



Connecting Minority Communities Pilot Program (CMC) Data Report Form

This Connecting Minority Communities Pilot Program (CMC) report form will serve as a tool to capture indicators highlighting broadband infrastructure, and adoption and use activities from the award's inception to the award's closeout. The form contains three separate reports: Baseline Report, Performance (Technical) Report, and Annual Report.

Baseline Report:

The Baseline Report is submitted once at the beginning of your project and is based on anticipated figures and schedules. You will use the Baseline Report to provide your projected goals and planned activities from the award start date to closeout. Some metrics will also ask you to provide data on the current state of your program before expending CMC grant funds. The Baseline Report is due 45 calendar days after NEPA approval.

Performance (Technical) Report:

The Performance (Technical) Report is submitted semi-annually for periods ending March 31 and September 30 and captures project performance and outcomes. You will use the Performance (Technical) Report to provide your actual completed goals and planned activities from award inception to the current reporting period. You will submit the semi-annual report twice a year until you expend all CMC grant funds, as well as upon closeout of the award. The Performance Report is due 30 calendar days after the closing period. The final closeout report is due 120 calendar days after the last Performance Technical Report.

Annual Report:

The Annual Report captures narrative data on your project. You will use the Annual Report to provide necessary information on CMC grant-funded project activities from award inception to the current reporting period. You will submit the annual report once a year until you expend all CMC grant funds. The Annual Report is due 30 calendar days after the closing period.

Click on the links below to view the report forms. Fill in NA for any indicators for which you do not collect data.

<u>Baseline Report</u> <u>Performance (Technical) Report</u> Annual Report

		TRIBAL BEGARE	AND COMMECT!	/ITV DDOCD **	A DACELINE DE	DODT				
TRIBAL BROADBAND CONNECTIVITY PROGRAM BASELINE REPORT GENERAL INFORMATION										
	Recipient Organization:									
	Recipient Street Address City, State, Zip Code					Award Identification Number:				
GENERAL	DUNS/UEI Number: Award Start Date (MM/DD/YYYY):									
G	Award End Date (MM/DD/YYYY):						sion Date (MM/DD/)	YYY):		
MUESTO	NES /KEV INDICATORS									
MILESTON	MILESTONES/KEY INDICATORS									
PROJECT I	ROJECT MILESTONE CATEGORIES									
	Please use the following table to project project element completion as a percentage of funds spent on project elements over the projected number of six year periods that the project element will take to complete. For project elements which fall into a project milestone category which is not listed on this table, please list this project element in row 1j. Other.									
		MILESTONE CATEGORIES		er 1 Period 2 - Projected		ar 2 Period 2 - Projected		ar 3	Ye Period 1 - Projected	ar 4
	1a. Overall Project		rojectu	/ 0,000.00	2		_ /ojecteu	,_ ,rojeste		
	1b. Network Design									
	1c. Equipment Procurement									
1		ed, leased, Indefeasible Rights of Use, etc.)								
	1e. Broadband Deployment									
	1f. Equipment Deployment									
	1g. Remote Learning									
	1h. Anchor Community Adoption									
	1i. Digital Skills/Workforce Development	Training								
	1j. Other (please specify):									
	Please use the following table to list your	organizational partners, the type of organization, the organization's rol	le in completion of pro	ject activities, and w	hether or not the part	iner has changed the	ir involvement or role	e in the project with	in the past six months	
		PARTNER NAME		Partner Type			Partner Role		Change in Pa	st Six Months?
2a										
	If you selected "Community Anchor Institu	ution" or "Community-Based Organization" for any of the listed partner	r organizations, please	specify.						
2b										
REMOTE I	LEARNING INFRASTRUCTURE									
	What types of technology (hardware, soft	What types of technology (hardware, software, online platforms) will be deployed to facilitate and improve remote learning infrastructure?								
		TECHNOLOGYNAME		Taskask T			fachanian S			l C+
		TECHNOLOGY NAME		Technology Type			Technology Description	UII	Tota	l Cost
3a										
	l		1			I			1	

	What types of professional development t	training will be implemented to facilitate and improve remote learning i	infrastructure and IT ma	anagement?				
		Professional Development Training Type	Number of Participants		ts	Professional Developm	ent Training Description	
3b								
ANCHOR	COMMUNITY ADOPTION							
	List the anchor community activities your	project will carry out over the course of the grant period of performance	e					
		Anchor Community Activity		Census Tract			Target Beneficiary	Target Output for the Grant Period of Performance
4a								
BROADBA	AND INTERNET AND DEVICES							
	Describe the Internet Devices which will be acquired with CMC-provided funds.				I			
	Number of Devices Purchased	Loan or Donation?		Device Type		Total Cost		Recipient
5a								
	If you defined any Device Types as "Other	," please explain.						
5b								
	Describe the Broadband Subscriptions wh	ich will be acquired with CMC-provided funds.						
	Number of Subscriptions	Provider Type	Average Cost t	o Recipient	Total Cost to Institu	ution (If Applicable)	Recipient	Speed
5с								
	Describe the Broadband Deployments whi	ich will be undertaken with CMC-provided funds.						
	Location	Location Type	Network	Туре	Deployn	nent Cost	Ongoing Cost	Description
5d								

DIGITAL SI	DIGITAL SKILLS AND WORKFORCE DEVELOPMENT									
	What types of digital skills or workforce d	evelopment will be offered?								
6a	Type of Training	Number of Participants	Participants Who Completed Training	Participa	ant Type	Training Objectives		Training Objectives Met?	College Credit Awarded?	
	Will participants be awarded a certification	n upon completion of training? If so, describe the certification.								
6b		, por competition of claiming in so, country and calculations								
MEASURE	MENT AND EVALUATION									
	Describe performance measurements whi	Describe performance measurements which will be utilized to evaluate the project's effectiveness or the benefits delivered to project beneficiaries								
	Project Purpose		Benefit		Beneficiary		How Will This Be Measured?			
7a										
			 							
	Describe performance measurements whi	ch will be utilized to evaluate the project's impact on digital equity								
	Describe performance measurements which will be utilized to evaluate the project's impact on digital equity									
		Project Purpose	Benefit		Beneficiary		How Will This Be Measured?			
7b										
75										
	Contify to the best of knowledge and bell	of that this report is correct and complete for newformance of	for the numbers set forth in the number of the	ıments						
NOI	Typed or printed name and title of Author	ef that this report is correct and complete for performance of activities t ized Certifying Official:	or the purposes set forth in the award doct	anciits.	Telephone (area cod	e, number and extension):				
CERTIFICATION	Signature of Certifying Official:				Email Address:					
CERTI					Date:					
					•					

	OMB Control No. XXX-XXXX Expiration Date:							
	CONNECTING MINORITY COMMUNITIES PILOT PROGRAM (TECHNICAL) REPORT							
GENERAL I	NFORMATION							
	Recipient Organization:							
	Recipient Street Address							
	City, State, Zip Code			Award Identification Number:				
	DUNS/UEI Number:							
GENERAL	Award Start Date (MM/DD/YYYY):							
GEN	Award End Date (MM/DD/YYYY):			Report Submission Date (MM/DD/YYYY):				
	Reporting Period Start Date (MM/DD/YYYY):			Final Report	Yes			
	Reporting Period End Date (MM/DD/YYYY):				No			
	<u> </u>							
GENERAL F	PROJECT INFORMATION							
	What key milestones have been achieved in the past six months?							
1a								
	What barriers or challenges have you encountered in the course of achieving your proje	ect milestones?						
1b								
	Please describe any issues anticipated during the next reporting period that may impact	t planned progress against t	ne project milestones. In particular, please identify any areas on	issues where technical assistance from NTIA may be	useful			
1c								
	What notable successes have been achieved in the project, thus far?							
1d								
	Please describe significant project milestones planned for completion during the next re	porting period						
1e								
.,	tati and a constitution of the							
11	Is this project a consortium project?							
OPGANIZA	TIONAL PARTNERS							
OKO/WILL								
	Please use the following table to list your organizational partners, the type of organizati	ion, the organization's role i	n competion or project activities, and whether or not the partr	ier has changed their involvement or role in the proje	ect within the past six months.			
	PARTNER NAME		Partner Type	Partner Role	Change in Past Six Months?			
2a								
	If you selected "Community Anchor Institution" or "Community-Based Organization" for	r any of the listed partner o	rganizations, please specify					
	, 500 50000000 Community Anaton institution of Community-based Organization* fol	y or the iisted partner o	gamaadons, piedse specify.					
2b								
	What barriers or challenges have you encountered in the course of working with any of	these project partners that	may impact the goals or outcomes of the project?					

2c								
REMOTE LE	EARNING INFRASTRUCTURE							
	What types of technology (hardware, software, online platforms) have you deployed to facilitate and improve remo	ote learning infrastru	cture?					
	TECHNOLOGY NAME		Technology Type	т	echnology Description	Total Cost		
3a								
	What types of professional development training have you implemented to facilitate and improve remote learning	infrastructure and IT	management?					
	Professional Development Training Type		Number of Participants		Professional Developme	ent Training Description		
3b								
0.0								
3c	What percentage of classes are currently offered remotely?							
	What percentage of classes are currently offered using a hybrid model?							
ANCHOR C	OMMUNITY ADOPTION							
	List the anchor community activities your project will carry out in the next six months, and the results of those activ	t the anchor community activities your project will carry out in the next six months, and the results of those activities.						
	Anchor Community Activity		Census Tract	Target Beneficiary		Target Output for Next Six Months		
4a								
	Please use the following table to record the requested values for indicators of community broadband adoption. Th requested.	e field "Other outcom	ne not listed here:" may be edited to recor	d an indicator of con	nmunity adoption you wish to provide to N	ITIA that may not have been specifically		
	Community Adoption Indicator	Baseline			Current			
	Number of participants enrolled in community-based							
	Number of participants who have completed community-based programs If applicable, number of participants who have obtained jobs following completion of a community-based program							
	Number of anchor community members with a broadband subscription							
	Other outcome not listed here: Did the 15-mile radius present any barriers or challenges in the delivery of services, scope of the project, project ou	tromes etc?						
	on the 22 line faults present any sum ressor timinenges in the center you service, scope of the project, project on	comes, etc.						
4c								
	How were these barriers or challenges resolved to meet the project's expected goals?							
RPOADPA*	OGARANDINTERNET AND DEVICES							

	Describe the Internet Devices which will be acquired with CMC-provided funds.								
	Number of Devices Purchased	Loaned or Donated?	Device Type			Total Cost	Recip	pient	
5a									
Ja									
	If you defined any Device Types as "Other," ple	ase explain.							
5b									
	Describe the Broadband Subscriptions which w	ill be acquired with CMC-provided funds.							
	Number of Subscriptions	Provider Type	Average Cost to Recipient	Total Cost to Institu	ution (If Applicable)	Recipient	Spe	eed	
5c									
	Describe the Broadband Deployments which w	ill be undertaken with CMC-provided funds.							
	Location	Location Type	Network Type	Deployment Cost		Ongoing Cost	Description		
5d									
	What barriers or challenges have you encounte	red in the course of implementing project elements associated with	the purchase and distribution of Internet	Devices?					
5e									
	What barriers or challenges have you encounte	red in the course of implementing project elements associated with	the purchase and distribution of broadbar	nd subscriptions?					
5f									
	What barriers or challenges have you encounte	red in the course of implementing project elements associated with	the purchase and deployment of broadba	nd networks?					
5g									
DIGITAL SI	IGITAL SKILLS AND WORKFORCE DEVELOPMENT								
	What types of digital skills or workforce develo	pment were offered?							
	Type of Training	Number of Participants	Participants Who Completed Training	Participa	ant Type	Training Objectives	Training Objectives Met?	College Credit Awarded?	
6a									
	Were participants awarded a certification upon	completion of training? If so, describe the certification and the num	ber of recipients?						

6b	66							
	What barriers or challenges have you encountered in the course of implementing project elements associated with	digital skills training?						
6с								
MEASURE	MEASUREMENT AND EVALUATION							
	Describe performance measurements utilized to evaluate the project's effectiveness or the benefits delivered to pro	oject beneficiaries						
	Project Purpose	Benefit	Beneficiary	How Was This Measured?				
7a								
,,,								
	Describe performance measurements utilized to evaluate the project's impact on digital equity							
	Project Purpose	Benefit	Beneficiary	How Was This Measured?				
7b								
	How did these activities align with your CMC project narrative goals?							
7c								
	Are these activities on track to meet these goals within the timeline? If not, what is the plan to meet these activities	s' goals within the timeline?						
7d								
	If not, what steps will be implemented to meet those goals and outcomes over the next 6 months and/or by the en	d of the period of performance?						
7e								
	Describe any best practices or lessons-learned obtained at this point in the period of performance of the project.							
7f								
	I certify to the best of knowledge and belief that this report is correct and complete for performance of activities fo Typed or printed name and title of Authorized Certifying Official:	r the purposes set forth in the award documents.						
NO	. pres or printed name and the or Authorized serin jing Official.		Telephone (area code, number and extension):					
CERTIFICATION	Signature of Certifying Official:		Email Address:					
CERT			Eman rodii 630.					
		Date:						

	OMB Control No. XXX-XXXX Expiration Date:								
	CONNECTING MINORITY COMMUNITIES PILOT PROGRAM ANNUAL REPORT								
	GENERAL INFORMATION								
	Recipient Organization:								
	Recipient Street Address		Award Identification Number:						
	City, State, Zip Code		Award Identification Number:						
RAL	DUNS/UEI Number:								
GENERAL	Project Period Start Date (MM/DD/YYYY):								
	Project Period End Date (MM/DD/YYYY):		Report Submission Date						
	Award Start Date (MM/DD/YYYY):		(MM/DD/YYYY):						
	Award End Date (MM/DD/YYYY):								
	Please describe each service provided with	grant funds (600 words or less)							
1									
	f applicable, please list subcontractors and describe how they expended funds (600 words or less)								
2									
	Please describe how the recipient and subr	ease describe how the recipient and subrecipient (if applicable) expended the funds (600 words or less)							
3									
	If applicable, please list each subrecipient t	hat received a subgrant through funding (600 words or less)							
4									
	1	certify to the best of knowledge and belief that this report is correct and complete for performance of activities for the purposes	set forth in the award document	ς.					
	Typed or printed name and title of Authoriz		Telephone (area code, number and extension):	-					
<u>8</u>			,						
FICAT	Signature of Certifying Official:		Email Address:						
CERTIFICATION	, ,								
			Date:						