AWARD NUMBER: NT10BIX5570106

DATE: 02/25/2014

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

QUARTERLY PERFORMANCE PROG	RESS REPOR	T FOR BROA	ADBAN	D INFRASTRUCTURE PROJECTS		
General Information						
Federal Agency and Organizational Element to Which Report is Submitted	2. Award Identific	ation Number		3. DUNS Number		
Department of Commerce, National Telecommunications and Information Administration	NT10BIX557010	06		099539793		
4. Recipient Organization						
Pyramid Lake Paiute Tribe 208 Capitol HL, Nixor	n, <b>N</b> V 89424					
5. Current Reporting Period End Date (MM/DD/YYY	Υ)	6. Is this the la	ast Repor	rt of the Award Period?		
12-31-2013				○ Yes ● No		
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 cor	rect and o	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)		
Greg Gardner	×					
		7d.	Email Ac	ddress		
		gg	ardner@	plpt.nsn.us		
7b. Signature of Certifying Official		7e.	7e. Date Report Submitted (MM/DD/YYYY):			
Submitted Electronically		02	02-25-2014			

DATE: 02/25/2014

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

## **Project Indicators (This Quarter)**

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

This quarter we completed testing of the fiber connections to the CAIs. All except one were connected. This is because the setup of the modular building is not scheduled until January 2014. Installation of the data center system equpment and the rest of the networking equipment was completed and software installation and configuration of the network system are nearly done.

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	85	We are still configuring the network and installing network management systems.					
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					
	Network Build (all components - owned, leased, IRU, etc)	100	NA					
2i.	Equipment Deployment	80	Some switches and servers are not deployed yet.					
2j.	Network Testing	75	Testing of network fiber to CAIs still shows some configuration or splicing issues. Final test results not completed					
2k.	Other (please specify):	100	Complete					

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).

The primary obstacle has been equipment failure at some CAIs and configuration errors. These issues involve two different contractors to resolve, so some coordination difficulties are expected.

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	44	NA
New network miles leased	33	NA
Existing network miles upgraded	0	NA
Existing network miles leased	0	NA
Number of miles of new fiber (aerial or underground)	44	NA
Number of new wireless links	0	NA
Number of new towers	0	NA
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RECIPIENT NAME: Pyramid Lake Paiute Tribe

AWARD NUMBER: NT10BIX5570106

DATE: 02/25/2014

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

Indicator	Total	Narrative (describe your reasons for any variance from the baseline plan or any other relevant information)
Number of new and/or upgraded interconnection points	0	NA

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: NA

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:

There are 2 wholesale services projected with this network infrastructure. The first one is the "Reno Circuit. A fiber circuit without network data, video or voice services included. The second one is "Metro E Services" which is a dedicated 100 mbps service. These services and pricing are described in the attachment: PLPTPricingPlan. The other three services listed in the plan are retail services.

- 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).

  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	Subscriber Type Access Type		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	0	NA
	Providers with signed agreements receiving access to dark fiber	0	NA
	Please identify the speed tiers that are available and the number of subscribers for each	0	NA
Community Anchor Institutions (including Government institutions)  Total subscribers served			One CAI has the replacement building ready to go in. This will be connected next quarter
	Subscribers receiving new access	4	No prior service for these subscribers

RECIPIENT NAME:Pyramid Lake Paiute Tribe

AWARD NUMBER: NT10BIX5570106

DATE: 02/25/2014

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

Subscriber Type	iber Type Access Type		Narrative (describe your reasons for any variance from the baseline plan or any other relevant information)				
	Subscribers receiving improved access	20	These subscribers had previous service less that 768kb				
	Please identify the speed tiers that are available and the number or subscribers for each	3	All CAIs and businesses being connected are retail subscribers. There are three retail service levels. All subscribers will subscribe to shared 100 mbps tier service during the first year.				
Residential / Households	Entities passed	0	NA				
	Total subscribers served	0	NA				
	Subscribers receiving new access	0	NA				
	Subscribers receiving improved access	0	NA				
	Please identify the speed tiers that are available and the number of subscribers for each	0	NA				
Businesses	Entities passed	0	NA				
	Total subscribers served	2	No variance				
Subscribers receiving new access		0	NA				
	Subscribers receiving improved access	2	No variance				
	Please identify the speed tiers that are available and the number of subscribers for each	2	They will be subscribing to the 100 mbps shared service				
7. Please describe any NA	special offerings you may provide (600 v	vords or less).					
8a. Have your network	management practices changed over the	last quarter?	○ Yes ● No				
8b. If so, please describ	be the changes (300 words or less).						
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
Emergency Response	Nixon	Government	Yes	Used for operations for fire and emergency response
County Courthouse	Wadsworth	Government	Yes	Used for operations
Headstart	Wadsworth	Education	No	Currently with another provider
PLPT Higher Education	Nixon	Education	Yes	used for online education and college admissions

RECIPIENT NAME: Pyramid Lake Paiute Tribe

AWARD NUMBER: NT10BIX5570106

DATE: 02/25/2014

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

Institution Name	Area (town or county) 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
Library	Nixon	Library	Yes	Used for community services
Diabetes Center	Nixon	Medical	Yes	Used for medical education and service

## Project Indicators (Next Quarter)

- Please describe significant project accomplishments planned for completion during the next quarter (600 words or less).
   We plan to have one more CAI connected and to have completed the project.
- 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
	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).

The challenge will be completing all of the network and server configurations by the end of the grant.

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

## 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.

В		from Project on 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	\$895,066	\$6,000	\$889,066	\$773,581	\$6,000	\$767,581	\$895,066	\$6,000	\$889,066
b. Land, structures, right-of-ways, appraisals, etc.	\$185,051	\$60,000	\$125,051	\$185,051	\$60,000	\$125,051	\$185,051	\$60,000	\$125,051
c. Relocation expenses and payments	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
d. Architectural and engineering fees	\$189,600	\$0	\$189,600	\$189,600	\$0	\$189,600	\$189,600	\$0	\$189,600
e. Other architectural and engineering fees	\$266,356	\$36,000	\$230,356	\$266,356	\$36,000	\$230,356	\$266,356	\$36,000	\$230,356
f. Project inspection fees	\$45,600	\$0	\$45,600	\$0	\$0	\$0	\$45,600	\$0	\$45,600
g. Site work	\$42,775	\$30,000	\$12,775	\$42,775	\$30,000	\$12,775	\$42,775	\$30,000	\$12,775
h. Demolition and removal	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
i. Construction	\$7,612,371	\$2,300,000	\$5,312,371	\$6,362,280	\$2,300,000	\$4,062,280	\$7,612,371	\$2,300,000	\$5,312,371
j. Equipment	\$198,937	\$0	\$198,937	\$198,937	\$0	\$198,937	\$198,937	\$0	\$198,937
k. Miscellaneous	\$66,250	\$0	\$66,250	\$66,250	\$0	\$66,250	\$66,250	\$0	\$66,250
I. SUBTOTAL (add a through k) m. Contingencies	\$9,502,006	\$2,432,000	\$7,070,006	\$8,084,830	\$2,432,000	\$5,652,830	\$9,502,006	\$2,432,000	\$7,070,006
n. TOTALS (sum of I and m)	\$9,502,006	\$2,432,000	\$7,070,006	\$8,084,830	\$2,432,000	\$5,652,830	\$9,502,006	\$2,432,000	\$7,070,006

<sup>2.</sup> 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