

RECIPIENT NAME:City of Williamstown

AWARD NUMBER: NT10BIX5570058

DATE: 05/12/2011

OMB CONTROL NUMBER: 0660-0037

EXPIRATION DATE: 12/31/2013

### QUARTERLY PERFORMANCE PROGRESS REPORT FOR BROADBAND INFRASTRUCTURE PROJECTS

#### General Information

<b>1. Federal Agency and Organizational Element to Which Report is Submitted</b>  Department of Commerce, National Telecommunications and Information Administration	<b>2. Award Identification Number</b>  NT10BIX5570058	<b>3. DUNS Number</b>  156339889
<b>4. Recipient Organization</b>  City of Williamstown 400 N. Main Street, Williamstown, KY 41097-0126		
<b>5. Current Reporting Period End Date (MM/DD/YYYY)</b>  03-31-2011	<b>6. Is this the last Report of the Award Period?</b>  <input type="radio"/> Yes <input checked="" type="radio"/> No	
<b>7. 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 forth in the award documents.</b>		
<b>7a. Typed or Printed Name and Title of Certifying Official</b>  Chuck Hudson	<b>7c. Telephone (area code, number and extension)</b>  X	
	<b>7d. Email Address</b>  chudson@wtownky.org	
<b>7b. Signature of Certifying Official</b>  Submitted Electronically	<b>7e. Date Report Submitted (MM/DD/YYYY):</b>  05-12-2011	

**Project Indicators (This Quarter)**

**1. Please describe significant project accomplishments completed during this quarter (600 words or less).**

We are well ahead of the baselines mainly due to having little to no issues this quarter, the contractor has made good progress and caught us up to and ahead of our baselines. They have installed about 95 percent of the fiber and approximately 50 percent of the equipment.

**2. Please provide the percent complete for the following key milestones in your project. Write "0" in the Percent Complete column and "N/A" in the Narrative column if your project does not include this activity. If you provided additional milestones in your baseline plan, please insert them at the bottom of the table. Unless otherwise indicated in the instructions, figures should be reported cumulatively from award inception to the end of the most recent reporting quarter. Please provide a narrative description if the percent complete is different from the target provided in your baseline plan (300 words or less).**

	Milestone	Percent Complete	Narrative (describe reasons for any variance from baseline plan or subsequent written updates provided to your program officer)
2a.	Overall Project	55	Contractor has not yet invoiced us for work done.
2b.	Environmental Assessment	0	N/A
2c.	Network Design	100	No variance from baseline
2d.	Rights of Way	100	No variance from baseline
2e.	Construction Permits and Other Approvals	100	No variance from baseline
2f.	Site Preparation	0	N/A
2g.	Equipment Procurement	71	Some of the electronics are back-ordered and we have not been invoiced for everything yet.
2h.	Network Build (all components - owned, leased, IRU, etc)	80	Ahead of baseline due to contractors abilities and few obstacles.
2i.	Equipment Deployment	50	No variance from baseline
2j.	Network Testing	0	No variance from baseline
2k.	Other (please specify):		

**3. To the extent not covered above, please describe any challenges or issues faced during this past quarter in achieving planned progress against the project milestones listed above. In particular, please identify any areas or issues where technical assistance from the BTOP program may be useful (600 words or less).**

Our only issues this quarter has been the weather which obviously is beyond any ones control, even with the weather we were able to get ahead of our baseline.

**4. Please report the following information regarding network build progress. Write "0" in the Total column and "N/A" in the Narrative column if your project does not include this activity. Unless otherwise indicated in the instructions, figures should be reported cumulatively from award inception to the end of the most recent reporting quarter. Please provide a narrative description if the total is different from the target provided in your baseline plan (600 words or less).**

Indicator	Total	Narrative (describe your reasons for any variance from the baseline plan or any other relevant information)
New network miles deployed	23	Ahead of baseline due to contractors abilities and few obstacles.
New network miles leased	0	N/A
Existing network miles upgraded	0	N/A
Existing network miles leased	0	N/A
Number of miles of new fiber (aerial or underground)	23	Ahead of baseline due to contractors abilities and few obstacles.
Number of new wireless links	0	N/A
Number of new towers	0	N/A

Indicator	Total	Narrative (describe your reasons for any variance from the baseline plan or any other relevant information)
Number of new and/or upgraded interconnection points	0	N/A

For questions 5 and 6 please include information relating to agreements that you are negotiating or have entered into, or that your sub recipient, contractor or subcontractor is negotiating or entered into.

5a. If applicable, please provide the following information with regard to agreements with broadband wholesalers and/or last mile providers as a result of your project.

Indicators	
Number of signed agreements with broadband wholesalers or last mile providers	0
Number of agreements currently being negotiated with broadband wholesalers or last mile providers	0
Average term of signed agreements (in quarters)	0

5b. Please list the names of the wholesale and last mile providers with whom you have signed agreements (100 words or less). Providers: N/A

5c. What wholesale services are being provided by this project? Please describe below. As an attachment to this report, please provide pricing plans (in \$ per month) associated with each wholesale service provided by your product (100 words or less). Wholesale services description:

At this time we have no plans of offering wholesale services, will address is there is request however we do not anticipate any from area served.

5d. If you have designated a third party to operate all or a portion of your network, please provide the name and contact information for this third party, indicate if this entity is a sub recipient, contractor, and/or subcontractor, and describe with specificity the portion of your network this this third party operates (600 words or less).

N/A We (Grant Recipient) will operate all of the network.

6. Please provide the data according to the type of subscriber. Write "0" in the Total column and "N/A" in the Narrative column if your project does not pass or serve a particular subscriber type. Unless otherwise indicated in the instructions, figures should be reported cumulatively from award inception to the end of the most recent reporting quarter. Please provide a narrative description if the total is different from the target provided in your baseline plan (300 words or less).

Subscriber Type	Access Type	Total	Narrative (describe your reasons for any variance from the baseline plan or any other relevant information)
Broadband Wholesalers or Last Mile Providers	Providers with signed agreements receiving new access	0	N/A
	Providers with signed agreements receiving improved access	0	N/A
	Providers with signed agreements receiving access to dark fiber	0	N/A
	Please identify the speed tiers that are available and the number of subscribers for each	0	N/A
Community Anchor Institutions (including Government institutions)	Total subscribers served	0	No variance, Network not yet completed.
	Subscribers receiving new access	0	No variance, Network not yet completed.

Subscriber Type	Access Type	Total	Narrative (describe your reasons for any variance from the baseline plan or any other relevant information)
	Subscribers receiving improved access	0	No variance, Network not yet completed.
	Please identify the speed tiers that are available and the number or subscribers for each	0	No variance, Network not yet completed.
Residential / Households	Entities passed	640	We have constructed fiber in front of 640 homes, the 640 is part of the 662 total in baseline. Contractor is ahead of schedule for miles constructed.
	Total subscribers served	0	No variance, Network not yet completed.
	Subscribers receiving new access	0	No variance, Network not yet completed.
	Subscribers receiving improved access	0	No variance, Network not yet completed.
	Please identify the speed tiers that are available and the number of subscribers for each	0	No variance, Network not yet completed.
Businesses	Entities passed	33	We have constructed fiber in front of 33 businesses which is the 33 total from baseline. Contractor is ahead of schedule for miles constructed
	Total subscribers served	0	No variance, Network not yet completed.
	Subscribers receiving new access	0	No variance, Network not yet completed.
	Subscribers receiving improved access	0	No variance, Network not yet completed.
	Please identify the speed tiers that are available and the number of subscribers for each	0	No variance, Network not yet completed.

**7. Please describe any special offerings you may provide (600 words or less).**

N/A network not yet completed

**8a. Have your network management practices changed over the last quarter?**  Yes  No

**8b. If so, please describe the changes (300 words or less).**

N/A

**9. Community Anchor Institutions:**

Using the table below, please provide a list by service area of the community anchor institutions (including Government institutions) connected to your network as a result of BTOP funds. Figures should be reported for the most recent reporting quarter only (NOT cumulatively). Also indicate whether your organization is currently providing broadband service to the anchor institution. Finally, provide a short narrative description with examples of how institutions are using BTOP-funded infrastructure (300 words or less).

Institution Name	Service Area (town or county)	Type of Anchor Institution (as defined in your baseline)	Are you also the broadband service provider for this institution? (Yes / No)	Narrative description of how anchor institutions are using BTOP-funded infrastructure
0	0	0	0	Network not yet completed

**Project Indicators (Next Quarter)**

**1. Please describe significant project accomplishments planned for completion during the next quarter (600 words or less).**

We are planning on having 100 percent of the fiber installed along with all taps and electronics in the outside plant installed and be at least 50 percent tested.

2. Please provide the percent complete for the following key milestones in your project. Write "0" in the Planned Percent Complete column and "N/A" in the Narrative column if your project does not include this activity. If you provided additional milestones in your baseline plan, please insert them at the bottom of the table. Unless otherwise indicated in the instructions, figures should be reported cumulatively from award inception to the end of the next reporting quarter. Please provide a narrative description if the percent complete is different from the target provided in your baseline plan (300 words or less).

	Milestone	Planned Percent Complete	Narrative (describe reasons for any variance from baseline plan or any other relevant information)
2a.	Overall Project	99	No variance from baseline
2b.	Environmental Assessment	0	N/A
2c.	Network Design	100	No variance from baseline
2d.	Rights of Way	100	No variance from baseline
2e.	Construction Permits and Other Approvals	100	No variance from baseline
2f.	Site Preparation	0	N/A
2g.	Equipment Procurement	100	No variance from baseline
2h.	Network Build (all components - owned, leased, IRU, etc.)	100	No variance from baseline
2i.	Equipment Deployment	100	No variance from baseline
2j.	Network Testing	70	No variance from baseline
2k.	Other (please specify):	0	N/A

3. Please describe any challenges or issues anticipated during the next quarter that may impact planned progress against the project milestones listed above. In particular, please identify any areas or issues where technical assistance from the BTOP program may be useful (600 words or less).

None Anticipated.

**Infrastructure Budget Execution Details**

**Activity Based Expenditures (Infrastructure)**

1. Please provide details below on your total budget, cumulative actual expenditures (for the period ending the current quarter), and cumulative anticipated expenditures (for the period ending next quarter) for each line item, including detailed disbursements of both matching funds and federal funds from project inception through end of this quarter (actual) or next quarter (anticipated). Actual and anticipated figures should be reported cumulatively from award inception to the end of the applicable reporting quarter.

Budget for Entire Project				Actuals from Project Inception through End of Current Reporting Period			Anticipated Actuals from Project Inception through End of Next Reporting Period		
Cost Classification	Total Cost (plan)	Matching Funds (plan)	Federal Funds (plan)	Total Cost	Matching Funds	Federal Funds	Total Costs	Matching Funds	Federal Funds
a. Administrative and legal expenses	\$5,000	\$1,000	\$4,000	\$5,000	\$1,000	\$4,000	\$5,000	\$1,000	\$4,000
b. Land, structures, right-of-ways, appraisals, etc.	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
c. Relocation expenses and payments	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
d. Architectural and engineering fees	\$12,500	\$2,500	\$10,000	\$11,425	\$1,145	\$10,000	\$12,500	\$2,500	\$10,000
e. Other architectural and engineering fees	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
f. Project inspection fees	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
g. Site work	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
h. Demolition and removal	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
i. Construction	\$182,975	\$36,595	\$146,380	\$0	\$0	\$0	\$182,975	\$36,595	\$146,380
j. Equipment	\$468,660	\$93,732	\$374,928	\$330,804	\$120,720	\$210,085	\$468,660	\$93,732	\$374,928
k. Miscellaneous	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>l. SUBTOTAL (add a through k)</b>	\$669,135	\$133,827	\$535,308	\$347,229	\$122,865	\$224,085	\$669,135	\$133,827	\$535,308
m. Contingencies									
<b>n. TOTALS (sum of l and m)</b>	\$669,135	\$133,827	\$535,308	\$347,229	\$122,865	\$224,085	\$669,135	\$133,827	\$535,308

2. Program Income: Please provide the program income you listed in your application budget and actuals to date through the end of the reporting period.

a. Application Budget Program Income: \$0	b. Program Income to Date: \$0
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