

**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>  NT10BIX5570073	<b>3. DUNS Number</b>  830534082
<b>4. Recipient Organization</b>  Bend Cable Communications, LLC 63090 Sherman Road, Bend, OR 97701-5750		
<b>5. Current Reporting Period End Date (MM/DD/YYYY)</b>  06-30-2013	<b>6. Is this the last Report of the Award Period?</b>  <input checked="" type="radio"/> Yes <input 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>  Melanie Grandjacques	<b>7c. Telephone (area code, number and extension)</b>  5413126561	
	<b>7d. Email Address</b>  mgrandjacques@bendbroadband.net	
<b>7b. Signature of Certifying Official</b>  Submitted Electronically	<b>7e. Date Report Submitted (MM/DD/YYYY):</b>  07-29-2013	

**Project Indicators (This Quarter)**

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

\*Complete with all aspects of the project and performing project close-out and audit preparation.

\*Activated 15 out of 15 signed CAI agreements. PON fiber was constructed in the communities of Madras, Prineville, Sunriver and La Pine to provide affordable fiber services to businesses as part of the grant. BendBroadband extended the infrastructure and activated 45 out of 51 signed contracts in those communities.

\*Activated three non-CAI Metro Ethernet customers including a last mile service provider.

**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	100	NA
2b.	Environmental Assessment	100	NA
2c.	Network Design	100	NA
2d.	Rights of Way	100	NA
2e.	Construction Permits and Other Approvals	100	NA
2f.	Site Preparation	100	NA
2g.	Equipment Procurement	100	NA
2h.	Network Build (all components - owned, leased, IRU, etc)	100	NA
2i.	Equipment Deployment	100	NA
2j.	Network Testing	100	NA
2k.	Other (please specify):	0	NA

**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.

**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	178	All main routes and Passive Optical Networks (PON) are complete (178 miles); .75 miles of the Community Anchor Institution laterals are complete for a total of 178.75 miles
New network miles leased	0	NA
Existing network miles upgraded	0	NA
Existing network miles leased	0	NA

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)	178	All main routes and Passive Optical Networks (PON) are complete (178 miles); .75 miles of the Community Anchor Institution laterals are complete for a total of 178.75 miles
Number of new wireless links	0	NA
Number of new towers	0	NA
Number of new and/or upgraded interconnection points	7	7 out of 7 activated.

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	2
Number of agreements currently being negotiated with broadband wholesalers or last mile providers	0
Average term of signed agreements (in quarters)	20

5b. Please list the names of the wholesale and last mile providers with whom you have signed agreements (100 words or less). Providers:  
Crestview Cable in La Pine and Madras  
Zayo Networks

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:  
NA

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).  
NA

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	NA
	Providers with signed agreements receiving improved access	1	Crestview Cable in La Pine and Madras
	Providers with signed agreements receiving access to dark fiber	1	Zayo Networks
	Please identify the speed tiers that are available and the number of subscribers for each	2	10MB, 50MB, 100MB and 1 GB Direct Internet Access or Point to Point

Subscriber Type	Access Type	Total	Narrative (describe your reasons for any variance from the baseline plan or any other relevant information)
<b>Community Anchor Institutions (including Government institutions)</b>	<b>Total subscribers served</b>	15	15 out of 15 signed Community Anchor Institutes (CAIs) activated
	<b>Subscribers receiving new access</b>	0	NA
	<b>Subscribers receiving improved access</b>	15	15 out of 15 signed Community Anchor Institutes (CAIs) activated
	<b>Please identify the speed tiers that are available and the number or subscribers for each</b>	15	10MB, 50MB, 100MB and 1GB Direct Internet Access and Point to Point.
<b>Residential / Households</b>	<b>Entities passed</b>	0	NA
	<b>Total subscribers served</b>	0	NA
	<b>Subscribers receiving new access</b>	0	NA
	<b>Subscribers receiving improved access</b>	0	NA
	<b>Please identify the speed tiers that are available and the number of subscribers for each</b>	0	NA
<b>Businesses</b>	<b>Entities passed</b>	512	Businesses or lots in Madras, La Pine, Sunriver and Prineville.
	<b>Total subscribers served</b>	45	Businesses in Madras, La Pine, Sunriver and Prineville.
	<b>Subscribers receiving new access</b>	0	NA
	<b>Subscribers receiving improved access</b>	45	Businesses in Madras, La Pine, Sunriver and Prineville.
	<b>Please identify the speed tiers that are available and the number of subscribers for each</b>	45	4MB/1.5 MB; 12MB/1.5MB; 50/50MB, 100/100MB- shared fiber 10MB, 50MB, 100MB, and 1 GB Direct Internet Access or Point to Point

**7. Please describe any special offerings you may provide (600 words or less).**  
Community Anchor Institutions (CAIs) who signed a five year contract prior to project close (June 30, 2013), received a 25% discount.

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

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

**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
Pioneer Medical Hospital	Prineville	Health	Yes	Add fiber route to increase redundancy for disaster recovery and reliability

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
Mt View Hospital	Madras	Health	Yes	Add fiber route to increase redundancy for disaster recovery and reliability

**Project Indicators (Next Quarter)**

1. Please describe significant project accomplishments planned for completion during the next quarter (600 words or less).  
This project is complete and will only be performing the required project audit.

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	NA
2b.	Environmental Assessment	100	NA
2c.	Network Design	100	NA
2d.	Rights of Way	100	NA
2e.	Construction Permits and Other Approvals	100	NA
2f.	Site Preparation	100	NA
2g.	Equipment Procurement	100	NA
2h.	Network Build (all components - owned, leased, IRU, etc.)	100	NA
2i.	Equipment Deployment	100	NA
2j.	Network Testing	100	NA
2k.	Other (please specify):	100	NA

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.

### 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	\$349,700	\$104,910	\$244,790	\$295,177	\$88,553	\$206,624	\$295,177	\$88,553	\$206,624
b. Land, structures, right-of-ways, appraisals, etc.	\$121,855	\$36,557	\$85,298	\$122,203	\$36,661	\$85,542	\$122,203	\$36,661	\$85,542
c. Relocation expenses and payments	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
d. Architectural and engineering fees	\$70,000	\$21,000	\$49,000	\$155,273	\$46,582	\$108,691	\$155,273	\$46,582	\$108,691
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	\$3,914,725	\$1,174,417	\$2,740,308	\$3,535,315	\$1,060,595	\$2,474,720	\$3,535,315	\$1,060,595	\$2,474,720
j. Equipment	\$1,856,242	\$556,873	\$1,299,369	\$2,266,652	\$723,464	\$1,543,188	\$2,266,652	\$723,464	\$1,543,188
k. Miscellaneous	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>l. SUBTOTAL (add a through k)</b>	<b>\$6,312,522</b>	<b>\$1,893,757</b>	<b>\$4,418,765</b>	<b>\$6,374,620</b>	<b>\$1,955,855</b>	<b>\$4,418,765</b>	<b>\$6,374,620</b>	<b>\$1,955,855</b>	<b>\$4,418,765</b>
m. Contingencies									
<b>n. TOTALS (sum of l and m)</b>	<b>\$6,312,522</b>	<b>\$1,893,757</b>	<b>\$4,418,765</b>	<b>\$6,374,620</b>	<b>\$1,955,855</b>	<b>\$4,418,765</b>	<b>\$6,374,620</b>	<b>\$1,955,855</b>	<b>\$4,418,765</b>

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: \$20,000