



Public Wireless Supply Chain Innovation Fund Grant Program Bi-Annual Performance Progress Report Form

This form will serve as a tool to capture the Public Wireless Supply Chain Innovation Fund Grant Program Bi-Annual Performance Progress Report.

The report for the Public Wireless Supply Chain Innovation Fund Grant Program is due on a biannual basis for the periods ending March and September of each year. Reports will be due within 30 days after the end of the reporting period.

If you have any further questions, or require technical assistance, please reach out to your assigned Federal Program Officer.



Note: Form instructions and definitions will be created to support the report. Instructional guidance and training will be developed. Numbering to be updated based on final approved form.

RECIPIENT NAME:

OMB Control No.
 Expiration Date:

Public Wireless Supply Chain Innovation Fund (PWSCIF) Program Bi-Annual Performance Progress Report

1. GENERAL INFORMATION

GENERAL	1a. Recipient Organization:		1h. Award Identification Number:	
	1b. Recipient Street Address:		1i. Report Date (MM/DD/YYYY):	
	1c. City, State, and Zip Code:		1j. Final Report:	Yes <input type="checkbox"/>
	1d. Unique Entity Identification (UEI) Number:		1k. Report Period Start Date (MM/DD/YYYY):	
	1e. Award Start Date (MM/DD/YYYY):		1l. Report Period End Date (MM/DD/YYYY):	
	1f. Award End Date (MM/DD/YYYY):			
	1g. Name and Title of Person Completing Report:			

2. ACCOMPLISHMENTS

ACCOMPLISHMENTS	2a. What were the major goals and objectives of this project?	
	2b. What was accomplished under these goals?	
	2c. What opportunities for training and professional development has the project provided?	
	2d. How were the results disseminated to communities of interest?	
	2e. What do you plan to do during the next reporting period to accomplish the goals and objectives?	
	2f. Are there any technical assistance areas where NTIA may be able to provide support?	

3. CHANGES/PROBLEMS

CHANGES/PROBLEMS	3a. Describe any changes in approach from what was proposed and reasons for change.	
	3b. Describe any actual or anticipated problems or delays and actions or plans to resolve them.	
	3c. Identify any changes that had a significant impact on expenditures.	
	3d. Describe any change in primary performance site location from that originally proposed	

4. PROGRESS EXPENDITURE REPORT

Please use the table provided to report your actual totals for each reporting period of your project to date. You should begin 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 should be reported individually for that quarter.

	YEAR 1				YEAR 2				YEAR 3				YEAR 4				YEAR 5		
	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Quarter 1	Quarter 2	Quarter 3

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Budget Category	Actual	Actual	Actual	Actual	Cumulative Total	Actual	Actual	Actual	Actual	Cumulative Total	Actual	Actual	Actual	Actual	Cumulative Total	Actual	Actual	Actual	Actual	Cumulative Total	Actual	Actual	Actual
	4a. Personnel					\$ -					\$ -					\$ -					\$ -		
4b. Fringe Benefits					\$ -					\$ -					\$ -					\$ -			
4c. Travel					\$ -					\$ -					\$ -					\$ -			
4d. Equipment					\$ -					\$ -					\$ -					\$ -			
4e. Supplies					\$ -					\$ -					\$ -					\$ -			
4f. Contractual					\$ -					\$ -					\$ -					\$ -			
4g. Construction					\$ -					\$ -					\$ -					\$ -			
4h. Other					\$ -					\$ -					\$ -					\$ -			
4i. Total Direct Charges (sum of 4a-4h)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4j. Indirect Charges					\$ -					\$ -					\$ -					\$ -			
4k. TOTALS (sum of 4i and 4j)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4l. Program Income (if applicable)					\$ -					\$ -					\$ -					\$ -			
4m. Cost Share					\$ -					\$ -					\$ -					\$ -			

5. PARTNERING & OTHER COLLABORATING ORGANIZATIONS

PARTNERING & OTHER COLLABORATING ORGANIZATIONS	5a. What individuals have worked on this project during this reporting period?	
	5b. Has there been a change in the current level of support of the PD/PI(s) or senior/key personnel since the last reporting period?	
	5c. What other organizations have been involved as partners?	
	5d. Have other collaborators or contacts been involved?	

List subrecipient(s) that received a subaward or subcontract from the eligible entity and a description of the specific project for which grant funds were provided. Add additional rows as necessary to report on all subrecipients.

Subrecipients and Subawards							
5e. Subrecipient Name	5f. Subaward Description	5g. Subrecipient Entity Type	5h. Socially and Economically Disadvantaged Individual (SEDI) Owned Business	5i. Women's Business Enterprise	5j. Labor Surplus Area Firm	5k. Awarded Fu	
			Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes	
			Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes	
			Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes	
			Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes	

6. FACILITIES AND EQUIPMENT -

Describe facilities used during the reporting period, including total capacity for testing events. Describe equipment acquired and/or used during the reporting period. Add more rows as necessary to report on all facilities and/or equipment.

Facilities			
6a. Facility Name	6b. Facility Description		6c. Total Capacity
Equipment			
6d. Equipment Name	6e. Acquired this Reporting Period?	6f. Description of Equipment Acquired or Used	

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	Yes	<input type="checkbox"/>
	Yes	<input type="checkbox"/>
	Yes	<input type="checkbox"/>
	Yes	<input type="checkbox"/>

7. IMPACT

IMPACT	7a. What was the impact on the development of the principal discipline(s) of the project?	
	7b. What was the impact on other disciplines?	
	7c. What was the impact on the development of human resources?	
	7d. What was the impact on physical, institutional, and information resources that form infrastructure?	
	7e. What was the impact on technology transfer?	
	7f. What percentage of the award's budget was spent in foreign country(ies)?	

8. PRODUCTS

PRODUCTS	8a. Describe any publications, conference papers, and presentations resulting from this project.	
	8b. Describe any technologies or techniques resulting from this project.	
	8c. Describe any inventions, patent applications, and/or licenses resulting from this project.	
	8d. Describe any other products resulting from this project.	

9. PROJECT OUTCOMES

PROJECT OUTCOMES	9a. What were the outcomes of the award?	
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10. TEST CASE(S)

List test case(s) performed during the reporting period, and characterize how this test case relates to project progress and performance.
Add additional rows as necessary to report on all test cases performed during the reporting period.

Test Cases								
10a. Test case name	10b. Test case description	10c. Is this work ongoing?	10d. If yes, provide estimated date of completion	10e. Number of times test was performed	10f. Number of times test was successful	10g. Average number of participants	10h. Describe the progress of this test case towards technical goals stated in the NOFO section 3.3.1.b.1, highlighting progress towards Open RAN testing & evaluation availability, affordability and/or accessibility.	10i. Describe how security of test cases aligns with federal cybersecurity guidance and industry standards (e.g., 3pp, etc.).
		Yes <input type="checkbox"/>						

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TEST CASE(S)		Yes	<input type="checkbox"/>					
		Yes	<input type="checkbox"/>					
		Yes	<input type="checkbox"/>					
		Yes	<input type="checkbox"/>					

11. TECHNICAL PERFORMANCE METRIC(S)

List technical performance data collected during this period of performance and provide a description of what the data demonstrates regarding your projects' progress and/or performance. Indicate if this data deviates at all from what was submitted in your technical proposal and if it has been submitted to NTIA.

Technical Performance Metric(s)

11a. Technical performance metric	11b. Have you submitted associated dataset to NTIA?	11c. If no, explain why it has not been submitted to NTIA	11d. If no, provide an estimated date you will submit this data to NTIA (MM/DD/YYYY)	11e. What is your target for this performance metric? (expressed in same terms as data)	11f. Do the results demonstrated by this metric deviate from your target?	11g. Provide comparison to legacy performance of previous test cases/research (when possible)
	Yes <input type="checkbox"/>				Yes <input type="checkbox"/>	
	Yes <input type="checkbox"/>				Yes <input type="checkbox"/>	
	Yes <input type="checkbox"/>				Yes <input type="checkbox"/>	
	Yes <input type="checkbox"/>				Yes <input type="checkbox"/>	
	Yes <input type="checkbox"/>				Yes <input type="checkbox"/>	

12. CERTIFICATIONS

I 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.

CERTIFICATIONS	12a. Typed or Printed Name and Title of Authorized Certifying Official:		12c. Telephone (area code, number and extension):	
			12d. Email Address:	
	12b. Signature of Certifying Official:		12e. Date (MM/DD/YYYY):	