

BROADBAND INFRASTRUCTURE OFFICE

Maintenance Period Annual Report For GREAT, CAB and Stop Gap Projects

This report may be publicly posted. In addition to public posting, this report may be shared with the U.S. Department of Treasury, other federal or state agencies/departments/legislators, and/or local governments. The provider shall make every attempt to complete this report without inclusion of confidential or proprietary information. If inclusion of confidential or proprietary information is necessary, the provider must clearly identify what information is confidential and provide a redacted report in a separate document.

The Provider maintain Broadband Service at the proposed advertised minimum download and upload speeds identified in the awarded Project for the duration of the Agreement. The Provider shall submit to BIO evidence that the Provider is providing access and making available the proposed speed, or a faster speed, to the targeted households and businesses ("Locations") as described in the Agreement.

PROVIDER INFORMATION (to be completed by Provider)

**Provider
Name:** _____

Project Contact Completing
this Form: _____

Title: _____

Primary
Telephone: _____

Email: _____

Maintenance Period
(As approved and notified by NCDIT)

Date Maintenance Period Began

Reporting Period
(e.g., 01/01/2024 – 12/31/2024)

Contract Information

Agreement#: _____

Project Title: _____

Project
County: _____

Technology
Type: _____

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PROJECT SUMMARY

Confirmation of Locations Served:

	Number of Locations with Broadband Access Available*
Households:	
Businesses:	
Agricultural Operations:	
Community Anchor Institutions:	

*Broadband access is considered available if the Internet carrier can provide broadband service to a Location immediately or within ten (10) business days upon request and without cost to the customer other than standard connection fees.

Confirmation of Base Speed:

Base Speed Available pursuant to Agreement (including any multiplier specified in the associated application/response to SOW): _____ / _____

Is this Base Speed available to all locations contracted in the agreement?

_____ Yes

_____ No

Explanation of limitations: If no, please disclose all locations without the required Base Speed and reason why the required Base Speed was not met below. If preferred, a location file can be submitted as an attachment to this report that discloses any locations without the required Base Speed.

Speeds, Data Caps, Cost:

	*Advertised Speed (download/upload)	Estimated Typical Speed Available (download/upload)	*Note any Data Caps	*Average Subscriber Cost per Month	*Total Number of Current Subscribers
Households:					
Businesses:					
Agricultural Operations:					
Community Anchor Institutions:					

*For providers offering multiple service packages at these locations, rows may be added to this table or marketing materials outlining service plans can also be attached separately to this report.

Other Information:

Major Service Outages: Please provide a description of any service outage impacting any project location(s) that occurred during the reporting period, lasted at least 24 hours and disrupted total service hours by more than 10,000 hours across the provider's customer base (provider may report based on a comparable basis if data is not available using this specific metric). Description should include the cause, resolution, total number of locations impacted and length of the outage, as well as any measures implemented to prevent or mitigate similar outages in the future.

Other Service Outages: Please provide the total number of service outages occurring during the reporting period for the project area and the percent of service outages resolved within 48 hours (provider may report based on a comparable basis if data is not available using these specific metrics).

Adoption Efforts:

Please describe any past, current or planned adoption efforts in relation to these locations. Also note any low-cost offering available to low-income households.

PROVIDER CERTIFICATION & ATTESTATION

Broadband Provider (ISP) Certification and Attestation

The undersigned representative of the provider certifies that the information in this annual report is true, correct, and complete to the best of the signatory's knowledge and belief. The signatory further certifies that as authorized representative, the signatory is authorized to file this final report.

SIGNATURE OF AUTHORIZED REPRESENTATIVE

Date

PRINTED NAME AND TITLE