



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

TRIBAL BROADBAND CONNECTIVITY PROGRAM ANNUAL REPORT				
GENERAL INFORMATION				
GENERAL	Recipient Organization:	NATIVE VILLAGE OF KOTZEBUE	Award Identification Number:	NT22TBC0290030
	Recipient Street Address:	600 5TH STREET	Report Submission Date (MM/DD/YYYY):	04/30/2023
	City, State, Zip Code:	KOTZEBUE, AK 99752		
	DUNS/UEI Number:	MNJNKA5KZZK		
	Period of Performance Start Date (MM/DD/YYYY):	05/01/2022	Period of Performance End Date (MM/DD/YYYY):	01/31/2026
	Report Period Start Date (MM/DD/YYYY):	05/01/2022	Report Period End Date (MM/DD/YYYY):	04/30/2023
1	<p>Provide the number of locations or geographic areas at which broadband service was provided using the grant funds. (Please attach associated shapefiles of geographic areas) (600 words or less)</p> <p>To date there have been no broadband services or laptop computers provided using the grant money. The Native Village of Kotzebue has had some internal issues during 2022 mainly dealing with covid related workforce shortages and severe incremental weather.</p>			
2	<p>Please describe each service provided with grant funds. (600 words or less)</p> <p>No services have been provided with grant funds to date.</p>			
3	<p>If applicable, please list subcontractors and describe how they expended funds. (600 words or less)</p> <p>N/A</p>			
4	<p>Please describe how the recipient and subrecipient (if applicable) expended the funds. (600 words or less)</p> <p>N/A</p>			
5	<p>If applicable, please list each subrecipients that received a subgrant through funding. (600 words or less)</p> <p>N/A</p>			
6	<p>Please provide the barriers to broadband use and adoption or broadband infrastructure deployment work that you experienced during the reporting period of this award to date. What steps did you take to address them? (600 words or less)</p> <p>Covid and the lack of employees caused barriers in the rollout of services. We were patient and understanding which allowed us to retain employees but caused delays in the laptop and broadband services rollout.</p>			
7	<p>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)</p> <p>N/A</p>			
8	<p>Please describe your project's achieved accomplishments during this reporting period. (600 words or less)</p> <p>Native Village of Kotzebue was not able to achieve any accomplishments during the reporting period. However, we have ordered and received our laptops and are prepared for distribution which will be reported on the next update.</p>			

9	Using the Excel spreadsheet template titled "TBCP Reports Addendum A", please provide an updated count of Households 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.		
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.		
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): 907-442-3467
	NOAH NAYLOR		
	Signature of Certifying Official:		Email Address: NOAH.NAYLOR@QIRA.ORG
			Date: 5/15/2023



TRIBAL BROADBAND CONNECTIVITY PROGRAM REPORTS ADDENDUM A

Recipient Organization:		Award Identification Number:	
Recipient Street Address:		Report Submission Date (MM/DD/YYYY):	
City, State, Zip Code:		DUNS/UEI Number:	
Reporting Period Start Date (MM/DD/YYYY):		Report Type:	Baseline Report <input type="checkbox"/>
Reporting Period End Date (MM/DD/YYYY):			Annual Report <input type="checkbox"/>

Household Locations in the Service Area

The Location ID is the Fabric ID associated with the Federal Communications Commission maps required by the Broadband Deployment Broadband Deployment Accuracy and Technology Availability (DATA) Act, Pub. L. No. 116-130, 134 Stat. 228 (2020) (codified at 47 U.S.C. §§ 641-646) (Broadband DATA Maps). The "location_id" data element is a unique identifier for the location served. A Location ID should be included for each location in the Broadband Serviceable Location Fabric when the Fabric is made available to filers. Number of units refers to one location that has multiple units within that one location. Please insert rows at the bottom of the table to report additional location data if needed.

[illegible]

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

[illegible]

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

[illegible]

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	Signature of Certifying Official:		Email Address:	
			Date:	