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| **GRANTEE INFORMATION (to be completed by Grantee)** | | | | | | | | | | | | | |
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| **Reporting Period** | | | | |  | **Contract Information** | | | | | | | |
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| From: |  | | | |  | Grant # | | | | |  | | |
|  | *(date)* | | | |  |  | | | | |  | | |
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| Grantee Name: | |  | | | | | Project Title: | | |  | | | |
|  | | | | | | | | | | | | | |
| Project Contact Completing this Form: | | | |  | | | | | | | | Title: |  |
|  | | | | | | | | | | | | | |
| Primary Telephone: | | |  | | | | | Email: |  | | | | |

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| **PROJECT SUMMARY** |
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| Please provide a detailed description of the project progress to date. |
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| Technology Type |  |
| Proposed Advertised Speed |  |
| Changes to Data Caps For the Project Area That Differs From the Data Caps Listed in the Grant Agreement? If yes, please explain the change. |  |
| Number of Households with access |  |
| Number of Businesses with access |  |
| Number of Agricultural Operations with access |  |
| Number of Community Anchor Institutions with access |  |
| **PLEASE ATTACH A SEPARATE DOCUMENT THAT IDENTIFIES SPECIFIC LOCATIONS THAT NOW HAVE ACCESS TO BROADBAND AS RESULT OF THIS PROJECT. PLEASE INCLUDE STREET ADDRESS AND LAT/LONG COORDINATES FOR EACH HOUSEHOLD, BUSINESS, AGRICULTURAL OPERATION, AND COMMUNIITY ANCHOR INSTITUTION** | |

**Internet Service Provider (ISP) Certification and Attestation**

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| The attached statements the undersigned representative of the applicant certifies that the information in this progress report or final report are true, correct, and complete to the best of the signatory’s knowledge and belief.  The signatory further certifies: | |
| 1 | as Authorized Representative, the signatory has been authorized to file this progress report or final report; |
| 2 | that the grantee has substantially complied with or will comply with all federal, state, and local laws, rules, regulations, and ordinances as applicable to this project; |
| 3 | that the applicant certifies the financial and organizational strength regarding the ability to successfully meet the terms of the grant requirements and the ability to meet the potential for repayment of grant funds; and |
| 4 | attests that the proposed project area is eligible. |

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| |  |  |  | | --- | --- | --- | |  |  |  | | **SIGNATURE OF AUTHORIZED REPRESENTATIVE** |  | **Date** | |  | | | |  | | | | **TYPED NAME AND TITLE** | | | |