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.)

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Item Number	Field(s) Description	Purpose/Instructions
3	 Applicant Information: 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.
	nformation	
4	 Contact different than Applicant: 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: 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.

Item Number	Field(s) Description	Purpose/Instructions
	Contact Phone #;	This information will be auto-generated from the information provided
	Contact Email.	in the Application Request for Funding Allocation but filer will have the
		opportunity to change information to designate a different contact for the filing.
Explanation	on of Effort and Availability of Commercial Equipment	
6	Provide explanation of efforts undertaken, and challenges	Statutorily required to obtain this information from recipient to help
	encountered, in permanently removing, replacing, and	evaluate replacement equipment availability and any other challenges
	disposing of covered communications equipment or	to completing the removal, replacement, and disposal process.
	service.	
7	Explain whether you are finding commercially available	Statutorily required to obtain this information from recipient to help
	equipment in the marketplace. If not, then explain	evaluate replacement equipment availability and any other challenges
	efforts taken to obtain replacement equipment.	to completing the removal, replacement, and disposal process.
Program (Compliance	
8	Indicate whether recipient has fully complied with (or is	Statutorily required to obtain this information from recipient.
	in the process of complying with) all requirements of the	
	Reimbursement Program.	
9	Indicate whether recipient has permanently removed	Statutorily required to obtain this information from recipient and to
	from its communications network all covered	assess level of project completion among recipients.
	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.	

Item Number	Field(s) Description	Purpose/Instructions
	If recipient has not yet completed the removal process, what estimated percentage of the removal process have you completed.	
10	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. If recipient has not yet completed the replacement process, what estimated percentage of the replacement process have you completed.	Statutorily required to obtain this information from recipient and to assess level of project completion among recipients.
11	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. If recipient has not yet completed the disposal process, what estimated percentage of the disposal process have you completed.	Statutorily required to obtain this information from recipient and to assess level of project completion among recipients.
12	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.	Statutorily required to obtain this information from recipient and to assess level of project completion among recipients.

Item	Field(s) Description	Purpose/Instructions
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Certificat	ions	
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13	By checking the box and providing the electronic	Certifications necessary to protect Reimbursement Program against
	signature where indicated below, the Certifying Official	waste, fraud, and abuse.
	on behalf of the filer certifies under penalty of perjury	
	that:	
	(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	

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	False Claims Act (31 U.S.C. §§ 3729-3733, and	
	§§ 3801-3812).	
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	(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.	
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.

Item	Field(s) Description	Purpose/Instructions
Number		
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.
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