



OMB Control No. 0660-0048 Expiration Date: 07/31/2025

CONNECTING MINORITY COMMUNITIES PILOT PROGRAM ANNUAL REPORT

GENERAL INFORMATION

GENERAL	Recipient Organization:	Oklahoma State University Institute of Technology	Award Identification Number:	40-09-C13032
	Recipient Street Address:	1801 E 4th St.	Report Submission Date (MM/DD/YYYY):	07/31/2023
	City, State, Zip Code:	Okmulgee, OK 74447	DUNS/UEI Number:	VMMJBLMMWSJ4
	Performance Period Start Date (MM/DD/YYYY):	08/01/2022	Performance Period End Date (MM/DD/YYYY):	07/31/2024
	Report Period Start Date (MM/DD/YYYY):	08/01/2022	Report Period End Date (MM/DD/YYYY):	07/31/2023
	Please describe each service provided with grant funds. (600 words or less)			
1	Wireless hotspot distribution to under-represented individuals within the community. Fiber Technician training for under-represented individuals within the community, plus wraparound services and job placement assistance.			
	If applicable, please list subcontractors and describe how they expended funds. (600 words or less)			
2	N/A			
	Please describe how the recipient and subrecipient (if applicable) expended the funds. (600 words or less)			
3	Purchase of wireless hotspots and data subscriptions, purchase of fiber technician training equipment, including tools, fusion splicers, testing and diagnostic equipment, and other materials used in the installation and inspection of fiber. Costs related to instructor pay.			
	If applicable, please list each subrecipient that received a subgrant through funding. (600 words or less)			
4	N/A			
5	Using the Excel spreadsheet template titled "CMC Reports Addendum", please provide an updated count of Community Anchor Institutions (CAIs) within each of the eligible census block groups along with their Location ID that you connected to a network in column titled '# of Units'. The locations should match and conform to the Federal Communications Commission (FCC) Broadband Serviceable Location Fabric, which is a unique identifier the geographic coordinates, and where available, the address(es) associated with each location.			
CERTIFICATION	I certify to the best of knowledge and belief that this report is correct and complete for performance of activities for the purposes set forth in the award documents.			
	Typed or printed name and title of Authorized Certifying Official:		Telephone (area code, number, and extension):	918-293-5173
	Signature of Certifying Official:		Email Address:	anna.dinnmore@okstate.edu
			Date:	8/16/23