



Nebraska Capital Projects Fund (CPF) Annual Report

1. Subrecipient Name: _____

2. Reporting Period: _____

3. Approved Projects Included in this Annual Report

Subaward Number	Project Name

4. Provide a narrative description of the existing network improvements and facilities upgrades implemented for approved projects, as well as new equipment purchased and deployed.

5. Provide a narrative description of capacity enhancements facilitated by the grants that support broadband access for educational institutions, healthcare providers and public safety service providers.

6. The estimated number of end users who are **currently using** or are **forecasted to use** the new or enhanced infrastructure. Provide this information for each approved project.

7. Provide a map for each approved project(s) listed above that shows where construction is completed. One PDF file should be submitted per project.

Attached

Not Attached

If not attached, please provide an explanation

8. Provide a map showing the locations of residences and businesses that are **currently capable** of receiving the newly deployed or enhanced broadband service. One PDF file should be submitted per project.

Attached

Not Attached

If not attached, please provide an explanation

9. Provide a narrative description, including the impacted project, where a notable challenge has or may hinder the timely deployment broadband infrastructure. Provide the current status of each notable challenge. For project specific challenges, please identify the project.

10. How will your service offering in the approved project areas be designed to connect historically marginalized or low-income subscribers? Will your company offer a low-income specific broadband option (non-subsidized)?

11. Has the Subrecipient reported to the Commission all Community Engagement Activities ([Community Engagement Form](#) and [Community Engagement Outreach Tracking](#) for all approved projects for the reporting period?

Yes

No

If no, submit the required form for each approved project(s) for the reporting period of the annual report. **Only submit if not previously submitted via the Quarterly Report.**

Form Attachments

Please attach the relevant supporting documents. Please label attachments as follows: “[Applicant Name]_[Project]_[Attachment Number]” where the number corresponds to the question it pertains to. If it is necessary to submit multiple attachments under one attachment category, label the attachments to identify the separate attachments. Ex. “[Applicant Name]_[Project]_[Attachment Number]_1”, “[Applicant Name]_[Project]_[Attachment Number]_2”, etc.

Subrecipient Certification: By signing this Annual Report, the Subrecipient certifies that the information submitted through the Annual Report, and all attachments, are true and accurate. The Subrecipient certifies that as of the date of submission of the Annual Report, and at all times since the previous reporting period, the Subrecipient is and has been in full compliance with all terms of the Attestation and Agreement, including, without limitation, compliance with Title VI of the Civil Rights Act and all other applicable anti-discrimination laws.

Printed Name of Authorized Person

Date

Title of Authorized Person

Signature of Authorized Person