

Secure and Trusted Communications Networks Reimbursement Program

FCC Form 5640: Spending Reports, Section 1.50004(l)

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
Applicant Information		
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.

Item Number	Field(s) Description	Purpose/Instructions
3	<p>Applicant Information:</p> <ul style="list-style-type: none"> • Applicant Street Name; • Applicant City; • Applicant State; • Applicant Zip Code; • Applicant Phone Number; • Applicant Email. 	<p>This information will be auto-generated from the information provided in the Application Request for Funding Allocation.</p>
Contact Information		
4	<p>Contact different than Applicant:</p> <ul style="list-style-type: none"> • Contact Name; • Contact Street Name; • Contact City; • Contact State; • Contact Zip Code; • Contact Phone #; • Contact Email. 	<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"> • Contact Name; • Contact Street Name; • Contact City; • Contact State; • Contact Zip Code; 	<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>

Item Number	Field(s) Description	Purpose/Instructions
	<ul style="list-style-type: none"> • Contact Phone #; • Contact Email. 	<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>
Spending Report		
6	SCIN	<p>Refers to unique identifier issued by online filing portal system for invoice previously submitted to Commission by filer with a reimbursement claim request. Information will be auto-populated based on information previously on-file with the Commission for the relevant period. Statutorily required to obtain information on spending from recipients to help evaluate and monitor spending of funds to safeguard against waste, fraud, and abuse.</p>
7	Invoice Number	<p>Refers to invoice number associated with SCIN that was associated with invoice previously submitted to Commission by filer with a reimbursement claim request. Information will be auto-populated based on information previously on-file with the Commission for the relevant period. Statutorily required to obtain information on spending from recipients to help evaluate and monitor spending of funds to safeguard against waste, fraud, and abuse.</p>
8	Invoice Total	<p>Refers to invoice total associated with SCIN that was associated with invoice previously submitted to Commission by filer with a reimbursement claim request. Information will be auto-populated based on information previously on-file with the Commission for the</p>

Item Number	Field(s) Description	Purpose/Instructions
		relevant period. Statutorily required to obtain information on spending from recipients to help evaluate and monitor spending of funds to safeguard against waste, fraud, and abuse.
9	Vendor Name	Refers to vendor name on SCIN invoice associated with previously submitted to Commission by filer with a reimbursement claim request. Information will be auto-populated based on information previously on-file with the Commission for the relevant period. Statutorily required to obtain information on spending from recipients to help evaluate and monitor spending of funds to safeguard against waste, fraud, and abuse.
10	<p>Did you spend the money reimbursed for this invoice as authorized by the FCC?</p> <p>Please identify the costs that were reimbursed but not spent and provide an explanation for the discrepancy.</p>	Statutorily required to obtain information on spending from recipients to help evaluate and monitor spending of funds to safeguard against waste, fraud, and abuse.
Certifications		
11	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	Certifications necessary to protect Reimbursement Program against waste, fraud, and abuse.

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