



OMB Control No. ####-#### Expiratio

PUBLIC WIRELESS SUPPLY CHAIN INNOVATION

GENERAL INFORMATION

GENERAL	Recipient Organization:	Report Per
	Recipient Street Address:	Report Per
	City, State, Zip Code:	Period of F
	UEI Number:	Report Sul
	Period of Performance Start Date (MM/DD/YYYY):	
	Award Identification Number:	

BASELINE EXPENDITURE PLAN

Please use the table provided to report your projected totals for each reporting period within each year of your project. You should begin

BASELINE EXPENDITURE PLAN	2023		20	
	Quarter 3	Quarter 4	Quarter 1	Quarter 2

BASELINE EXPENDITURE PLAN		Projected	Cumulative Total	Projected	Cumulative Total	Projected	Cumulative Total	Projected	Cumulative Total
1	1a. Personnel		\$ -		\$ -		\$ -		\$ -
	1b. Fringe Benefits		\$ -		\$ -		\$ -		\$ -
	1c. Travel		\$ -		\$ -		\$ -		\$ -
	1d. Equipment		\$ -		\$ -		\$ -		\$ -
	1e. Supplies		\$ -		\$ -		\$ -		\$ -
	1f. Contractual		\$ -		\$ -		\$ -		\$ -
	1g. Construction		\$ -		\$ -		\$ -		\$ -
	1h. Other		\$ -		\$ -		\$ -		\$ -
	1i. Total Direct Charges (sum of 1a-1h)		\$ -		\$ -		\$ -		\$ -
	1j. Indirect Charges		\$ -		\$ -		\$ -		\$ -
	1k. TOTALS (sum of 1i and 1j)		\$ -		\$ -		\$ -		\$ -
	1l. Program Income		\$ -		\$ -		\$ -		\$ -

WORK PLAN

2a. The plan should indicate what research will be done, where it will be done, and how the research will be carried out. The method(s) industry adoption of a successfully

MILESTONE PLAN

Each recipient shall provide a quarterly milestone plan of project activities. The duration of each milestone should align with recipient's a

MILESTONE PLAN	2023		20	
	Quarter 3	Quarter 4	Quarter 1	Quarter 2
3a. T&E event(s)				
3b. T&E event(s) - Major Planning				
3c. T&E events - After Action				
3d. Additional Area (Optional)				
3e. Additional Area (Optional)				
3f. Additional Area (Optional)				
3g. Additional Area (Optional)				

3h. Any additional detail important to describe the work plan above.

PARTNERING AND COLLABORATION

Please list all projected funded and unfunded collaborators in table below including consultants, collaborators and subrecipients.

Consultants, Collaborators and Subrecipients

4

Collaborator Organization Type

Collaborator Organization Name

FACILITIES AND EQUIPMENT

Describe proposed facilities and equipment, including total capacity for testing events. Please provide an itemized list of any major equipment.

Facilities

5

Proposed Facilities

Equipment

Proposed Equipment

CERTIFICATION

I certify to the best of my knowledge and belief that this report is correct and complete for performance of activities for the purposes set

Typed or printed name and title of Authorized Certifying Official:

Signature of Certifying Official:

Agency Disclosure Notice: This information collection is authorized by [OMB control #0660-XXXX]. Public reporting burden for this collection of information is estimated to average 1 hour per response, including reviewing existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any aspect of this collection of information, including suggestions for reducing this burden, to U.S. Department of Commerce, (Carolyn Dunn, Grants Director, Innovation Fund, Office of International Affairs, National Telecommunications and Information Administration, 4800 Lees Ferry Road, Suite 2000, Washington, DC 20230). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to provide information if it does not affect any agency's operations.

Award Date: MM/DD/YYYY
FUND PROGRAM BASELINE REPORT
Period Start Date (MM/DD/YYYY):
Period End Date (MM/DD/YYYY):
Performance End Date (MM/DD/YYYY):
Commission Date (MM/DD/YYYY):

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projecting in the quarter that corresponds with your award date. The total for each quarter is based on the expenditure of your project budget and s

24	2025						
Quarter 3	Quarter 4	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Quarter 1	

Projected	Cumulative Total	Projected	Cumulative Total	Projected	Cumulative Total	Projected	Cumulative Total	Projected	Cumulative Total	Projected	Cumulative Total	Projected	Cumulative Total
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) planned to achieve each objective or task should be discussed in detail. This shall also include steps to be taken to promote developed test method.

and Subrecipients

Organization Name	Collaborator POC Name

ment required to complete the work described.

Total Capacity for Testing Events

forth in the award documents.
Telephone (area code, number and extension):
Email Address:
Date:

formation is estimated to average 20 hours [or 1,200 minutes] per response, including the time for reviewing instructions, comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing communications and Information Administration, U.S. Department of Commerce, 1401 Constitution Avenue, NW, Room 4701, for failing to comply with a collection of information if it does not display a currently valid OMB control number.



should be reported individually for that quarter.

2026			2027			
Quarter 2	Quarter 3	Quarter 4	Quarter 1	Quarter 2	Quarter 3	Quarter 4



2026			2027			
Quarter 2	Quarter 3	Quarter 4	Quarter 1	Quarter 2	Quarter 3	Quarter 4



2028		TOTAL
Quarter 1	Quarter 2	TOTAL

2028	
Quarter 1	Quarter 2



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BASELINE EXPENDITURE PLAN

Please use the table provided to report your projected totals for each reporting period within each year of your project. You should begin

BASELINE EXPENDITURE PLAN	2023				20			
	Quarter 3		Quarter 4		Quarter 1		Quarter 2	
	Projected	Cumulative Total	Projected	Cumulative Total	Projected	Cumulative Total	Projected	Cumulative Total
1a. Personnel		\$ -		\$ -		\$ -		\$ -

1	1b. Fringe Benefits		\$ -		\$ -		\$ -		\$ -
	1c. Travel		\$ -		\$ -		\$ -		\$ -
	1d. Equipment		\$ -		\$ -		\$ -		\$ -
	1e. Supplies		\$ -		\$ -		\$ -		\$ -
	1f. Contractual		\$ -		\$ -		\$ -		\$ -
	1g. Construction		\$ -		\$ -		\$ -		\$ -
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	1i. Total Direct Charges (sum of 1a-1h)		\$ -		\$ -		\$ -		\$ -
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	1k. TOTALS (sum of 1i and 1j)		\$ -		\$ -		\$ -		\$ -
	1l. Program Income (if applicable)		\$ -		\$ -		\$ -		\$ -

WORK PLAN

2a. The plan should indicate what research will be done, where it will be done, and how the research will be carried out. The method(s) industry adoption of a successfully

2

PARTNERING AND COLLABORATION

Please list all projected funded and unfunded collaborators in table below including consultants, collaborators, and subrecipients.

Consultants, Collaborators,

Organization Type

Organizat

3

KEY INDIVIDUALS

Identify key individuals directly involved in R&D, including related education, experience, and publications.

Key Individu

Name of Key Individual

Related Educatio

4

CERTIFICATION

I certify to the best of my knowledge and belief that this report is correct and complete for performance of activities for the purposes set

Typed or printed name and title of Authorized Certifying Official:

Signature of Certifying Official:

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) planned to achieve each objective or task should be discussed in detail. This shall also include steps to be taken to promote developed test method.

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and Subrecipients

ion Name	POC Name

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n and Experience	Publications



forth in the award documents.

Telephone (area code, number and extension):

Email Address:

Date:

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2028				TOTAL
Quarter 1		Quarter 2		TOTAL EXPENDITURES
Projected	Cumulative Total	Projected	Cumulative Total	
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