OMB CONTROL NUMBER: 0660-0037 EXPIRATION DATE: 6/30/2015 AWARD NUMBER: NT10BIX5570088

DATE: 11/11/2014

QUARTERLY PERFORMANCE PROC	RESS REPOR	T FOR BI	ROADBAN	D INFRASTRUCTURE PROJECTS		
General Information						
Federal Agency and Organizational Element to Which Report is Submitted	2. Award Identific	ation Num	ber	3. DUNS Number		
Department of Commerce, National Telecommunications and Information Administration	NT10BIX557008	38		071064166		
4. Recipient Organization						
Charlotte, City of 600 East Fourth Street , Charlotte, NC 28202-2816						
5. Current Reporting Period End Date (MM/DD/YYY	Y)	6. Is this t	the last Repor	rt of the Award Period?		
09-30-2014						
7. Certification: I certify to the best of my knowledg purposes set forth in the award documents.	e and belief that th	is report is	correct and	complete for performance of activities for the		
7a. Typed or Printed Name and Title of Certifying O	fficial		7c. Telephor	ne (area code, number and extension)		
Nelson Baker			7043364435			
			7d. Email Ac	ddress		
Project Manager			Nelson.Bak	xer@MecklenburgCountyNC.gov		
7b. Signature of Certifying Official			7e. Date Rep	port Submitted (MM/DD/YYYY):		
Submitted Electronically			11-11-2014	l .		

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Project Indicators (This Quarter)

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

Charlotte's significant project accomplishments for the third guarter of 2014 include the following:

- Built a project deployment time-line based on equipment delivery schedules, project resources, Police and Fire special event dates.
- Received network security and Internet infrastructure equipment. Configured and staged equipment for implementation.
- Identified and ordered network and distribution infrastructure equipment for all community anchor sites.
- Received, configured, created image standards and tested Police & Fire vehicle devices.
- Ordered and established a delivery schedule for all Police and Fire vehicle devices.
- 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	52	Project was restructured and grant extended to 9/30/15.
2b.	Environmental Assessment	100	Project was restructured with no outside construction planned.
2c.	Network Design	100	Project was restructured and no longer building LTE network.
2d.	Rights of Way	100	Not a part of restructured project.
2e.	Construction Permits and Other Approvals	100	Project was restructured with no outside construction planned.
2f.	Site Preparation	71	Project was restructured and grant extended to 9/30/15.
2g.	Equipment Procurement	31	Project was restructured and grant extended to 9/30/15.
	Network Build (all components - owned, leased, IRU, etc)	0	Project was restructured and no longer building LTE network.
2i.	Equipment Deployment	0	Project was restructured and grant extended to 9/30/15.
2j.	Network Testing	100	Project was restructured and no longer building LTE network.
2k.	Other (please specify):a: Admin & Legal	83	Project was restructured and grant extended to 9/30/15.

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	0	Project Restructured
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)	0	N/A
Number of new wireless links	0	Project Restructured

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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	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 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	0	N/A				
	Subscribers receiving new access	0	N/A				

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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	N/A		
Please identify the speed tiers that are available and the number or subscribers for each			that are	0	N/A		
Residential / Households	Entities passed			0	N/A		
	Total subscril	bers served		0	N/A		
	Subscribers r	eceiving new acce	ess	0	N/A		
	Subscribers r	receiving improved	d access	0	N/A		
		fy the speed tiers t the number of or each	that are	0	N/A		
Businesses	Entities passe	ed		0	N/A		
	Total subscril	bers served		0	N/A		
	Subscribers r	eceiving new acce	ess	0	N/A		
	Subscribers receiving improved access				N/A		
		fy the speed tiers t the number of or each	that are	0	N/A		
7. Please describe any N/A	special offerin	ngs you may provi	de (600 words	or less).			
8a. Have your network	management p	oractices changed	over the last	quarter?	○ Yes ● No		
8b. If so, please describ N/A	oe the changes	s (300 words or les	ss).				
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	Institution Name Service Area (town or county) Service Institution (as defined in your baseline) For institution (Yes			d der ?	rative description of how anchor institutions are using BTOP- funded infrastructure		
N/A	N/A	N/A	N/A		N/A		
Project Indicators (Next	t Quarter)						

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

Charlotte's primary activity PLANNED by the end of the fourth quarter of 2014 include the following:

- Complete the Data Center implementation of network security and Internet infrastructure.
- Receive, configure and implement Police HQ distribution network equipment.
- Receive, configure and implement 25 community anchors network infrastructure.
- Receive, configure and implement approximately 200 Police and 50 Fire vehicle devices.

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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	60	Project was restructured and grant extended to 9/30/15.					
2b.	Environmental Assessment	100	Project was restructured with no outside construction planned.					
2c.	Network Design	100	Project was restructured and no longer building LTE network.					
2d.	I. Rights of Way 100		Not a Milestone in the restructured project.					
2e.	Construction Permits and Other Approvals 100		Project was restructured with no outside construction planned.					
2f.	Site Preparation	75	Project was restructured and grant extended to 9/30/15.					
2g.	Equipment Procurement	42	Project was restructured and grant extended to 9/30/15.					
2h.	Network Build (all components - owned, leased, IRU, etc.)	0	Project was restructured and no longer building LTE network.					
2i.	Equipment Deployment	33	Project was restructured and grant extended to 9/30/15.					
2j.	Network Testing	100	Project was restructured and no longer building LTE network.					
2k.	Other (please specify): A: Admin & Legal	86	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 use	ful
(600 words or less).	

None.

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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.

The second secon									
Budget for Entire Project					from Project nd 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	\$2,190,225	\$881,533	\$1,308,692	\$1,818,879	\$796,282	\$1,022,597	\$1,875,000	\$850,000	\$1,025,000
b. Land, structures, right-of-ways, appraisals, etc.	\$1,048,760	\$583,690	\$465,070	\$1,048,759	\$583,690	\$465,069	\$1,048,759	\$583,690	\$465,069
c. Relocation expenses and payments	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
d. Architectural and engineering fees	\$1,400,107	\$0	\$1,401,107	\$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	\$968,932	\$0	\$968,932	\$1,100,000	\$0	\$1,100,000
f. Project inspection fees	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
g. Site work	\$2,797,023	\$0	\$2,797,023	\$1,991,122	\$0	\$1,991,122	\$2,100,000	\$0	\$2,100,000
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	\$3,479,354	\$1,711,879	\$1,767,475	\$4,700,000	\$2,200,000	\$2,500,000
k. Miscellaneous	\$420,007	\$0	\$420,007	\$326,816	\$0	\$326,816	\$412,000	\$0	\$412,000
I. SUBTOTAL (add a through k)	\$21,092,443	\$4,389,953	\$16,703,490	\$11,034,969	\$3,091,851	\$7,943,118	\$12,636,866	\$3,633,690	\$9,003,176
m. Contingencies	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
n. TOTALS (sum of I and m)	\$21,092,443	\$4,389,953	\$16,703,490	\$11,034,969	\$3,091,851	\$7,943,118	\$12,636,866	\$3,633,690	\$9,003,176

^{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