AWARD NUMBER: NT10BIX5570109 OMB CONTROL N

DATE: 01/14/2014

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

| QUARTERLY PERFORMANCE PROGRESS REPORT FOR BROADBAND INFRASTRUCTURE PROJECTS | | | | | | | | |
|---|--------------------------------|--------------|---|--|--|--|--|--|
| General Information | | | | | | | | |
| 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 | NT10BIX557010 | 09 | | 003265407 | | | | |
| 4. Recipient Organization | l | | | | | | | |
| Carver, County of 604 E 4th St, Chaska, MN 553 | 318-2102 | | | | | | | |
| 5. Current Reporting Period End Date (MM/DD/YYY | Υ) | 6. Is this t | he last Repor | rt of the Award Period? | | | | |
| 09-30-2013 | | | | ● 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 | correct 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) | | | | |
| Mary Kaye Schiller | | | X | | | | | |
| | | | 7d. Email Address | | | | | |
| | | | mschiller@co.carver.mn.us | | | | | |
| 7b. Signature of Certifying Official | | | 7e. Date Report Submitted (MM/DD/YYYY): | | | | | |
| Submitted Electronically | | | 01-14-2014 | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

RECIPIENT NAME: Carver, County of

AWARD NUMBER: NT10BIX5570109

DATE: 01/14/2014

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).

Over the past quarter we have completed all project components and have expended and drawn down all funding and completed our project. Our network has been transitioned from a project to an ongoing operational status.

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 | No variance from baseline |
| 2b. | Environmental Assessment | 100 | No variance from baseline |
| 2c. | Network Design | 100 | No variance from baseline |
| 2d. | Rights of Way | 100 | No variance from baseline |
| 2e. | Construction Permits and Other Approvals | 100 | No variance from baseline |
| 2f. | Site Preparation | 100 | No variance from baseline |
| 2g. | Equipment Procurement | 100 | No variance from baseline |
| 2h. | Network Build (all components - owned, leased, IRU, etc) | 100 | No variance from baseline |
| 2i. | Equipment Deployment | 100 | No variance from baseline |
| 2j. | Network Testing | 100 | No variance from baseline |
| 2k. | Other (please specify): | 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).

Based on the delays incurred from the governmental shutdown are working to complete all project closeout reporting.

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 | 122 | No variance from baseline |
| 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) | 122 | No variance from baseline |
| Number of new wireless links | 0 | N/A |
| Number of new towers | 0 | N/A |
| | | |

RECIPIENT NAME: Carver, County of

AWARD NUMBER: NT10BIX5570109

DATE: 01/14/2014

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 | 407 | Prior to the beginning of construction, we increased our handhole count. As of the end of the quarter, we have completed construction and pulling of fiber into 407 of these handholes. |

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 | 1 |
| Number of agreements currently being negotiated with broadband wholesalers or last mile providers | 0 |
| Average term of signed agreements (in quarters) | 80 |

5b. Please list the names of the wholesale and last mile providers with whom you have signed agreements (100 words or less). Providers: Jaguar Communications

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 | 1 | No variance from baseline | | |
| | 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 | 75 | No variance from baseline | | |
| | Subscribers receiving new access | 0 | N/A | | |

AWARD NUMBER: NT10BIX5570109

DATE: 01/14/2014

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

| Subscriber Type | Access Type | | Total | | Narrative (describe your reasons for any variance from the baseline plan or any other relevant information) | | | | |
|--|---|---|-----------------------------------|--|---|---|--|--|--|
| | Subscribers r | eceiving improved | d access | 75 | | No variance from baseline | | | |
| | Please identify the speed tiers that are available and the number or subscribers for each | | | 0 | | N/A | | | |
| Residential / Households | Entities passed | | | 0 | | N/A | | | |
| | Total subscribers served | | | 0 | | N/A | | | |
| | Subscribers r | eceiving new acce | ess | 0 | | N/A | | | |
| | Subscribers r | eceiving improved | d access | 0 | | N/A | | | |
| | | y 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 r | eceiving improved | d access | 0 | | N/A | | | |
| | | y the speed tiers t the number of or each | that are | 0 | | N/A | | | |
| 7. Please describe any N/A | special offerin | gs you may provi | de (600 v | vords or le | ess). | | | | |
| 8a. Have your network | management p | practices changed | over the | last quar | ter? | ○ Yes ● No | | | |
| 8b. If so, please describ N/A | oe the changes | s (300 words or les | ss). | | | | | | |
| connected to your netw cumulatively). Also ind | lease provide ork as a result icate whether | of BTOP funds. I your organization | Figures s is currer | should be intly provid | repor | nchor institutions (including Government institutions) ted for the most recent reporting quarter only (NOT roadband service to the anchor institution. Finally, provide a unded infrastructure (300 words or less). | | | |
| Institution Name | Area (town or county) Area (town or county) | | broad service for instit | a also the dband provider this aution? | Narı | rative description of how anchor institutions are using BTOP- funded infrastructure | | | |
| N/A | N/A N/A N/A N | | | I/A | | N/A | | | |
| Project Indicators (Nex | Project Indicators (Next Quarter) | | | | | | | | |
| 1. Please describe sign N/A | ificant project | accomplishments | s plannec | d for comp | letior | n during the next quarter (600 words or less). | | | |

RECIPIENT NAME: Carver, County of

AWARD NUMBER: NT10BIX5570109

DATE: 01/14/2014

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

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 | No variance from baseline |
| 2b. | Environmental Assessment | 100 | No variance from baseline |
| 2c. | Network Design | 100 | No variance from baseline |
| 2d. | Rights of Way | 100 | No variance from baseline |
| 2e. | Construction Permits and Other Approvals | 100 | No variance from baseline |
| 2f. | Site Preparation | 100 | No variance from baseline |
| 2g. | Equipment Procurement | 100 | No variance from baseline |
| 2h. | Network Build (all components - owned, leased, IRU, etc.) | 100 | No variance from baseline |
| 2i. | Equipment Deployment | 100 | No variance from baseline |
| 2j. | Network Testing | 100 | No variance from baseline |
| 2k. | Other (please specify): | 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).

N/A

DATE: 01/14/2014

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.

OMB CONTROL NUMBER: 0660-0037

EXPIRATION DATE: 6/30/2015

| anticipated rightes should be reported cumulatively from award inception to the end of the applicable reporting quarter. | | | | | | | | | | |
|--|----------------------|-----------------------------|----------------------------|---------------|--|------------------|---|-------------------|------------------|--|
| В | udget for Enti | ire Project | | | 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 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | |
| b. Land, structures, right-of-ways, appraisals, etc. | \$191,807 | \$38,361 | \$153,446 | \$95,249 | \$19,050 | \$76,199 | \$95,249 | \$19,050 | \$76,199 | |
| c. Relocation expenses and payments | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | |
| d. Architectural and engineering fees | \$966,760 | \$193,352 | \$773,408 | \$994,406 | \$220,001 | \$774,405 | \$994,406 | \$220,001 | \$774,405 | |
| e. Other architectural and engineering fees | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | |
| f. Project inspection fees | \$375 | \$75 | \$300 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | |
| g. Site work | \$57,915 | \$11,583 | \$46,332 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | |
| h. Demolition and removal | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | |
| i. Construction | \$5,474,045 | \$1,094,809 | \$4,379,236 | \$6,147,198 | \$1,524,670 | \$4,622,528 | \$6,147,198 | \$1,524,670 | \$4,622,528 | |
| j. Equipment | \$803,598 | \$160,720 | \$642,878 | \$653,085 | \$130,617 | \$522,468 | \$653,085 | \$130,617 | \$522,468 | |
| k. Miscellaneous | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | |
| I. SUBTOTAL (add a through k) | \$7,494,500 | \$1,498,900 | \$5,995,600 | \$7,889,938 | \$1,894,338 | \$5,995,600 | \$7,889,938 | \$1,894,338 | \$5,995,600 | |
| m. Contingencies | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | |
| n. TOTALS (sum of I and m) | \$7,494,500 | \$1,498,900 | \$5,995,600 | \$7,889,938 | \$1,894,338 | \$5,995,600 | \$7,889,938 | \$1,894,338 | \$5,995,600 | |

^{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: \$395,438