

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.

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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>

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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>
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>

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		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	Please indicate what existing covered communications equipment or service was removed, replaced, or disposed of using funds from this invoice. If this invoice was used to purchase replacement communications equipment or services, please indicate what equipment or service was purchased.	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	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:	Certifications necessary to protect Reimbursement Program against waste, fraud, and abuse.

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	<p>(1) The Certifying Official is authorized to submit this spending 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 spending 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 spending report or on other documents 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 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,</p>	

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	<p>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>	
12	Certifying Official Name	Name of certifying official.
13	Certifying Official Title	Job title of certifying official.
14	Certifying Official Phone Number	Phone number of the certifying official.
15	Certifying Official Email Address	Email address of the certifying official.
16	Certifying Date Signed	The date on which the filing is certified will be auto-generated.