

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.

Baseline Report

Performance (Technical) Report

Annual Report

OMB Control No. XXX-XXXX Expiration Date: XX/XX/20XX

CONNECTING MINORITY COMMUNITIES PILOT PROGRAM BASELINE REPORT

GENERAL	INFORMATION		
	Recipient Organization:		
	Recipient Street Address:	Award Identification Number:	
	City, State, Zip Code:	Award Identification Number.	
	DUNS/UEI Number:		
	Period of Performance Start Date (MM/DD/YYYY):		
	Period of Performance End Date (MM/DD/YYYY):	Report Submission Date (MM/DD/YYYY):	
	Reporting Period Start Date (MM/DD/YYYY):	Report Submission Date (MM/DD/1111):	
	Reporting Period End Date (MM/DD/YYYY):		

/ILESTONES/KEY INDICATORS

PROJECT MILESTONE CATEGORIES

Ĩ		Yea	r 1	Yea	ar 2	Yea	ar 3	Yea	r 4
	MILESTONE CATEGORIES	Period 1 - Projected	Period 2 - Projected	Period 1 - Projected	Period 2 - Projected	Period 1 - Projected	Period 2 - Projected	Period 1 - Projected	Period 2 - Projected
	1a. Overall Project								
	1b. Network Design								
	1c. Equipment Procurement								
1	1d. Network Build (all components - owned, 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):								

ORGANIZATIONAL PARTNERS

	Please use the following table to list your organizational partners, the type of organization, the organization's rol	e in completion of project activities, and whether or not the par	tner has changed their involvement or role in the project within the past six mont	hs.
	PARTNER NAME	Partner Type	Partner Role	Change in Past Six Months?
2a				
20				
	If you selected "Community Anchor Institution" or "Community-Based Organization" for any of the listed partner	organizations, please specify.		

²b

REMOTE LEARNING INFRASTRUCTURE

 What ypes of technology (hardware, software, online platforms) will be deployed to facilitate and improve remote learning infrastructure?
 Technology Description
 Total Cost

 Image: Software and Soft

	What types of professional development	training will be implemented to facilitate and improve remote learning i	nfrastructure and IT manager	nent?							
		Professional Development Training Type		Number of Participan	ts	Professional Developm	ent Training Descrip	ntion			
3b											
ANCHOR	INCHOR 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	Cen	sus 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 (excluding mobile phones).										
	Number of Devices	Loan or Donation?	Dev	ice Type		Total Cost	Rec	ipient			
5a	Number of Devices	Loan or Donation?	Dev	ісе Туре		Total Cost	Rec	ipient			
5a	Number of Devices	Loan or Donation?	Dev	ice Type		Total Cost	Rec	ipient			
5a	Number of Devices	Loan or Donation?	Dev	ice Type		Total Cost	Rec	ipient			
5a	Number of Devices	Loan or Donation?	Dev	ice Type		Total Cost	Rec	ipient			
5a	Number of Devices		Dev	ice Type		Total Cost	Rec	ipient			
5a 5b			Dev	ice Type		Total Cost		ipient			
			Dev			Total Cost		ipient			
	If you defined any Device Type as "Other,			ice Туре		Total Cost		ipient			
	If you defined any Device Type as "Other,	* please explain.									
	If you defined any Device Type as "Other,	Please explain.	Dev		ution (If Applicable)	Total Cost		Speed			
	If you defined any Device Type as "Other,	* please explain.			ution (If Applicable)						
5b	If you defined any Device Type as "Other,	* please explain.			ution (If Applicable)						
5b	If you defined any Device Type as "Other,	* please explain.			ution (If Applicable)						
5b	If you defined any Device Type as "Other,	* please explain.			ution (If Applicable)						
5b	If you defined any Device Type as "Other, Describe the Broadband Subscriptions where the Broadband Subscript	* please explain.			ution (If Applicable)						
5b	If you defined any Device Type as "Other, Describe the Broadband Subscriptions whether of Subscriptions Number of Subscriptions		Average Cost to Reci	pient Total Cost to Instit		Recipient		Speed			
5b	If you defined any Device Type as "Other, Describe the Broadband Subscriptions where of Subscriptions			pient Total Cost to Instit	ution (If Applicable)						
5b	If you defined any Device Type as "Other, Describe the Broadband Subscriptions whether of Subscriptions Number of Subscriptions		Average Cost to Reci	pient Total Cost to Instit		Recipient		Speed			

DIGITAL S	KILLS AND WORKFORCE DEVELOPMENT										
	What types of digital skills or workforce d	evelopment will be offered?									
	Type of Training	Number of Participants	Participants Who Completed Training	Participa	ant Type	Training Objectives	Training	g Objectives Met?	College Credit Awarded?		
6a											
	Will participants be awarded a certification	n upon completion of training? If so, describe the certification.									
6b											
MEASURE	EMENT AND EVALUATION										
	Describe performance measurements which will be utilized to evaluate the project's effectiveness or the benefits delivered to project beneficiaries.										
		Project Purpose	Benefit	Benefit		Beneficiary		How Will This	Be Measured?		
7a											
	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											
	I certify to the best of knowledge and beli	ef that this report is correct and complete for performance of activities	for the purposes set forth in the award docu	ments.							
NOL	Typed or printed name and title of Author	ized Certifying Official:	• • • • • • • • • • • • • • • • • • • •		Telephone (area cod	e, number, and extension):					
CERTIFICATION	Signature of Certifying Official:				Email Address:						
CER					Date:						

	OMB Control No. XXX-XXXX Expiration Date: XX/XX/20XX)									
		CONNECTING MINORITY COMMU	NITIES PILOT PROGRAM PERFORMANCE (T	ECHNICAL) REPORT						
GENERAL I	NFORMATION									
	Recipient Organization: Recipient Street Address: City, State, Zip Code: DUNS/UEI Number:			Award Identification Number:						
	Period of Performance Start Date (MM/DD/YYYY): Period of Performance End Date (MM/DD/YYYY):			Report Submission Date (MM/DD/YYYY):						
	Reporting Period Start Date (MM/DD/YYYY): Reporting Period End Date (MM/DD/YYYY):			Final Report	Yes					
	PROJECT INFORMATION									
	What key milestones have been achieved in th	ne past six months?								
1a										
	What barriers or challenges have you encount	ered in the course of achieving your project milestones?								
1b										
	Please describe any issues anticipated during t	the next reporting period that may impact planned progress against	the project milestones. In particular, please identify any areas	or issues where technical assistance from NTIA ma	y be useful.					
1c										
	What notable successes have been achieved ir	n the project, thus far?								
1d										
	Please describe significant project milestones	planned for completion during the next reporting period.								
1e										
1f	Is this project a consortium project?									
ORGANIZA	ITIONAL PARTNERS									
	Please use the following table to list your orga	nizational partners, the type of organization, the organization's role	in completion of project activities, and whether or not the part	rtner has changed their involvement or role in the p	project within the past six months.					
		PARTNER NAME	Partner Type	Partner Role	Change in Past Six Months?					
2a										
24										
	If you selected "Community Anchor Institution	" or "Community-Based Organization" for any of the listed partner	preanizations, please specify.							
	, you selected community Anchor institution		- Bennearalla, hierar abrenta.							
2b										
	What barriers or challenges have you encount	ered in the course of working with any of these project partners that	t may impact the goals or outcomes of the project?							

2c						
REMOTEI	LEARNING INFRASTRUCTURE					
	What types of technology (hardware, software, online platforms) have you deployed to facilitate and improve rem	note learning infrast	ructure?			
	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	g infrastructure and	IT management?			
	Professional Development Training Type		Number of Participan	ts	Professional Developm	ent Training Description
3b						
3c	What percentage of classes are currently offered remotely?					
3d	What percentage of classes are currently offered using a hybrid model?					
ANCHOR						
	List the anchor community activities your project will carry out in the next six months, and the results of those act	ivities.				
	Anchor Community Activity		Census Tract		Target Beneficiary	Target Output for Next Six Months
4a						
14						
	Please use the following table to record the requested values for indicators of community broadband adoption. Ti specifically requested.	he field "Other outco	ome not listed here:" may be edited to red	cord an indicator of c	ommunity adoption you wish to provide t	to NTIA that may not have been
	Community Adoption Indicator		Baseline		Cur	rent
4b	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 c	outcomes, etc.?				
4c	How were these barriers or challenges resolved to meet the project's expected goals?					

Notice for the state of the	BROADBA	OADBAND INTERNET AND DEVICES									
Image: second secon		Describe the Internet Devices which will be ac	quired with CMC-provided funds.								
Image: state of the sta		Number of Devices Purchased	Loaned or Donated?	Device Type			Total Cost	Recij	pient		
Image: Second	5a										
Image: Second											
Image: Second											
Image: Second											
Image: Second											
Image: Second to the defauite defau		If you defined any Device Type as "Other," ple	ase explain.								
Amather of inductydence Provider Type Average Cord to Recipient Teal Cord to instanting (fuglicitatia) Recipient Section (fuglicitatia) 1	5b										
A Image: second secon		Describe the Broadband Subscriptions which v	vill be acquired with CMC-provided funds.								
Image: Second		Number of Subscriptions	Provider Type	Average Cost to Recipient	Total Cost to Institu	ition (If Applicable)	Recipient	Spe	ed		
Image: Second											
Image: second	50										
Image: second											
Image: second											
Image: second											
Image: second		Describe the Broadband Deployments which v	l vill be undertaken with CMC-provided funds.								
Image: second											
Image: Second		Location	Location Type	Network Type	Deploym	ient Cost	Ongoing Cost	Descr	iption		
5e Image: Second Se	5d										
5e Image: Second Se											
5e Image: Second Se											
5e Image: Second Se											
5e Image: Second Se											
Mail What barriers or challenges have you encountered in the course of implementing project elements associated with the purchase and distribution of broadband subscriptions? Sf What barriers or challenges have you encountered in the course of implementing project elements associated with the purchase and deployment of broadband networks? Sf What barriers or challenges have you encountered in the course of implementing project elements associated with the purchase and deployment of broadband networks? Sf What barriers or challenges have you encountered in the course of implementing project elements associated with the purchase and deployment of broadband networks? Sf What barriers or challenges have you encountered in the course of implementing project elements associated with the purchase and deployment of broadband networks? DIGITAL SULLS AND WORKFORCE DEVELOPMENT Vitat types of digital skills or workforce development were offered? Yupe of Yraining Number of Participants Participant SWho Completed Training Participant Type Training Objectives Value of Participant type		What barriers or challenges have you encountered in the course of implementing project elements associated with the purchase and distribution of Internet Devices?									
5f What barriers or challenges have you encountered in the course of implementing project elements associated with the purchase and deployment of broadband networks? 5g What barriers or challenges have you encountered in the course of implementing project elements associated with the purchase and deployment of broadband networks? 5g DigiTAL SKULS AND WORKFORCE DEVELOPMENT What types of digital skills or workforce development were offered? Type of Training Number of Participants Participants Who Completed Training Participant Type Training Objectives Met? 0 ////////////////////////////////////	5e										
5f What barriers or challenges have you encountered in the course of implementing project elements associated with the purchase and deployment of broadband networks? 5g What barriers or challenges have you encountered in the course of implementing project elements associated with the purchase and deployment of broadband networks? 5g DigiTAL SKULS AND WORKFORCE DEVELOPMENT What types of digital skills or workforce development were offered? Type of Training Number of Participants Participants Who Completed Training Participant Type Training Objectives Met? 0 ////////////////////////////////////		What barriers or challenges have you encount	ered in the course of implementing project elements associated wit	h the purchase and distribution of broadb	and subscriptions?						
Mat barriers or challenges have you encountered in the course of implementing project elements associated with the purchase and deployment of broadband networks? 5g 5g DIGITAL SKILLS AND WORKFORCE DEVELOPMENT What types of digital skills or workforce development were offered? Type of Training Number of Participants Participants Who Completed Training Participant Type Training Objectives Training Objectives 0											
5g DIGITAL SAILUS AND WORKFORCE DEVELOPMENT DIGITAL SKILLS AND WORKFORCE DEVELOPMENT Vat types of digital skills or workforce development were offered? Image: Type of Training Number of Participants Participants Who Completed Training Participant Type Training Objectives Met? Completed Training Objectives	5f										
Image: Contract of Cont		What barriers or challenges have you encount	ered in the course of implementing project elements associated wit	h the purchase and deployment of broad	and networks?						
What types of digital skills or workforce development were offered? Type of Training Number of Participants Participants Who Completed Training Participant Type Training Objectives Training Objectives Completed Training L 0	5g										
Type of Training Number of Participants Participants Who Completed Training Participant Type Training Objectives Training Objectives Copyright Image: Completed Training Image: Completed Train	DIGITAL SI	KILLS AND WORKFORCE DEVELOPMENT									
		What types of digital skills or workforce devel	opment were offered?								
6a <th></th> <th>Type of Training</th> <th>Number of Participants</th> <th>Participants Who Completed Training</th> <th>Participa</th> <th>ant Type</th> <th>Training Objectives</th> <th>Training Objectives Met?</th> <th>College Credit Awarded?</th>		Type of Training	Number of Participants	Participants Who Completed Training	Participa	ant Type	Training Objectives	Training Objectives Met?	College Credit Awarded?		
6a											
	6a										
		1	1	1				1	1		

	Were participants awarded a certification upo	n completion of training? If so, describe the certification and the nu	mber of recipients?							
6b										
	What barriers or challenges have you encount	ered in the course of implementing project elements associated wit	h digital skills training?							
6c										
MEASURE	MENT AND EVALUATION									
	Describe performance measurements utilized	scribe performance measurements utilized to evaluate the project's effectiveness or the benefits delivered to project beneficiaries								
		Project Purpose	Benefit		Beneficiary	How Was This Measured?				
7a										
	Describe performance measurements utilized	to evaluate the project's impact on digital equity.		1						
		Project Purpose	Benefit		Beneficiary	How Was This Measured?				
7b										
	How did these activities align with your CMC p	project narrative goals?								
7c										
~										
	Are these activities on track to meet these goa	Is within the timeline? If not, what is the plan to meet these activiti	es' goals within the timeline?							
7d										
	If not, what steps will be implemented to mee	t those goals and outcomes over the next 6 months and/or by the er	nd 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										
"										
	Please provide details below on your total bud from the award start date to the end of the ap	lget and total funding expended to date for each budget element, in plicable reporting period.	cluding detailed disbursements of federal	funds obligated from project inception	through end of this reporting period. Fig	res should be reported cumulatively				
		ACTUAL BUDGET		Grant Program, Functi	ion, or Activity	Total Funds Expended				
	8a. Personnel 8b. Fringe Benefits				\$					
1	8c. Travel				\$					
	8d. Equipment				\$					
	8e. Supplies				\$					
	8f. Contractual				\$					
	8g. Construction 8h. Other				\$					
	on, odler				\$					

	8i. Total Direct Charges (sum of 13a thru 13h)			\$ -		
	8j. Indirect Charges			\$ -		
	8k. Totals (sum of 8i+8j)			\$ -		
	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 documents.					
	Typed or printed name and title of Authorized Certifying Official:		Telephone (area code, number, and extension):			
ATION			receptore (area code, number, and extension).			
5	Signature of Certifying Official:		Email Address:			
CERTII						
			Date:			
			Date.			

		OMB Control No. XXX-XXXX Expiration Date: XX/XX/202X		
		CONNECTING MINORITY COMMUNITIES PILOT PROGRAM ANNUAL REPO	RT	
		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	
1				
	If applicable, please list subcontractors and	describe how they expended funds. (600 words or less)		
2				
	Please describe how the recipient and subr	cipient (if applicable) expended the funds. (600 words or less)		
3				
5				
	16 line	extremely a sub-secret through for the 100 words called		
	ir applicable, please list each subrecipient ti	at received a subgrant through funding. (600 words or less)		
4				
	Using the Excel spreadsheet template titled	"CMC Reports Addendum". please provide an updated count of Community Anchor Institutions (CAIs) within each of the elizib	le census block groups along with	their Location ID that you connected to a
5	network in column titled '# of Units'. The lo the address(es) associated with each location	"CMC Reports Addendum", please provide an updated count of Community Anchor Institutions (CAIs) within each of the eligib cations should match and conform to the Federal Communications Commission (FCC) Broadband Serviceable Location Fabric, w n.	hich is a unique identifier the geo	graphic coordinates, and where available,
		ertify to the best of knowledge and belief that this report is correct and complete for performance of activities for the purpose		ts.
	Typed or printed name and title of Authoriz	ed Certifying Official:	Telephone (area code, number, and extension):	
NOL				
CERTIFICATION	Signature of Certifying Official:		Email Address:	
CERI				
			Date:	

BROADBAND INFRASTRUCTURE PROGRAM REPORTS ADDENDUM C

	OMB Control No. XXX-XXXX Expiration Date: TBD CONNECTING MINORITY COMMUNITIES PILOT PROGRAM ANNUAL REPORT ADDENDUM											
		NG MINORITY COMMU	NITIES PILO			INDUM						
Recipient Organization Recipient Street Addre					lentification Number: ubmission Date (MM/DD/YYYY):							
City, State, Zip Code:	1				El Number:							
Reporting Period Start Reporting Period End D	Date (MM/DD/YYYY):			Report 1	ype:	Annual Report						
Reporting Period End L												
		Community Anchor In	stitutions (CA	ls) Locations	in the Service Area							
The Location ID is the	- Fabric ID associated with the Faderal Communications					nology Availability (DATA) Act. D		4 Stat. 229 (2020)				
(codified at 47 U.S.C.	e Fabric ID associated with the Federal Communications §§ 641-646) (Broadband DATA Maps). The "location_id" made available to filers. Number of units refers to o	data element is a unique identifi	er for the location	served. A Locati	on ID should be included for each l	ocation in the Broadband Service	able Location Fabric v	when the Fabric is				
Location ID	Street Address	City	State	ZIP	Latitude	Longitude	Census Tract	# of Units				
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BROADBAND INFRASTRUCTURE PROGRAM REPORTS ADDENDUM C

CERTIFICATION	l certify to the best of knowledge and belief that this re Typed or printed name and title of Authorized Certifying Official:	eport is correct and complete for performance of activities for the purposes set forth in the av				rard documents. Telephone (area code, number and extension):	
	Signature of Certifying Official:					Email Address:	
						Date:	