorily required to obtain this information from recipient.</p>
9	<p>Indicate whether recipient has permanently removed from its communications network, replaced, and disposed of (or is in the process of permanently removing, replacing, and disposing of) all covered communications equipment or services that were in the recipient's network as of the date of the submission of</p>	<p>Statutorily required to obtain this information from recipient.</p>

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	the recipients application requesting funding.	
10	Indicate whether recipient has fully complied with (or is in the process of complying with) the timeline submitted by the recipient. If not, provide explanation for deviation.	Statutorily required to obtain this information from recipient.
11	If you have not yet completed the removal, replacement, and/or disposal process, what estimated percentage of the removal, replacement, and/or disposal process have you completed? [answer with number]	Needed to assess level of project completion among recipients.
<b>Certifications</b>		
12	Applicant must certify in good faith under penalty of perjury (via electronic signature of authorized representative) the following: (1) Applicant will reasonably incur the estimated costs claimed as eligible for reimbursement; (2) Applicant will use all money received from the Reimbursement Program only for expenses eligible for reimbursement; (3) Applicant will comply with all policies and procedures relating to allocations, draw downs, payments, obligations, and expenditures of money from the Reimbursement Program; (4) Applicant will maintain detailed records, including receipts, of all costs eligible for reimbursement actually incurred for a period of 10 years; and (5) Applicant will file all required documentation for its	Certifications necessary to protect Reimbursement Program against waste, fraud, and abuse.

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	expenses.	
13	Applicant certifies under penalty of perjury that all information provided in this filing is true and correct to the best of Applicant's knowledge.	Certification necessary to ensure accuracy of information provided.
14	Certifying Official Name	Name of certifying official.
15	Certifying Official Title	Job title of certifying official.
16	Certifying Official Phone Number	Phone number of the certifying official.
17	Certifying Official Email Address	Email address of the certifying official.
18	Certifying Date Signed	The date on which the filing is certified will be auto-generated.