





OMB Control No. 0660-0047 Expiration Date: 07/31/2025

	TRIBAL RR	OADRAND CONNECTIVIT	TY PROGRAM ANNUAL REPORT	OMB Control No. 0660-0047 Expiration Date: 07/31/2025						
	TRIBAL BIN	DADBAND CONNECTIVIT	GENERAL INFORMATION							
	Desimient Operations	Alaska Federation of Natives	Award Identification Number:	NT22TBC0290032						
	Recipient Organization: Recipient Street Address:	3001 A St., Ste. 210		N1221BC0290032						
GENERAL	City, State, Zip Code: DUNS/UEI Number:	Anchorage, AK 99503	Report Submission Date (MM/DD/YYYY):	05/26/2023						
GEN	Period of Performance Start Date (MM/DD/YYYY):	05/01/2022	Period of Performance End Date (MM/DD/YYYY):	04/30/2024						
	Report Period Start Date (MM/DD/YYYY):	05/01/2022	Report Period End Date (MM/DD/YYYY):	04/30/2023						
	Provide the number of locations (600 words or less)	or geographic areas at which broa	dband service was provided using the grant funds.	(Please attach associated shapefiles of geographic areas)						
1	N/A									
	Please describe each service pro	vided with grant funds. (600 words	s or less)							
2	health corporations and their res furthest along. AFN is trying to al	spective village tribal health clinics t	to bettter determine their telemedince capabilites a our TBCP award with our pending DE award. NTIA is	d. ANTHC is working with the regional Alaska Native tribal and needs. The telehealth component of our award is the about a year behind on allocating its DE funds; however,						
	If applicable, please list subcont	ractors and describe how they expe	ended funds. (600 words or less)							
3	ANTHC - our healthcare subawar	dee is starting to do grant work, bu	t has not submitted a reimbursement request yet.							
			expended the funds. (600 words or less)							
4	AFN has spent roughly \$9,000 to Phoenix, AZ in March 2023.	date on airfare, ground transportat	tion, loding, and meals and expenses associated wit	th NTIA's Tribal Broadband Leaders Network conference in						
	If applicable, please list each sul	precipients that received a subgran	t through funding. (600 words or less)							
5	N/A									
	•	oadband use and adoption or broa o address them? (600 words or less		xperienced during the reporting period of this award to						
6	because we hoped to combine (I	NOT comingle) the programs for ma	iximum impact; and (2) reporting - the number of re	DE allocations to tribes, which is impacting out TBCP award eports that are due quarterly, bi-annually, and annually can yould appreicated NTIA considering moving to a bi-annual						
	Please describe whether or not your organization connected NOFO purpose areas to broadband adoption and use or broadband infrastructure deployment work. (600 words or less)									
7	Yes, as noted above, AFN - thorugh our healthcare subcontractor, ANTHC, is starting to work on the telehealth components of our award. 7									
	Please describe your project's ac	chieved accomplishments during th	is reporting period. (600 words or less)							
8	AFN was able to finalize our subo	contract with ANTHC and ANTHC, in	turn, is starting to work on the telehealth components	ents of our award						

ο .	Using the Excel spreadsheet template titled "TBCP Reports Addendum A", please provide with their Location ID that you connected to your network. The locations should match a Location Fabric, which is a unique identifier for the geographic coordinates, and where a 'Annual Report' checkbox when completing the addendum.	nd conform to the Federal Communication	ns Commission (FCC) Broadband Serviceable				
10	Using the Excel spreadsheet template titled "TBCP Reports Addendum B", please provide an updated count of Tribal Businesses within each of the eligible tribal block groups along with their Location ID that you connected to your network. The locations should match and conform to the Federal Communications Commission (FCC) Broadband Serviceable Location Fabric, which is a unique identifier for the geographic coordinates, and where available, the address(es) associated with each location. Please be sure to select 'Annual Report' checkbox when completing the addendum.						
11	Using the Excel spreadsheet template titled "TBCP Reports Addendum C", please provide an updated count of Community Anchor Institutions (CAIs) within each of the eligible tribal block groups along with their Location ID that you connected to your network. The locations should match and conform to the Federal Communications Commission (FCC) Broadband Serviceable Location Fabric, which is a unique identifier for the geographic coordinates, and where available, the address(es) associated with each location. Please be sure to select 'Annual Report' checkbox when completing the addendum.						
	I certify to the best of knowledge and belief that this report is correct and complete for p	erformance of activities for the purposes	set forth in the award documents.				
	Typed or printed name and title of Authorized Certifying Official:						
CATION	Telephone (area code, number and extension): (907) 830-8094						
CERTIFICATION	Signature of Certifying Official:	Email Address:	nborromeo@nativefederation.org				
	/s/ Nicole Borromeo	Date:	5/26/2023				







Olimoth Control of the Control of th						OMB Control	No. 0660-0047 Expiration	on Date: 07/31/2025
		TRIBAL BROADBAND CO	NNECTIVITY	PROGRAM	REPORTS ADDENDUM A			
Recipient Organization:				Award	Identification Number:			
Recipient Street Addres	ss:			Report	Submission Date (MM/DD/YYYY):			
City, State, Zip Code:				DUNS/	UEI Number:			
Reporting Period Start	Date (MM/DD/YYYY):				Baseline Report □			
Reporting Period End D	ate (MM/DD/YYYY):			Report Type: Annual Report				
				•		•		
		Housel	nold Locations	in the Servic	e Area			
(codified at 47 U.S.C. §	he Fabric ID associated with the Federal Communicatio § 641-646) (Broadband DATA Maps). The "location_id" available to filers. Number of units refers to o	data element is a unique identifier ne location that has multiple units v	for the location s within that one lo	erved. A Locatio cation. Please in	n ID should be included for each lo sert rows at the bottom of the tabl	cation in the Broadband Serviceal e to report additional location dat	le Location Fabric when a if needed.	the Fabric is made
Location ID	Street Address	City	State	ZIP	Latitude	Longitude	Tribal Block Group	# of Units
							+	
				1				
				1			+	
							+	
 				+			+	
				1				

								1
								ļ
								ļ
				İ				<u> </u>
								
								
								
								1
								
								-
								
]
	I certify to the best of knowledge and belief that this rep	ort is correct and complete for pe	erformance of acti	ivities for the purp	ooses set forth in the award docum	ents.		

CATION	Typed or printed name and title of Authorized Certifying Official:	Telephone (area code, number and extension):	
CERTIFIC	Signature of Certifying Official:	Email Address:	
		Date:	







						OMB Contr	ol No. 0660-0047 Expiratio	n Date: 07/31/2025
		TRIBAL BROADBAND CO	NNECTIVITY	PROGRAM	REPORTS ADDENDUM B		•	
Recipient Organization:					Identification Number:			
Recipient Street Address:				Report	t Submission Date (MM/DD/YYYY):			
City, State, Zip Code:					/UEI Number:			
Reporting Period Start Da	Reporting Period Start Date (MM/DD/YYYY):				Baseline Report			
Reporting Period End Date	e (MM/DD/YYYY):			Report	t Type:	Annual Report		
	- (, , , .							
		Tribal Bu	siness Locatio	ns in the Serv	vice Area			
(codified at 47 U.S.C. §§ (available to filers. Numb		l" data element is a unique identifier Inits within that one location. Please in that one location. Please insert ro	for the location s insert rows at the ws at the bottom	erved. A Location be to the to the to refer to r	n ID should be included for each loca table to report additional location da eport additional location data if need	ation in the Broadband Service ata if needed. Number of units ded.	able Location Fabric when refers to one location that	the Fabric is made has multiple units
Location ID	Street Address	City	State	ZIP	Latitude	Longitude	Tribal Block Group	# of Units
				+	+			
				+	+			
				1				
				+	+			
				1				

								1
								ļ
								ļ
				İ				<u> </u>
								
								
								
								1
								
								-
								
]
	I certify to the best of knowledge and belief that this rep	ort is correct and complete for pe	erformance of acti	ivities for the purp	ooses set forth in the award docum	ents.		

CATION	Typed or printed name and title of Authorized Certifying Official:	Telephone (area code, number and extension):	
CERTIFIC	Signature of Certifying Official:	Email Address:	
		Date:	







						OMB Control	No. 0660-0047 Expiration	on Date: 07/31/2025
		TRIBAL BROADBAND CO	NNECTIVITY	PROGRAM	REPORTS ADDENDUM C	Citiz Control	cood coar Expiratio	50.0. 07/01/2025
Recipient Organization	1:			Award	l Identification Number:			
Recipient Street Addre				Report	t Submission Date (MM/DD/YYYY):			
City, State, Zip Code:				DUNS	/UEI Number:			
Reporting Period Start	Date (MM/DD/YYYY):				_	Baseline Report		
Reporting Period End [Date (MM/DD/YYYY):			Report Type: Annual Report				
		•				•		
		Community Anchor	Institution (C	AI) Locations	in the Service Area			
(codified at 47 U.S.C.	the Fabric ID associated with the Federal Communication \$§ 641-646) (Broadband DATA Maps). The "location_id" available to filers. Number of units refers to on	data element is a unique identifier ne location that has multiple units v	for the location s within that one lo	erved. A Location	on ID should be included for each loc nsert rows at the bottom of the table	ation in the Broadband Serviceab to report additional location dat	le Location Fabric when a if needed.	the Fabric is made
Location ID	Street Address	City	State	ZIP	Latitude	Longitude	Tribal Block Group	# of Units
							+	
			†		†			
				1				

								<u> </u>
 							+	
								-
								1
								<u> </u>
<u> </u>							+	+
<u> </u>							+	
								1
							+	
	I	l	I	I			1	I.
	h							
	I certify to the best of knowledge and belief that this rep	oort is correct and complete for pe	errormance of acti	vities for the purp	ooses set forth in the award docum	ents.		

CATION	Typed or printed name and title of Authorized Certifying Official:	Telephone (area code, number and extension):	
СЕКТІРІС	Signature of Certifying Official:	Email Address:	
		Date:	