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:	
	Period of Performance Start Date (MM/DD/YYYY):	Report Sub
	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

2	

MILESTONE PLAN

3	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

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

Consultants, Collaborators a

Collaborator Organization Type	Collaborator Org

FACILITIES AND EQUIPMENT

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

Facilities

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 in
searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send co
this burden, to U.S. Department of Commerce, (Carolyn Dunn, Grants Director, Innovation Fund, Office of International Affairs, National Telecomm
Washington, DC 20230). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty

n Date: MM/DD/YYYY

FUND PROGRAM BASELINE REPORT

iod Start Date (MM/DD/YYYY):

iod End Date (MM/DD/YYYY):

erformance End Date (MM/DD/YYYY):

omission Date (MM/DD/YYYY):

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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	$ -		$ -		$ -		$ -		$ -		$ -		$ -
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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.

pproved project and occur within the period of performance as outlined in the recipient's award document.

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

and Subrecipients	
ganization Name	**Collaborator POC Name**
ment required to complete the work described.	
Total Capacity for Testing Events	
t	

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,
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should be reported individually for that quarter.

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

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

2028		TOTAL
Quarter 1	Quarter 2	

Projected	Cumulative Total	Projected	Cumulative Total	TOTAL EXPENDITURES
	$ -		$ -	$ -
	$ -		$ -	$ -
	$ -		$ -	$ -
	$ -		$ -	$ -
	$ -		$ -	$ -
	$ -		$ -	$ -
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	$ -		$ -	$ -
	$ -		$ -	$ -
	$ -		$ -	$ -
	$ -		$ -	$ -

2028	
Quarter 1	Quarter 2

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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)		$ -		$ -		$ -		$ -
	1j. Indirect Charges		$ -		$ -		$ -		$ -
	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

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

Consultants, Collaborators,	
Organization Type	Organizat

KEY INDIVIDUALS

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

Key Individu	
Name of Key Individual	Related Educatio

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:
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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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2026						2027							
Quarter 2		Quarter 3		Quarter 4		Quarter 1		Quarter 2		Quarter 3		Quarter 4	
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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2028				TOTAL
Quarter 1		Quarter 2		
Projected	Cumulative Total	Projected	Cumulative Total	TOTAL EXPENDITURES
	$ -		$ -	$ -

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