

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
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.

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3	Applicant Information: <ul style="list-style-type: none"> • Applicant Street Name; • Applicant City; • Applicant State; • Applicant Zip Code; • Applicant Phone Number; • Applicant Email. 	This information will be auto-generated from the information provided in the Application Request for Funding Allocation.
Contact Information		
4	Contact different than Applicant: <ul style="list-style-type: none"> • Contact Name; • Contact Street Name; • Contact City; • Contact State; • Contact Zip Code; • Contact Phone #; • Contact Email. 	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.
5	Contact same as Applicant: <ul style="list-style-type: none"> • Contact Name; • Contact Street Name; • Contact City; • Contact State; • Contact Zip Code; 	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.

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	<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>
Explanation of Effort and Availability of Commercial Equipment		
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>
Program Compliance		
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 all covered communications equipment or services that were in the recipient's network as of the date of the submission of the recipient's application request for funding.</p>	<p>Statutorily required to obtain this information from recipient and to assess level of project completion among recipients.</p>

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	<p>If recipient has not yet completed the removal process, what estimated percentage of the removal process have you completed.</p>	
10	<p>Indicate whether recipient has replaced all covered communications equipment or services that were in the recipient's network as of the date of the submission of the recipient's application request for funding.</p> <p>If recipient has not yet completed the replacement process, what estimated percentage of the replacement process have you completed.</p>	<p>Statutorily required to obtain this information from recipient and to assess level of project completion among recipients.</p>
11	<p>Indicate whether recipient has disposed of all covered communications equipment or services that were in the recipient's network as of the date of the submission of the recipient's application request for funding.</p> <p>If recipient has not yet completed the disposal process, what estimated percentage of the disposal process have you completed.</p>	<p>Statutorily required to obtain this information from recipient and to assess level of project completion among recipients.</p>
12	<p>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.</p>	<p>Statutorily required to obtain this information from recipient and to assess level of project completion among recipients.</p>

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Certifications		
13	<p>By checking the box and providing the electronic signature where indicated below, the Certifying Official on behalf of the filer certifies under penalty of perjury that:</p> <p>(1) The Certifying Official is authorized to submit this status report on behalf of the above-named filer and, based on information known to me or provided to me by employees responsible for the information being submitted, the information set forth in this status report has been examined and is true, accurate, and complete, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. The Certifying Official acknowledges that any false, fictitious, or fraudulent information or statement, or the omission of any material fact on this status report or on any other document submitted by filer may subject the filer and the undersigned to punishment by fine or forfeiture under the Communications Act (47 U.S.C. §§ 502, 503(b), 1606), or fine or imprisonment under Title 18 of the United States Code (18 U.S.C. § 1001, §§ 286-287, and § 1343), or can lead to liability under the</p>	<p>Certifications necessary to protect Reimbursement Program against waste, fraud, and abuse.</p>

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	<p>False Claims Act (31 U.S.C. §§ 3729-3733, and §§ 3801-3812).</p> <p>(2) The filer is in compliance with the statute, rules, and orders governing the Reimbursement Program, including but not limited to allocations, draw downs, payments, obligations and expenditures of money, and the Certifying Official acknowledges that failure to be in compliance and remain in compliance with those statutes, rules, and orders may result in the denial of funding, cancellation of funding commitments, and/or recoupment of past disbursements. The Certifying Official acknowledges that the filer will maintain detailed records, including receipts, of all costs eligible for reimbursement actually incurred for a period of 10 years; and will file all required documentation for its expenses. The Certifying Official acknowledges that failure to comply with the statute, rules, and orders governing the Reimbursement Program could result in civil or criminal prosecution by law enforcement authorities.</p>	
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.

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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.