AWARD NUMBER: NT10BIX5570027 DATE: 08/08/2012

QUARTERLY PERFORMANCE PROGRESS REPORT FOR BROADBAND INFRASTRUCTURE PROJECTS					
General Information					
1. Federal Agency and Organizational Element to Which Report is Submitted	2. Award Identification Number		3.	DUNS Number	
Department of Commerce, National Telecommunications and Information Administration	NT10BIX5570027			009848524	
4. Recipient Organization	I				
E.N.M.R. Telephone Cooperative 7111 N Prince , Clovis, NM 88101-9730	e St				
5. Current Reporting Period End Date (MM/DD/YYY	YY)	6. Is this the last	Report o	of the Award Period?	
06-30-2012			◯ Yes ● No		
7. Certification: I certify to the best of my knowledg purposes set forth in the award documents.	ge and belief that th	is report is correc	t and co	mplete for performance of activities for the	
7a. Typed or Printed Name and Title of Certifying O	official	7c. Te	elephone	(area code, number and extension)	
Tom Phelps		57538	5753894220		
		7d. Er	7d. Email Address		
	tphel	tphelps@plateautel.com			
7b. Signature of Certifying Official			7e. Date Report Submitted (MM/DD/YYYY):		
Submitted Electronically		08-08	08-08-2012		
		I			

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Project Indicators (This Quarter)

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

Fiber construction complete. Splicing and acceptance testing being completed. Equipment procurement and installation is proceeding ahead of schedule and only a few items remain for Q3 2012. Anchor institutions are continuing to be contacted and community outreach is being conducted.

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	94	Positive variance.
2b.	Environmental Assessment	100	No variance.
2c.	Network Design	100	No variance.
2d.	Rights of Way	0	N/A
2e.	Construction Permits and Other Approvals	100	No variance.
2f.	Site Preparation	100	No variance.
2g.	Equipment Procurement	92	Equipment procurement expected to be complete next quarter. Awaiting final inspections and acceptance testing.
2h.	Network Build (all components - owned, leased, IRU, etc)	95	Positive variance.
2i.	Equipment Deployment	92	Equipment deployment follows procurement. Expected to be complete next quarter.
2j.	Network Testing	92	Testing follows deployment and procurement. Expected to be complete next quarter.
2k.	Other (please specify): N/A	0	N/A

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).

None, ENMR-Plateau has been able to surpass projected milestones.

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	91	Positive variance.
New network miles leased	528	No variance.
Existing network miles upgraded	1,268	Not reflected as a separate line item in baseline. No variance.
Existing network miles leased	0	N/A
Number of miles of new fiber (aerial or underground)	1,887	Positive variance.
Number of new wireless links	0	N/A
1		

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Indicator	Total	Narrative (describe your reasons for any variance from the baseline plan or any other relevant information)
Number of new towers	0	N/A
Number of new and/or upgraded interconnection points	17	Interconnection points expected to be complete next quarter. Currently waiting on third party to complete splicing needed for interconnection. All equipment has been installed at this point.

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	11
Number of agreements currently being negotiated with broadband wholesalers or last mile providers	0
Average term of signed agreements (in quarters)	12

5b. Please list the names of the wholesale and last mile providers with whom you have signed agreements (100 words or less). Providers: Windstream, TLSN, CableOne, Sierra Communications, South Plains Telephone Cooperative, WT Services, Inc., Delcom, Five Area Systems, Yucca Communications, Penasco Valley Telecom, Conterra Ultra Broadband

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:

Long Haul Special Access Services which are typically point to point Ethernet services from Interconnection Point to Interconnection Point; Local Access Services which are typically Ethernet services from the local Interconnection Point to the anchor institution.

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	3	There are 3 providers currently receiving new access to ENMR- Plateau's core middle mile network.				
	Providers with signed agreements receiving improved access	8	There are 8 providers currently receiving improved access to ENMR-Plateau's core middle mile network.				
	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	14	DS1 - 0, DS3 - 0, OC3 - 0, OC12 - 2, 50Mb - 1, 100Mb - 5, 200Mb - 2, 1Gb - 1, 2.5Gb - 1, 10Gb - 2				
Community Anchor Institutions (including Government institutions)	Total subscribers served	223	N/A				

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Subscriber Type				
	Acc	cess Type	Tota	Narrative (describe your reasons for any variance from the baseline plan or any other relevant information)
	Subscribers rece	eiving new access	219	N/A
	Subscribers rece	eiving improved ac	ccess 4	N/A
	Please identify the available and the subscribers for e		: are 33	1.5Mb - 1, 5Mb - 6, 10Mb - 0, 15Mb - 0, 20Mb - 2, 30Mb - 0, 40M - 1, 50Mb - 0, 100Mb - 0, 1Gb - 23
Residential / Households	Entities passed		0	N/A
	Total subscriber	s served	0	N/A
	Subscribers rece	eiving new access	0	N/A
	Subscribers rece	eiving improved ac	ccess 0	N/A
	Please identify th available and the subscribers for e		: are 0	N/A
Businesses	Entities passed		0	N/A
	Total subscribers	s served	0	N/A
	Subscribers rece	eiving new access	0	N/A
	Subscribers rece	eiving improved ac	cess 0	N/A
	Please identify th available and the subscribers for e		: are 0	N/A
 Please describe any ↓/A 	special offerings	you may provide (600 words or le	ss).
				ver? 🔿 Yes 💿 No
a. Have your network b. If so, please descri I/A				er? () Yes () No
 b. If so, please description l/A Community Anchor lsing the table below, onnected to your network umulatively). Also incomposition 	ibe the changes (3 Institutions: please provide a li work as a result of dicate whether you	ist by service area BTOP funds. Figu	of the commur ures should be currently provid	ter? Yes No No No No No No No No
 b. If so, please description l/A Community Anchor lsing the table below, onnected to your network umulatively). Also incomposition 	ibe the changes (3 Institutions: please provide a li work as a result of dicate whether you tion with examples Service Ty Area (town Ir	ist by service area BTOP funds. Figu ur organization is c s of how institution ype of Anchor nstitution (as efined in your baseline)	of the commur ures should be currently provid	ity anchor institutions (including Government institutions) reported for the most recent reporting quarter only (NOT ing broadband service to the anchor institution. Finally, provide a OP-funded infrastructure (300 words or less).
b. If so, please descri I/A . Community Anchor sing the table below, onnected to your netw umulatively). Also inc hort narrative descrip	ibe the changes (3 Institutions: please provide a li work as a result of dicate whether you tion with examples Service Ty Area (town In or county) de	ist by service area BTOP funds. Figu ur organization is c s of how institution ype of Anchor nstitution (as efined in your baseline)	of the commur ures should be currently provid ns are using BT e you also the broadband rvice provider for this institution?	ity anchor institutions (including Government institutions) reported for the most recent reporting quarter only (NOT ing broadband service to the anchor institution. Finally, provide a OP-funded infrastructure (300 words or less). Narrative description of how anchor institutions are using BTOP
b. If so, please descri I/A . Community Anchor Ising the table below, onnected to your netw umulatively). Also inc hort narrative descrip Institution Name	ibe the changes (3 Institutions: please provide a li work as a result of dicate whether you tion with examples Service Ty Area (town Ir or county) de Raton F Raton	ist by service area BTOP funds. Figu ar organization is c s of how institution ype of Anchor Archor nstitution (as efined in your baseline)	of the commur ures should be currently provid ns are using BT e you also the broadband rvice provider for this institution? (Yes / No)	ity anchor institutions (including Government institutions) reported for the most recent reporting quarter only (NOT ing broadband service to the anchor institution. Finally, provide a OP-funded infrastructure (300 words or less). Narrative description of how anchor institutions are using BTOP funded infrastructure

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ATE: 08/08/2012				EXPIRATION DATE: 12/31/2013
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
Court House	Raton	Other Government	Yes	Governmental Functions.
VA Community Center	Raton	Other Government	No	N/A
Environmental Dept.	Raton	Other Government	No	N/A
NM MVD	Raton	Other Government	No	N/A
NM Human Services Dept.	Raton	Other Government	No	N/A
NM Workforce Connection	Raton	Other Government	No	N/A
Tourist Center	Raton	Other Government	No	N/A
Service Org. for Youth	Raton	Other Community Support	Yes	Community Support Functions.
Raton High School	Raton	Schools	No	N/A
Raton Schools Admin.	Raton	Schools	No	N/A
Kearney Elementary	Raton	Schools	No	N/A
NM Longterm Care Service	Raton	Other Community Support	No	N/A
Convention Center	Raton	Other Community Support	No	N/A
Raton Middle School	Raton	Schools	No	N/A
Raton Senior Citizens Center	Raton	Other Community Support	No	N/A
Post Office	Raton	Other Government Facilities	No	N/A
Authur Johnson Memorial Library	Raton	Libraries	No	N/A
Fire Station	Raton	Public Safety	No	N/A
High Plains Regional Education Cooperative	Raton	Other Community Support	Yes	Educational.
NM Education Center	Raton	Other Community Support	No	N/A
Raton Municipal Building	Raton	Other Community Support	No	N/A
Columbian Middle School	Raton	Schools	No	N/A

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Longfellow Elementary School	Raton	Schools	No	N/A
Taos Colfax Community Services	Raton	Other Community Support	No	N/A
Colfax County Health Office	Raton	Medical and Healthcare	No	N/A
NM Childcare Facility for Developmentally Disabled	Raton	Other Community Support	Yes	Community Support Functions.
Colfax County Magistrate Court	Raton	Other Government	No	N/A
Colfax County Court House	Raton	Other Government	Yes	N/A
NMDOT District 4 Office	Raton	Public Safety	No	N/A
Dept. of Game and Fish	Raton	Other Government	No	N/A
Division of Vocational Rehab	Raton	Other Community Support	No	N/A
Miners Colfax Medical Center	Raton	Medical and Healthcare	No	N/A
Dr. Loretta Conder	Raton	Medical and Healthcare	Yes	Medical.
Rocky Mountain Eye	Raton	Medical and Healthcare	Yes	Medical.
CYFD - Child Protective Services	Raton	Other Government	No	N/A
DOT Project Office	Raton	Other Government	No	N/A
NM Dept. of Corrections	Raton	Other Government	No	N/A
Family Practice	Raton	Medical and Healthcare	Yes	Medical.

Project Indicators (Next Quarter)

1. Please describe significant project accomplishments planned for completion during the next quarter (600 words or less). Finalize splicing and acceptance testing. Finalize equipment procurement and deployment.

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	Positive variance.
2b.	Environmental Assessment	100	No variance.
2c.	Network Design	100	No variance.
2d.	Rights of Way	0	N/A
2e.	Construction Permits and Other Approvals	100	No variance.

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	Milestone	Planned Percent Complete	Narrative (describe reasons for any variance from baseline plan or any other relevant information)
2f.	Site Preparation	100	No variance.
2g.	Equipment Procurement	100	Positive variance.
2h.	Network Build (all components - owned, leased, IRU, etc.)	100	Positive variance.
	Equipment Deployment	100	Positive variance.
2j.	Network Testing	100	Positive variance.
2k.	Other (please specify): N/A	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).

No potential challenges or issues at this time. Construction and equipment deployment are expected to be completed ahead of baseline projections. The total for part i. Construction under Matching Funds for the "Actuals from Project Inception through End of Current Report Period" below includes \$370,991 of ENMR Telephone Cooperative's in-kind matching requirement.

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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					s from Project End of Current 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	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
b. Land, structures, right-of-ways, appraisals, etc.	\$736,764	\$237,441	\$499,323	\$736,764	\$237,441	\$499,323	\$736,764	\$237,441	\$499,323	
c. Relocation expenses and payments	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
d. Architectural and engineering fees	\$1,897,892	\$611,643	\$1,286,249	\$1,800,797	\$550,083	\$1,250,714	\$1,897,892	\$611,643	\$1,286,249	
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	\$8,998,342	\$2,899,939	\$6,098,403	\$8,570,792	\$2,875,754	\$5,695,039	\$8,998,342	\$2,899,939	\$6,098,403	
j. Equipment	\$4,969,701	\$1,601,610	\$3,368,091	\$4,568,987	\$1,395,671	\$3,173,316	\$4,969,701	\$1,601,610	\$3,368,091	
k. Miscellaneous	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
I. SUBTOTAL (add a through k)	\$16,602,699	\$5,350,633	\$11,252,066	\$15,677,340	\$5,058,949	\$10,618,392	\$16,602,699	\$5,350,633	\$11,252,066	
m. Contingencies	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
n. TOTALS (sum of I and m)	\$16,602,699	\$5,350,633	\$11,252,066	\$15,677,340	\$5,058,949	\$10,618,392	\$16,602,699	\$5,350,633	\$11,252,066	
2. Program Incom reporting period.	e: Please prov	vide the progr	am income yc	ou listed in yo	our application	budget and a	ctuals to date	through the e	end of the	
a. Application Bud	a. Application Budget Program Income: \$0 b. Program Income to Date: \$0									