

# BEAD PREQUALIFICATION RESPONSE FORM SIGNATURE PAGE

# **Broadband Equity, Access, and Deployment (BEAD) Program**

STATE OF NORTH CAROLINA	
Department of Information Technology Division	Electronic Submission Due Date: July 7, 2025
of Broadband and Digital Opportunity	Issue Date: June 20, 2025
Refer ALL inquiries regarding this guidance to: <u>BEAD@nc.gov</u>	Description: Broadband Equity, Access, and Deployment Program (BEAD) Prequalification

APPLICANT:			
STREET ADDRESS:	P.O. BOX:	ZIP:	
CITY, STATE & ZIP:	TELEPHONE NUMBER:	TOLL FREE TEL. NO	
PRINT NAME & TITLE OF PERSON SIGNING:		FAX NUMBER:	
AUTHORIZED SIGNATURE:	DATE:	E-MAIL:	

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## **1. KEY INFORMATION**

The Division of Broadband and Digital Opportunity is offering broadband providers the opportunity to prequalify for the BEAD Subgrantee Selection phase, which will be launched in July 2025. Prequalification is intended to streamline the application process and ensure applicants meet the program's minimum and mandatory requirements. The prequalification window launched on June 20 marks the final prequalification window for participation in the BEAD subgrantee selection process. All broadband providers that wish to participate in BEAD subgrantee selection must submit prequalification materials by the July 7 deadline described below.

Providers must complete the qualification process by meeting all the qualification requirements in order to be considered for project applications that may result in project funding.

Completion of this form is required to prequalify for the BEAD program. This form requests responses to required information in narrative and table format. The prequalification also requires additional documentation be submitted. Please refer to prequalification document checklist for a list of all documents that must be uploaded in addition to the completion of this form.

**Prequalification Deadline:** The final BEAD prequalification window has been reopened as of June 20, 2025. The deadline to submit applications/information to prequalify is 11:59 p.m. on July 7. All broadband providers that wish to participate in BEAD subgrantee selection must submit prequalification materials by the July 7 deadline.

**Submission Guidelines:** Potential Applicants for the division's BEAD program should submit their prequalification response form though the Broadband Infrastructure Office's (BIO) Data Exchange. To support the exchange of information for the BEAD program, NCDIT has established the BIO Data Exchange cloud storage folders for the secure upload of files to private folders that are only accessible to the broadband provider to which they are assigned.

No other submission method is allowed. Submissions should be complete, and attachments clearly labeled. Completed response forms, attachments, and supporting documentation should be received by the division by the date and time listed above to be considered for prequalification. It is the Potential Applicant's responsibility to ensure the submission is received by the division prior to the submission deadline.

Potential Applicants will have the opportunity to resubmit any incomplete or insufficient prequalification response forms for a short period following the deadline for submission of prequalification materials. NCDIT may seek clarifications from Potential Applicants based on submitted information, as necessary. Inability to provide the necessary documentation and explanation will result in an incomplete prequalification response form.

**Contact:** If there are any questions regarding the information in this response form, please refer to the prequalification guidance. If there are any further questions, please contact NCDIT at <u>BEAD@nc.gov</u>.

# 2. INSTRUCTIONS FOR SUBMISSION

Potential Applicants should adhere to the following general instructions to bring clarity and order to the submission and subsequent evaluation process:

- The submission should contain the completed prequalification response form along with any required attachments, as noted. The signature page of the prequalification response form should be placed at the front of the submission package.
- The Potential Applicant can refer to the prequalification submission checklist. The Potential Applicant is not required to submit the prequalification submission checklist with the prequalification response form.
- Use the prequalification response form for providing all responses for this prequalification submission. The prequalification response form document is an Adobe Acrobat® Form with instructions and blanks for responses. The template may include specific capacity constraints for responses. The Potential Applicant should strive to offer thorough and comprehensive responses while also prioritizing brevity and clarity.
- Supply all relevant and material information as requested. Certain information should be uploaded in separate documents. Documents saved in an Adobe Portable Document Format (PDF) are required.
- Furnish all information requested; and where response spaces are provided in the prequalification response form, the Potential Applicant shall furnish said information in the spaces provided. Submissions that do not comply with these instructions may be rejected or returned to the Potential Applicant for modification.
- For certifications, an Officer/Director level employee of the Potential Applicant should be the certifying individual in the prequalification response form.
- If the Potential Applicant is submitting an internet site link in response to a question, Potential Applicant should test the link with multiple client browsers to ensure functionality for the evaluation team.
- Any prequalification submission that does not adhere to these instructions may be deemed non-responsive and rejected on that basis.
- Only information that is received in response to the requirements in this document, and as required in the prequalification response form along with required attachments will be evaluated. Reference to information previously submitted or Internet Website Addresses (URLs) will not suffice as a response.

## 2.1 BIO Data Exchange Instructions

Potential applicants for the division's BEAD program should submit their prequalification response form through the BIO Data Exchange. To support the exchange of information for the BEAD program, NCDIT has established the BIO Data Exchange cloud storage folders for the secure upload of files to private folders that are only accessible to the broadband provider to which they are assigned. For context, the BIO Data Exchange has also been used to collect information from broadband providers for mapping data related to the Completing Access to Broadband Program

These folders should be used by broadband providers for the following data exchange purposes:

- Upload of prequalification Response Form
- Upload of all supporting documentation for the BEAD prequalification submission

Upon the identification of the correct data contact person(s) at each participating broadband provider, secure login credentials and instructions will be provided individually to this contact. These credentials can then be used to upload the necessary files from an internet browser. Files should be uploaded using the NCDIT Broadband Data Exchange Web Application at <a href="https://assets.gis.nc.gov/apps/ncbio-data-exchange/index.html">https://assets.gis.nc.gov/apps/ncbio-data-exchange/index.html</a>. Prequalification information must be contained as directed in this Guidance document, in separate files and labelled as required.

Designated data contacts (including name, email and phone number) should be emailed to <u>BEAD@nc.gov</u>.

# 3. PREQUALIFICATION RESPONSE

## 3.1 GENERAL REQUIREMENTS (Section IV,D,1 of the BEAD NOFO)

Q1. Is your organization a consortium or a partnership?

□ Yes

🗆 No

If yes, provide a narrative that explains the organizational structure, role, relationship, and significance of each consortium member/partnership entity. The narrative provided should also demonstrate individual expertise and that the Potential Applicant possesses sufficient working capital to successfully carry out and complete the project. (Character limit – 10,000)

Response:			

**Q2.** Provide details of the underlying agreement(s) amongst member/ partnership organizations. (Character limit – 10,000)

Response:		

## 3.2 Financial Capability (Section IV, D, 2.a of the BEAD NOFO)

#### 3.2.1 Financial Capability Certifications

**Q3.** Certify that your organization possesses the necessary financial capability to successfully undertake and complete broadband deployment projects as part of the BEAD program. Please certify that:

 $\Box$  Our organization is financially qualified to meet the obligations associated with any project applications submitted.

 $\Box$  Our organization will have funds available for all proposed project costs that exceed the amount of the grant funds.

 $\Box$  Our organization will comply with all BEAD program requirements, including any service milestones.

□ Our organization will have sufficient financial resources to cover any proposed project costs until further disbursements are authorized.

□ Our organization will comply with Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (2 CFR 200) to complete and operate the project as made applicable by NTIA, state law, and the award agreement.

#### Signature:

#### Name of Certifying Individual:

Title:

#### Date Certified:

#### 3.2.2 Audited Financial Statements (Three Years)

**Q4**. If you are a publicly held organization, provide direct links to 10-K statements for the three most recent fiscal years. In the event a guarantor is identified that is a publicly held organization, provide financial statements of the guarantor for the last three years.

Otherwise, leave this response blank and proceed to Q2.

10-K Statement Name/Year	10-K Statement Link

**Q5.** If you are not a publicly held organization, submit audited financial statements for the three most recent fiscal years including Balance Sheet, Income Statement and Statement of Changes in Financial Position or Statement of Cash Flows, and any footnotes to the financial statements. Statements may be audited, reviewed, or compiled by a Certified Public Accountant (CPA), or may be produced directly from accounting software (e.g., QuickBooks, Sage, FreshBooks, or other similar programs). Statements should be in PDF format. Please note that the BEAD program requires audited financial statements. As such, tax returns such as Form 1040 Schedule C, Form 1120 (all variants), Form 1165, or a partnership statement (Form K-1) will not be accepted in lieu of financial statements.

If your organization has been audited during the ordinary course of business, submit audited financial statements from the prior three fiscal years and quarterly or half year statements for the current fiscal year.

If your organization's financial history is less than three years, include quarterly or half year statements for partial years including the current year.

In the event a guarantor is identified by your organization, provide financial statements of the guarantor for the last three years.

Audited Financial Statements - Year	Audited Financial Statements – File Name

Quarterly or Half Year Statements – Year	Quarterly or Half Year Statements – File Name

If your organization has not been audited during the ordinary course of business, submit unaudited financial statements from the prior three fiscal years.

Unaudited Financial Statement - Year	Unaudited Financial Statements – File Name

If your organization's financial history is less than three years, include quarterly or half year statements for partial years including the current year.

Quarterly or Half Year Statements – Year	Quarterly or Half Year Statements – File Name

If your organization submitted unaudited financial statements at this time, please certify that an audited financial statement for the prior fiscal year, prepared by an independent certified public accountant, will be provided prior to receiving any subgrant award(s).

□ Our organization will provide an audited financial statement from the prior fiscal year, prepared by an independent certified public accountant prior to receiving any subgrant award(s).

## Signature:

#### Name of Certifying Individual:

Title:

#### Date Certified:

**Q6.** In case of a consortium/partnership, provide financial statements for each of the member organizations for the past three years.

Member - Audited Financial Statements - Year	Audited Financial Statements – File Name
Mamban Audited Financial Statements Veen	Audited Financial Statements File Name
Member - Audited Financial Statements - Year	Audited Financial Statements – File Name
Member - Audited Financial Statements - Year	Audited Financial Statements – File Name

Member - Audited Financial Statements - Year	Audited Financial Statements – File Name

Member - Audited Financial Statements - Year	Audited Financial Statements – File Name

#### 3.2.3 Material Changes in Financial Condition (If Applicable)

**Q7.** If applicable, provide a detailed summary of any changes in financial conditions that has occurred or is projected to occur, since the most recent completed fiscal year and during the next fiscal year not yet captured in financial statements. This includes:

- A description of any material change, actual and projected, and any related changes or disruptions in ownership or the executive management;
- Actual and projected impacts on the Potential Applicant's organizational and financial capacity and its ability to remain engaged in the BEAD program and submit a project application; and
- A detailed description of any other projected impacts, positive and negative, of the changes experienced and anticipated to be experienced in the financial reporting periods ahead, including the likelihood that the circumstances of the change or impacts thereof will continue during the period of performance of the potential grant award.

For a list of examples considered to be material changes in financial condition, refer to the prequalification guidance document. If not applicable, please leave the response blank. (Character limit - 10,000)

Response:		

#### 3.2.4 Credit Rating (If Applicable)

**Q8.** If available, provide a copy of your organization's latest corporate credit rating carried out by certified credit rating agencies including but not limited to S&P Global, Moody's, and Fitch Ratings.

File Name:

#### 3.2.5 Bankruptcy/Insolvency Proceedings

**Q9.** If you are not a publicly held organization, provide summary information on any current and prior bankruptcy/insolvency events within the last five fiscal years relating to your organization or any person or entity which directly or indirectly through one or more intermediaries' controls, or is controlled by, or is under common control with, your organization. Include information about dates, type, court and jurisdiction, and operating restrictions (if any) imposed by the court post-bankruptcy and whether such restrictions have been lifted. If your organization is a sole proprietorship, include personal bankruptcy filings. (Character limit – 10,000)

For publicly held organizations, submission of bankruptcy information is not a requirement, therefore, no additional information is required for this response. If not applicable, please leave the response blank.

Response:			

Upload any additional documentation of the Insolvency/Bankruptcy Event.

File name:

## 3.2.6 Failure to Perform (If Applicable)

**Q10.** Provide details on the number of federal and state broadband grant projects your organization was awarded but defaulted, terminated, or otherwise failed to complete in the required timeline, was accused of failing to complete in the required timeline, forfeited or was asked to return any awarded or expended funds, or was notified by the grantor that it failed to meet project milestones or timelines or submit required progress reports or other documentation<sup>1</sup> from January 1, 2019 up to the date of submitting the prequalification response form. Provide a summary of why the project(s) was not completed and the current status of the project(s). If not applicable, leave below table blank.

Project Name	Grant/Award	Reason for default and current status

<sup>&</sup>lt;sup>1</sup> The word default, as used in this context, is defined as the omission or failure to fulfill a duty, observe a promise, discharge an obligation, or perform an agreement; and is specific to instances where the Potential Applicant may be deemed to be at fault for the failure to perform the grant project(s).

Project Name	Grant/Award	Reason for default and current status

## 3.2.7 Performance Security and Letter of Credit Requirements

**Q11.** Provide certification that your organization understands that if awarded a project under the BEAD program, they will have to provide the required Performance Security Requirement LOC

prior to signing a subgrant agreement.

□ Our organization will provide the required LOC prior to receiving any subgrant award(s) under the BEAD program.

## Signature:

## Name of Certifying Individual:

Title:

Date Certified:

## 3.3 Managerial Capability (Section IV, D, 2.b of the BEAD NOFO)

## 3.3.1 Corporate Organization Chart(s)/Baseline Organization Profile

**Q12.** Provide a corporate organizational chart identifying the parent organization and any subsidiaries or affiliates that will be performing work in North Carolina and identify the organization serving as the Potential Applicant to the BEAD program. The Potential Applicant should be able to contract, receive, and implement grant awards in North Carolina. Within the organizational chart, describe the Potential Applicants' business type in relation to tax filings (for-profit, not-for-profit, etc.) and whether the organization is publicly held.

#### File name:

#### 3.3.2 Organization ID Number

**Q13.** Provide the appropriate identification numbers for the relevant corporate entity. If an ID number does not apply, please indicate such and provide instead one of the following:

- US FEIN (Federal Employer Identification Number)
- NC SOS (Registration number for NC Secretary of State)
- US CAGE (Commercial and Government Entity)
- FCC (Federal Communications Commission) FRN (FCC Registration Number)
- FCC ETC (FCC Eligible Telecommunications Carrier)
- Unique Entity Identifier (Generated by Sam.gov)
- Equifax (Equifax Vendor ID Number)

#### Response:

#### 3.3.3 Applicant's Organizational Chart

**Q14.** Submit an organizational chart that includes all relevant personnel within the organization

who are likely to have a role on a potential broadband deployment project(s) to be funded by this grant award in North Carolina. Relevant personnel may include a Chief Technology Officer, Project Engineer, and contractor oversight team, among other relevant personnel.

#### File name:

**Q15.** Certify that your organization employs personnel with relevant certifications for broadband deployment projects as mandated by state and federal law and reflective of industry practices.

□ Yes, our organization employes personnel with relevant certifications for broadband deployment projects as mandated by state and federal law and reflective of industry practices.

#### Signature:

#### Name of Certifying Individual:

Title:

#### Date Certified:

**Q16.** Provide a narrative that describes how your organization employs personnel with relevant certifications for broadband deployment projects as mandated by state and federal law and reflective of industry practices.(Character limit - 10,000)

Response:		

#### 3.3.4 Resumes for Key Management Personnel

**Q17.** Provide one-page resumes of all relevant financial, technical, and managerial key personnel that would be involved in a BEAD broadband deployment project(s). All key personnel should be employees of the firm, rather than contractors. Each resume should demonstrate relevant experience with broadband deployment projects of similar scope and scale.

Key Personnel Name	Resume File Name

Key Personnel Name	Resume File Name

#### 3.3.5 Explanation of Roles and Responsibilities

**Q18**. Provide a detailed narrative explaining the specific roles and responsibilities of all key personnel who would be involved in BEAD broadband deployment projects in North Carolina.

This narrative should comprehensively outline the functions and tasks assigned to individuals in the financial, technical, and managerial domains. (Character limit – 10,000)

Response:		

#### 3.3.6 Organizational and Managerial Readiness

**Q19.** Provide a narrative that highlights your organizational readiness, including emphasizing any relevant experience or successful track record in managing similar projects and showcasing the team's ability to handle the complexities and challenges that may arise during the proposed broadband deployment project(s). Additionally, provide details of any resources, partnerships, or technological infrastructure that will contribute to the efficient and effective execution of the project demonstrating the organization's capacity to deliver tangible results. Please provide your response below. (Character limit – 10,000)

Response:
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**Q20.** Provide a narrative describing your readiness to manage a broadband network. This should include a comprehensive overview of the experience and qualifications of key management personnel, as well as highlighting any recent and upcoming organizational changes, such as mergers and acquisitions. Additionally, outline relevant organizational policies that contribute to their readiness in effectively managing a broadband network.

Please provide your response below. (Character limit – 10,000)

Response:

## 3.4 Technical Capability (Section IV, D, 2.c of the BEAD NOFO)

## 3.4.1 Technical Capability Certifications

**Q21.** Check the box to confirm that your organization is technically qualified to

complete and operate BEAD projects.

 $\Box$  I confirm that our organization meets the certification requirements outlined above.

#### Signature:

Name of Certifying Individual:

Title:

#### **Date Certified:**

**Q22.** Upon certifying the above, provide a narrative describing technical qualifications such as years of technical experience, experience across similar projects, and a high-level approach to deployment. (Character limit - 10,000)

Response:

**Q23.** Check the box to confirm that your organization certifies it is capable of carrying out the funded activities in a competent manner, including that they will use an appropriately skilled and credentialed workforce (including certifying that the employed personnel will have relevant certifications for deployment projects, as mandated by state and federal laws and reflective of industry practices).

 $\Box$  I confirm that our organization meets the certification requirements outlined above.

Signature:

#### Name of Certifying Individual:

Title:

Date Certified:

Q24. Removed

## 3.4.2 Project Experience

**Q25.** Submit organizational qualifications that outline previous experience with broadband/telecommunication deployment projects, as well as other projects of comparable size and scope of the projects your organization intends to develop through the BEAD program. Prior project experiences with a comparable scope should be accompanied by a narrative to illustrate successful completion of projects. Each description should include details such as the construction cost, start and completion dates of the project, any teaming partners and the use of subcontractors, and the value that your organization contributed to the project.

Additionally, indicate the network types that your organization has deployed or operated in the past (Fiber-to-the-Premise (FTTP), Hybrid Fiber-Coaxial (HFC), Coaxial, Copper/DSL, Fixed Wireless, Mobile Wireless, etc.). Please provide your response below: (Character limit – 20,000)

Q26. Removed

**Response:** 

# 3.4.3 Appropriately Skilled and Credentialed Workforce Narrative - Removed

Q27. Removed

## 3.4.4 Contractor Selection Process (If Applicable) - Removed

Q28. Removed

#### 3.4.5 Approach to Broadband Deployment

#### 3.4.5.1 High Level Network Summary

**Q29.** Provide a general overview of the architecture of your organization's current broadband networks in North Carolina. This response is requested to better understand how your organization views its networks at a high-level and is not considered binding for any specific infrastructure projects. Do not provide details of security architecture, processes, or credentials.

The response should summarize the following:

- 1 The general backbone strategies from the Central Office (CO) or headend, and decision criteria for splicing to middle mile / distribution fiber or coaxial cabling.
- 2 Summarize powered and unpowered components generally used in the networks.
- 3 Summarize overall design direction for future network construction or additions, if different from the strategy for the current networks.

If your organization does not currently own or operate networks in North Carolina, the response should be a concise summary of overall network architecture principles utilized by your organization.

Please provide your response below. (Character limit – 5,000)

Response:		

#### 3.4.5.2 Network Design for Grant Projects

**Q30.** Provide a brief summary of network design considerations for grant-based projects in North Carolina targeting unserved and underserved locations. Information should include, but is not limited to, analysis of eligible project areas, budget development and review, network design considerations to achieve last mile connectivity, and details on how internal / external resources may be engaged in the process. Please provide your response below. (Character limit – 5,000)

Response:			

#### *3.4.5.3* Network Development

**Q31.** Provide a narrative response that includes the following:

- 1. Briefly outline your organizations general approach to advance a proposed project from a concept to an actual work-in-progress project.
- 2. Briefly describe the transition to a managed project including how high-level key milestones are defined.
- 3. Summarize the approach to planning for permits, easements, and preparation for makeready work.

If the network development of a grant project is different than a privately funded build, note any key differences. This response should be a description of an overall process and is not a request for a specific project plan/timeline. Please provide your response below. (Character limit -5,000)

#### Response:

#### 3.4.5.4 Network Construction

**Response:** 

**Q32.** Provide a narrative description of how network construction for new projects is generally managed and implemented by your organization. The response should outline key construction phases and whether internal or external resources are used during construction. Additionally, provide the names of typical contractors used in North Carolina projects. If network construction processes differ for grant-funded projects, respondent should describe how grant-funded deployment projects differ in approach in terms of network construction. Please provide your response below: (Character limit – 5,000)

## 3.4.5.5 Network Turnup / Operationalization

**Q33.** Provide a narrative response that includes the following:

- 1. Summarize your organization's high-level processes and typical transition from network construction to operationalization including quality control processes for new construction combined with the resolution of construction and turnup issues;
- 2. Describe intermediate test processes during construction. Identify the safeguards in place to ensure adequate reliability and stability are present prior to general availability of the network; and
- 3. Explain who in the organization is responsible for network turnup and signoff for completion.

Please provide your response below. (Character limit – 5,000)

Response:		

#### 3.4.5.6 Reliability Repair

**Q34.** Describe your organization's broad standards for ongoing infrastructure review and maintenance including generalized information on resource and funding allocation and schedules, identification of key vendors, and escalation processes.

• <u>Reliability:</u> Describe the overall objectives for network reliability (excluding upstream providers). Briefly describe network monitoring algorithms and systems in use. Describe what generally constitutes a "Network Emergency." (Character limit – 2,000)

Response:					
	bow ropair rog	uiromonte ara a	ammunicated and	managed Des	
<u>Repair:</u> Summarize				0	

whether mean time to detect and mean time to restore statistics are calculated for fiber networks in North Carolina and whether such statistics are of value in supporting network restoration. If not, describe how response times are tracked and measured to ensure timely repair (non-extraordinary). (Character limit – 2,000)

Response:	
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 <u>Resource Management:</u> Summarize resource management protocols utilized to support network maintenance and repairs including crew, equipment, and supplies. (Character limit – 2,000)

Response:

• <u>Dispatch Process</u>: Describe the standard dispatch process related to the identification and management of network outages or repairs. Generally, describe the broad process relating

to an outage for an individual subscriber. Describe how scheduled maintenance windows tie to these processes. (Character limit -2,000)

**Response:** 

 <u>Inventory</u>: Describe general inventory management policies, processes, and capabilities for infrastructure components such as cables, connectors, conduit; for network electronics (such as cards, hubs, antennas, radios, routers, switches etc.); and for end user components (such as network interface devices (NID), optical network terminals (ONT), etc.). If inventory management processes for a grant project are different than a privately-funded build, note any key differences. (Character limit – 2,000)

Response:			

#### *3.4.5.7* Network Management and Security

**Q35.** Summarize, at a high-level, the approach your organization takes to network level security. Note: Do not disclose confidential or specific network security architecture, device information or credentials in these responses.

 <u>Security Management Information</u>: If your organization utilizes a third party for managed services, please list the name of the managed network security (MNS) organization. Please certify if your organization utilizes both an in-house security manager and a third-party organization for security management. (Character limit – 2,000)

Response:
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• <u>Network Security Policy</u>: Summarize your policy for network security including physical

security, network access, and other incursions such as cyber-attacks. Briefly describe differences between protocols for organization owned networks vs. partner owned networks. (Indicate in the response if your organization does not utilize a partner-owned network). (Character limit – 2,000)

Response:

## 3.5 Compliance with Applicable Laws (Section IV, D, 2.d of the BEAD NOFO)

#### 3.5.1 Compliance with Laws Commitment

**Q36.** Provide a certification confirming an understanding and commitment to comply with all federal, state and local laws.

□ I confirm that our organization has an understanding and commitment to comply with all federal, state and local laws.

#### Signature:

#### Name of Certifying Individual:

Title:

#### Date Certified:

**Q37.** Provide an overview of previous records or compliance checks demonstrating compliance with all federal, state, and local laws for previous broadband deployment projects, including those funded by North Carolina's GREAT Grant and/or CAB programs. (Character limit – 10,000)

#### **Response:**

**Q38.** Provide a description of established processes, procedures, or protocols in place to ensure continued compliance with applicable laws during any BEAD funded broadband deployment projects. (Character limit – 10,000)

Response:	

**Q39.** If your organization is unable to certify compliance with all federal, state, and local laws, provide an explanation. This explanation should offer context for any violations and demonstrate the adoption of procedures to prevent future violations. If not applicable, please leave the below response blank. (Character limit – 10,000)

**Response:** 

## 3.5.2 Safety and Health Requirements Commitment

**Q40.** Provide a statement confirming your organization's commitment to compliance with Occupational Safety and Health Administration (OSHA) requirements, explicitly highlighting the permission for employees to create worker-led health and safety committees that management will engage with upon reasonable request. (Character limit – 10,000)

Response:	

**Q41.** Submit evidence of training programs or initiatives aimed at informing and ensuring that your team understands and adheres to safety and legal standards. Examples of evidence may include a description, training schedules, modules, or materials. Provide your response below and upload the relevant attachments:

Training Program/Initiative Name	Training Program Attachment Name

Training Program/Initiative Name	Training Program Attachment Name

**Q42.** If your organization is unable to comply with OSHA requirements, provide an explanation as to why. This explanation should offer context for any past violation and demonstrate the adoption of procedures to prevent future violations. If not applicable, please leave the below response blank. (Character limit – 10,000)

Response:	

## 3.6 Operational Capability (Section IV, D, 2.e of the BEAD NOFO)

#### 3.6.1 Operational Capability Certification\*

**Q43.** Please certify that your organization possesses the operational capability to complete and operate any proposed BEAD projects.

□ I certify that our organization possesses the operational capability to complete and operate any proposed BEAD projects.

Signature:

Name of Certifying Individual:

Title:

**Date Certified:** 

# 3.6.2 Certification of Compliance with the FCC Regulations (Existing Providers Only)

**Q44.** If your organization is an existing broadband service provider, please certify your organization has complied with all prerequisites and regulations put forth by the FCC including timely filing of FCC Forms 477, 498, and 499, the Broadband Data Collection (BDC) data submitted since July 1, 2021, including filing dates, agency, form type, and status (if any), and the Broadband DATA Act submission, if deemed applicable.

Also certify that your compliance has been consistent throughout the period of operation, showing compliance with and respect for the Commission's rules and regulations. Organizations who have not filed timely submissions of Broadband Data Collection and FCC Form 477 data will be ineligible for BEAD program subgrants. <sup>3</sup>

□ I certify that our organization has complied with all prerequisites and regulations put forth by the FCC including timely filing of FCC Form 477, the Broadband Data Collection (BDC), and the Broadband DATA Act submission.

#### Signature:

Name of Certifying Individual:

Title:

#### **Date Certified:**

**Q45.** If your organization has **not** complied with all prerequisites and regulations, please provide an explanation for non-compliance with prerequisites and regulations put forth by the FCC.

Detail the circumstances, whether there are any related (pending or completed) enforcement actions, civil litigation, or other matters. There is no requirement for the applicant to include copies of reports or supporting schedules. If not applicable, please leave the below response blank. (Character limit – 10,000)

Response:

## 3.6.3 History of Operations (Existing Providers Only)

Q46. If your organization is an existing broadband service provider, your organization must

<sup>&</sup>lt;sup>3</sup> <u>https://broadbandusa.ntia.gov/sites/default/files/2023-07/FCC\_Mapping\_and\_Challenge\_Presentation.pdf</u>

demonstrate a consistent service history providing voice, broadband, and/or electric transmission or distribution over the past two consecutive years leading up to the date of this prequalification submission. If your organization is a wholly owned subsidiary of a larger entity that meets these service requirements, you can be considered as an eligible entity.

Any entity that has provided voice, broadband, and/or electric transmission or distribution service for at least two consecutive years prior to submission or is a wholly owned subsidiary of such an entity must provide a certification attesting to these facts and specifying the number of years they have been operating.

□ I certify that our organization has provided voice, broadband, and/or electric transmission or distribution service for at least two consecutive years prior to this submission.

#### Signature:

Name of Certifying Individual:

Title:

Date Certified:

**Q47**. Indicate your organization's years of operations. **Response:** 

**Q48.** If your organization is an existing broadband service provider, provide a description of current subscriber counts classified as home, businesses, and Community Anchor Institutions (CAIs) summarized at the county level within North Carolina and at the state level outside of North Carolina. (Character limit – 5,000)

Response:			

Q49. Provide summary of relevant completed and ongoing projects in the last two years

Project Name	Project Location	Project Description	Award Amount	Funding Source	Project actual or estimated start date	Project actual or estimated completion date

Project Name	Project Location	Project Description	Award Amount	Funding Source	Project actual or estimated start date	Project actual or estimated completion date

A completed table may be uploaded if additional space is required for this response.

Additionally, upload supporting documentation for the projects listed. Supporting documentation can include award letters, completion letters, any press releases, project-based internal or external reports, network maps or any other relevant documentation that provides evidence that those projects have been undertaken by your organization.

#### File name:

**Q50.** If your organization is an existing broadband service provider, has your organization received any infractions, paid any penalties in relation to broadband deployment projects,

and/or has your organization been involved in any criminal proceeding or civil litigations in relation to broadband deployment projects in North Carolina?

□ Yes

🗆 No

If applicable, provide any relevant information on penalties paid for broadband deployment projects and/or prior criminal proceedings or civil litigation in North Carolina where your organization has been a defendant. Examples of prior penalties paid may include non-compliance penalties, violations of regulatory requirements, contract breaches, financial mismanagement, non-payment of subcontractors or vendor, and environmental damages. If not applicable, please leave the below response blank. (Character limit – 10,000)

**Response:** 

**Q51.** Certify that your organization has submitted true and accurate information regarding any previous infractions or penalties within the state of North Carolina related to broadband deployment projects.

□ I confirm that our organization has submitted true and accurate information regarding any previous penalties, litigations, or infractions related to broadband deployment projects in North Carolina.

#### Signature:

Name of Certifying Individual:

Title:

#### Date Certified:

#### 3.6.4 For New Broadband Service Providers Only

**Q52.** If your organization is a new broadband service provider, provide details on years in existence and nature of business

#### Response:

Q53. Length of duration of providing broadband services, if applicable

#### Response:

**Q54.** Provide evidence to demonstrate that your organization has, through internal or

external resources, sufficient operational capabilities to manage and operate the project(s). This includes resumes from key personnel, descriptions of relevant ongoing or completed projects, and narratives from contractors, subcontractors, or other partners with relevant operational experience.

Please be aware that if resumes and project descriptions have already been submitted in earlier sections of this prequalification response form to meet previous requirements, this does not need to be submitted again.

Evidence Description	Attachment Name

## 3.6.5 Contact Information for Authorized Representatives

**Q55.** Provide the name and contact information for one or more contacts responsible for full cost management for broadband deployment projects in North Carolina, where "full cost" means the individual who carries full responsibility for review, authorization and approval for North Carolina project activity and expenditures. Include name, title, email address, phone number, and physical address.

Name	Title	Email Address	Phone Number	Physical Address

### 3.6.6 Billing and Operational Support Systems (B/OSS)

**Q56.** Briefly describe the billing system utilized for end user account management. If the billing system is provided by a third party, include the name and URL of the provider. Further, indicate if billing system data is stored onsite or offsite and provide a brief summary of backup protocols for this data. (Character limit - 5,000)

Response:		

### 3.6.7 Billing and Customer Data

**Q57.** Briefly describe billing cycles and summarize end user access to billing information. Included in the response should be a summary of payment methods available to subscribers. (Character limit -5,000)

Response:

**Q58.** Summarize internal policy and security standards for protecting customer proprietary network information (CPNI) and equivalent end user information including personal and billing information. The frequency of security standards testing, and reviews should be included.

In the response, do not provide information which has the potential to compromise ongoing or planned systems operations, network management or security. (Character limit -5,000)

**Response:** 

# 3.6.8 End User Support\*

**Q59.** Briefly describe both the types of support as well as support standards. Summarize end user support protocols including the capacity for 24 x 7 inbound support. Briefly describe resolution procedures relative to real time resolution, dispatch, or escalation. (Character limit -5,000)

Response:		

# 3.6.9 Human Resources Capacity

**Q60.** Summarize Potential Applicant's capacity in relation to the federal funding now available nationwide for broadband investments. Describe broad strategies for absorbing the additional deployment work in this climate. Briefly describe how new employees and/or contract personnel are trained and integrated to support grant projects in North Carolina. (Character limit – 5,000)

Response:

# 3.7 Ownership Information (Section IV, D, 2.f of the BEAD NOFO)

Provide ownership information consistent with the requirements set forth in 47 CFR part 1.2112(a)(1)-(7). This regulation mandates the full disclosure of direct and indirect ownership interests, including details of any parties with a 10% or more stake, the nature of the interest,

and the inter-relationships with any FCC-regulated entities. Each Potential Applicant shall disclose the following:

# 3.7.1 Potential Applicant Information

**Q61.** List the real party or parties with interest in your organization, including a complete disclosure of the identity and relationship of those persons or entities directly or indirectly owning or controlling (or both) your organization.

Party/Parties with interest	Identity / Relationship Description

# 3.7.2 Stockholder Information

**Q62.** List the name, address, and citizenship of any party holding 10% or more of stock in your organization, whether voting or nonvoting, common, or preferred, including the specific amount of the interest or percentage held. If not applicable, leave the table below blank.

Address	Citizenship	Amount of Interest
	Address	Address  Citizenship

Stockholder Name	Address	Citizenship	Amount of Interest

### 3.7.3 Limited Partners Information

**Q63.** List, in the case of a limited partnership, the name, address and citizenship of each limited partner whose interest in your organization is 10% or greater (as calculated according to the percentage of equity paid in or the percentage of distribution of profits and losses). If not applicable, leave the table below blank.

Name of Limited Partner	Address	Citizenship	Interest Participation

### 3.7.4 General Partners Information

**Q64.** List, in the case of a general partnership, the name, address and citizenship of each partner, and the share or interest participation in the partnership. If not applicable, leave the table below blank.

Name of General	Address	Citizenship	Share/Interest	
Partner			Participation	


# 3.7.5 Limited Liability Organization Information

**Q65.** In the case of a limited liability organization, list the name, address, and citizenship of each of its members whose interest your organization is 10% or greater. If not applicable, leave the table below blank.

Member Name	Address	Citizenship	Interest Participation

# 3.7.6 Indirect Ownership Interest Information

**Q66.** List all parties holding indirect ownership interests in your organization as determined by successive multiplication of the ownership percentages for each link in the vertical ownership chain, that equals 10% or more of your organization, except that if the ownership percentage for an interest in any link in the chain exceeds 50% or represents actual control, it shall be treated and reported as if it were a 100% interest. If not applicable, leave the table below blank.

Name of Partner with Indirect Ownership	Amount of Interest

# 3.7.7 FCC-Regulated Entity Information

**Q67.** List any FCC-regulated entity or Applicant for an FCC license, in which your organization or any of the parties identified in sections above, owns 10% or more of stock, whether voting or nonvoting, common, or preferred.

This list should include a description of each such entity's principal business and a description of each such entity's relationship to the Potential Applicant (e.g., Organization A owns 10% of Organization B (the Applicant) and 10% of Organization C, then Organization's A and C should be listed on Organization B's response form, where C is an FCC licensee and/or license Applicant). If not applicable, leave the table below blank.

FCC Regulated	Relationship Type	Principle Business	Description of
Entity Name		Description	Relationship

# 3.7.8 Historically Underutilized Business (HUB) and Minority & Women Business Enterprise (MWBE) Information (If Applicable) - Removed

Q68. Removed

# 3.8 Public Funding Information (Section IV, D, 2. g of the BEAD NOFO)

**Q69.** Submit a list of all publicly funded state and federal broadband deployment projects, other than those funded through North Carolina's BEAD program for which your organization, or your organization's affiliates, have submitted or plan to submit a project application for, along with any publicly funded broadband deployment project your organization is undertaking or planning to undertake.

This includes detailing aspects like sources of public funding/funding agency, award date, award amount, expected end date of the project, service speed, coverage area, commitment to serve unserved/underserved areas, the amount of public funding used, consumer service costs, and matching fund requirement amount.

Publicly funded broadband deployment projects include but are not limited to funds provided under:

- The Families First Coronavirus Response Act
- The CARES Act
- The Consolidated Appropriations Act, 2021

- The American Rescue Plan of 2021
- Any federal Universal Service Fund high-cost program (Rural Digital Opportunity Fund (RDOF) or Connect America Fund (CAF), etc.)
- Any North Carolina or local universal service or broadband deployment funding program such as the Completing Access to Broadband (CAB) Program or Growing Rural Economies with Access to Technology (GREAT) Grant Program.

Name of the Project	Project Description (including service speed, coverage area, number of locations served, and consumer service costs)	Source Public Funding/Funding Agency, Award Amount, and Match Amount	Award date, Current Status, and Expected End Date

Name of the Project	Project Description (including service speed, coverage area, number of locations served, and consumer service costs)	Source Public Funding/Funding Agency, Award Amount, and Match Amount	Award date, Current Status, and Expected End Date

This summary may also be provided as an attachment if additional space is required for your response.

File name:

# 3.9 Fair Labor Practices and Highly Skilled Workforce (Section IV,C,1.e of the BEAD NOFO)

Provide the following information related to fair labor practices and highly skilled workforce to be applicable to all your organization's proposed BEAD projects.

**Q70.** Certify that your organization has not been found in violation of federal and/or state labor and employment laws such as the OSHA Act, the Fair Labor Standards Act, or any other applicable labor and employment laws for the past three years. The certification must be provided by an Officer/Director-level employee of the entity (e.g., President, Chief Executive Officer, Chief Financial Officer, Treasurer, or equivalent position).

□ I confirm that our organization has not been found in violation of federal and/or state labor and employment laws such as the OSHA Act, the Fair Labor Standards Act, or any other applicable labor and employment laws for the past three years.

# Signature:

# Name of Certifying Individual:

Title:

# Date Certified:

Provide a signed certificate of compliance with federal and state labor and employment laws for the past three years by an Officer/Director-level employee of the entity (e.g., President, Chief Executive Officer, Chief Financial Officer, Treasurer, or equivalent position). Also certify that your organization will plan to comply with applicable federal and state labor and employment laws for the BEAD projects.

# File Name:

**Q71.** If your organization has been found in violation of federal and/or state labor and employment laws such as the OSHA Act, the Fair Labor Standards Act, or any other applicable labor and employment laws for the past three years, disclose the nature of the violation and the corrective steps taken to avoid similar incidents, and ensure future compliance. (Character limit – 5,000)

# **Response:**

Q72. Removed

Q73. Removed

# 3.10 Environmental and National Historical Preservation Certifications (Section VII, D,4 of the BEAD NOFO)

**Q74.** To demonstrate intent to comply, Potential Applicants should provide the following certifications:

□ I certify our organization will comply with National Environmental Policy Act (NEPA) (42 U.S.C. part 4321 et seq.) and National Historic Preservation Act (NHPA) (54 U.S.C. part 300101 et seq.).

□ I certify our organization understands that NEPA analysis will be required for every broadband deployment project funded through the BEAD program and agrees to provide sufficient information to allow for NEPA analysis such as a detailed project description, including applicable supporting documentation.

□ I certify our organization understands that we are responsible for identifying and obtaining applicable Federal, State and Local Permits (such as easements) required to complete proposed BEAD projects.

□ I certify our organization will cooperate with NTIA in identifying feasible measures to reduce or avoid any identified adverse environmental impacts of our proposed BEAD projects or other eligible activities.

Signature: Name of Certifying Individual: Title: Date Certified:

# 3.11 Build America, Buy America Act (BABA) (Section VII, D,6 of the BEAD NOFO)

All funds made available through the BEAD program for broadband infrastructure should comply with the provisions of BABA made applicable to BEAD by the NTIA. NTIA's limited BABA waiver for the BEAD program requires certain equipment be produced in the U.S., while waiving the domestic manufacturing requirement for other equipment. Subgrantees will be required to report certain information for materials used in BEAD deployments. During this prequalification phase, the Potential Applicants are required to certify and provide plans for compliance with BABA.

**Q75.** Provide a certification that your organization understands and is committed to comply with the BABA requirements.

 $\Box$  I certify that our organization understands and is committed to complying with BABA requirements.

## Signature:

Name of Certifying Individual:

Title:

### Date Certified:

**Q76.** Provide a certification that your organization understands and is committed to comply with the use of the U.S. Department of Commerce's cleared vendor list.

 $\Box$  I certify that our organization understands and is committed to complying with the use of the U.S. Department of Commerce's cleared vendor list.

### Signature:

Name of Certifying Individual:

Title:

### **Date Certified:**

**Q77.** Provide a detailed description of your organizations plans and approach to remaining compliant with BABA requirements for any BEAD projects in North Carolina. (Character limit – 10,000)

# Response:

# 3.12 Cybersecurity and Supply Chain Risk Management Compliance (Section IV, C,2.c.vi of the BEAD NOFO)

## 3.12.1 Cybersecurity Risk Management Plan

Submission of a Cybersecurity Risk Management Plan is required either as part of the prequalification submission or prior to signing of the grant agreement .

**Q78**. Identify if your organization intends to provide the Cybersecurity Risk Management Plan during prequalification or grant agreement

□ Prequalification

□ Grant Agreement

**Q79.** If submitting as part of the prequalification, please upload your organization's Cybersecurity Risk Management Plan. The prequalification guidance document includes the criteria for a Cybersecurity Risk Management Plan.

If not, please submit a signed certification that a Cybersecurity Risk Management Plan will be provided prior to signing of the grant agreement

#### File name:

### 3.12.2 Supply Chain Risk Management Compliance

Submission of a Supply Chain Risk Management Plan is required either as part of the prequalification submission or prior to signing of the grant agreement .

**Q80**. Identify if your organization intends to provide the Supply Chain Risk Management plan during prequalification or during grant agreement.

□ Prequalification

□ Grant Agreement

**Q81.** If submitting as part of the prequalification, please upload your organization's Supply Chain Risk Management Plan. The prequalification guidance document includes the criteria for a Supply Chain Risk Management Plan.

If not, please submit a signed certification that a Supply Chain Risk Management Plan will be provided prior to signing of the grant agreement.

#### File name: