

Table of Funded Project Participants & Un

*entries highlighted in grey are examples

Administrative Role	Organization
Applicant	Provider XYZ
Applicant	State Economic Development Dept
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funded Collaborators

Street Address	City	State	Zip Code
101 Main St	Capital City	State	1010

10440-XXXX Public reporting burden for this collection of information is estimated to average one (1)

Details on Role	Scope of Work Description:	Scope of Work: Total Project Cost	Scope of Work: Federal Funding Amount Requested
	For example, Providers should list route segments by city and state	\$ 5,000,000.00	\$ 3,500,000.00
	Grant administrator and fiscal agent for the NTIA MMG program, if awarded. Will manage funds to sub-recipients.	\$ 37,000.00	\$ 37,000.00

hour or 40 minutes per response, including the time for reviewing instructions, searching existing data or

trol No. 0660-XXX Expiration Date: TBD

Applicant's In-Kind Match Valuation	Applicant's Cash match
	\$ 1,500,000.00
	\$ -

source gathering and maintaining the