

RECIPIENT NAME:Charlotte, City of
AWARD NUMBER: NT10BIX5570088
DATE: 09/08/2015

OMB CONTROL NUMBER: 0660-0037
EXPIRATION DATE: 12/31/2015

QUARTERLY PERFORMANCE PROGRESS REPORT FOR BROADBAND INFRASTRUCTURE PROJECTS

General Information

1. Federal Agency and Organizational Element to Which Report is Submitted Department of Commerce, National Telecommunications and Information Administration	2. Award Identification Number NT10BIX5570088	3. DUNS Number 071064166
4. Recipient Organization Charlotte, City of 600 East Fourth Street , Charlotte, NC 28202-2816		
5. Current Reporting Period End Date (MM/DD/YYYY) 06-30-2015	6. Is this the last Report of the Award Period? <input type="radio"/> Yes <input checked="" type="radio"/> No	
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.		
7a. Typed or Printed Name and Title of Certifying Official Nelson Baker Project Manager	7c. Telephone (area code, number and extension) 7043364435	
	7d. Email Address Nelson.Baker@MecklenburgCountyNC.gov	
7b. Signature of Certifying Official Submitted Electronically	7e. Date Report Submitted (MM/DD/YYYY): 09-08-2015	

Project Indicators (This Quarter)

1. Please describe significant project accomplishments completed during this quarter (600 words or less).
 The Project Deployment Phase was declared complete at the end of the second quarter of 2015. This includes the following:
 • Network deployment at all 60 Community Anchor Institutions.
 • The deployment of all 800 Police vehicles.
 • The deployment of 148 of 150 Fire vehicles. Due to vehicle repairs and a vehicle accident the 2 remaining Fire vehicles will be completed once a replacement is returned to the fleet.
 • Transition from project deployment to operational support.

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	90	Project was restructured and grant extended to 9/30/15.
2b.	Environmental Assessment	100	Project was restructured with no construction effort.
2c.	Network Design	100	Project was restructured, no longer building an LTE network.
2d.	Rights of Way	100	Project was restructured, no longer applicable.
2e.	Construction Permits and Other Approvals	100	Project was restructured with no construction effort.
2f.	Site Preparation	100	Project was restructured and grant extended to 9/30/15.
2g.	Equipment Procurement	100	Project was restructured and grant extended to 9/30/15.
2h.	Network Build (all components - owned, leased, IRU, etc)	0	Project was restructured, no longer building an LTE network.
2i.	Equipment Deployment	100	Project was restructured and grant extended to 9/30/15.
2j.	Network Testing	100	Project was restructured, no longer building an LTE network.
2k.	Other (please specify): Admin & Legal	98	Project was restructured and grant extended to 9/30/15.

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).
 Prior to the completion of Fire vehicle deployment a wiring installation issue was discovered and corrected on 60 vehicles.

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	0	Project restructured.
New network miles leased	0	N/A.
Existing network miles upgraded	0	N/A.
Existing network miles leased	0	N/A.

Indicator	Total	Narrative (describe your reasons for any variance from the baseline plan or any other relevant information)
Number of miles of new fiber (aerial or underground)	0	N/A.
Number of new wireless links	0	Project restructured.
Number of new towers	0	N/A.
Number of new and/or upgraded interconnection points	0	Project restructured.

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: N/A.

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.

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	60	Project restructured

Subscriber Type	Access Type	Total	Narrative (describe your reasons for any variance from the baseline plan or any other relevant information)
	Subscribers receiving new access	0	Project restructured
	Subscribers receiving improved access	60	Project restructured
	Please identify the speed tiers that are available and the number or subscribers for each	60	<10Mb
Residential / Households	Entities passed	0	N/A.
	Total subscribers served	0	N/A.
	Subscribers receiving new access	0	N/A.
	Subscribers receiving improved access	0	N/A.
	Please identify the speed tiers that are available and the number of subscribers for each	0	N/A.
Businesses	Entities passed	0	N/A.
	Total subscribers served	0	N/A.
	Subscribers receiving new access	0	N/A.
	Subscribers receiving improved access	0	N/A.
	Please identify the speed tiers that are available and the number of subscribers for each	0	N/A.

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

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
CMPD Headquarters	Charlotte	Public Safety	No	Improve broadband capability for support of public safety.
Fire Logistics/ Prevention	Charlotte	Public Safety	No	Improve broadband capability for support of public safety.
Fire Investigations	Charlotte	Public Safety	No	Improve broadband capability for support of public safety.

Project Indicators (Next Quarter)

1. Please describe significant project accomplishments planned for completion during the next quarter (600 words or less).
 For the third and final quarter the focus will be on completing all BTOP project closure requirements.

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	100	Project was restructured and grant extended to 9/30/15.
2b.	Environmental Assessment	100	Project was restructured with no construction effort.
2c.	Network Design	100	Project was restructured, no longer building an LTE network.
2d.	Rights of Way	100	Project was restructured with no construction effort.
2e.	Construction Permits and Other Approvals	100	Project was restructured with no construction effort.
2f.	Site Preparation	100	Project was restructured and grant extended to 9/30/15.
2g.	Equipment Procurement	100	Project was restructured and grant extended to 9/30/15.
2h.	Network Build (all components - owned, leased, IRU, etc.)	0	Project was restructured, no longer building an LTE network.
2i.	Equipment Deployment	100	Project was restructured and grant extended to 9/30/15.
2j.	Network Testing	100	Project was restructured, no longer building an LTE network.
2k.	Other (please specify): Admin & Legal	100	Project was restructured and grant extended to 9/30/15.

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).
 Closeout requirement guidance/assistance from the BTOP program office will be useful in completing the necessary documents on a timely basis.

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	\$2,190,225	\$881,533	\$1,308,692	\$2,173,846	\$984,076	\$1,189,769	\$2,190,000	\$990,000	\$1,200,000
b. Land, structures, right-of-ways, appraisals, etc.	\$1,048,760	\$583,690	\$465,070	\$1,048,760	\$583,690	\$465,070	\$1,048,760	\$583,690	\$465,070
c. Relocation expenses and payments	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
d. Architectural and engineering fees	\$1,400,107	\$0	\$1,400,107	\$1,401,107	\$0	\$1,401,107	\$1,401,107	\$0	\$1,401,107
e. Other architectural and engineering fees	\$2,048,113	\$0	\$2,048,113	\$1,608,559	\$0	\$1,608,559	\$1,626,000	\$0	\$1,626,000
f. Project inspection fees	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
g. Site work	\$2,797,023	\$0	\$2,797,023	\$2,428,223	\$0	\$2,428,223	\$2,428,223	\$0	\$2,428,223
h. Demolition and removal	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
i. Construction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
j. Equipment	\$11,188,208	\$2,924,730	\$8,263,478	\$10,021,509	\$2,462,606	\$7,558,904	\$10,021,509	\$2,462,606	\$7,558,904
k. Miscellaneous	\$420,007	\$0	\$420,007	\$406,287	\$0	\$406,287	\$406,287	\$0	\$406,287
l. SUBTOTAL (add a through k)	\$21,092,443	\$4,389,953	\$16,702,490	\$19,088,291	\$4,030,372	\$15,057,919	\$19,121,886	\$4,036,296	\$15,085,591
m. Contingencies	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
n. TOTALS (sum of l and m)	\$21,092,443	\$4,389,953	\$16,702,490	\$19,088,291	\$4,030,372	\$15,057,919	\$19,121,886	\$4,036,296	\$15,085,591

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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