



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

TRIBAL BROADBAND CONNECTIVITY PROGRAM ANNUAL REPORT

GENERAL INFORMATION

GENERAL	Recipient Organization:	Narragansett Indian Tribe	Award Identification Number:	NT22TBC0290022
	Recipient Street Address:	4533 S. County Trail	Report Submission Date (MM/DD/YYYY):	04/27/2023
	City, State, Zip Code:	Charlestown, Rhode Island 02813-3428		
	DUNS/UEI Number:	UKHEKM319314		
	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):	04/30/2024
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>The Tribe is awaiting approval of its spectrum area waiver application.</p>			
2	<p>Please describe each service provided with grant funds. (600 words or less)</p> <p>No service has been provided as of yet. The Tribe is awaiting approval of its spectrum area waiver application.</p>			
3	<p>If applicable, please list subcontractors and describe how they expended funds. (600 words or less)</p> <p>MacMillan Keck : for submission of the Tribes grant application, the expediting of the Tribes application for waiver of spectrum area request, and other services as dictated by the contractual scope of work.</p>			
4	<p>Please describe how the recipient and subrecipient (if applicable) expended the funds. (600 words or less)</p> <p>The Narragansett Indian Tribe expended \$17,020.00 on services provided by MacMillan Keck/Richard Keck. This represents 10% of the contracted fee for services which include, among others,expediting the Tribes waiver application with the FCC.</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>The primary barrier to the Tribes use and adoption deployment work was the pending waiver application with the FCC.</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>The Tribe has not yet connected NOFO purpose areas to broadband use and adoption. The Tribe expects to begin meeting this requirement once approval by the FCC of the Tribes application for waiver with regard to the spectrum area is received.</p>			
8	<p>Please describe your project's achieved accomplishments during this reporting period. (600 words or less)</p> <p>N/A at this time.</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):	860-989-9241
	John Kevin Mahoney		
	Signature of Certifying Official:	Email Address:	[REDACTED]
	Date:	4/27/2023	



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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 checked="" 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.

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



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TRIBAL BROADBAND CONNECTIVITY PROGRAM REPORTS ADDENDUM B

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City, State, Zip Code:		DUNS/UEI Number:	
Reporting Period Start Date (MM/DD/YYYY):		Report Type:	Baseline Report <input checked="" type="checkbox"/>
Reporting Period End Date (MM/DD/YYYY):			Annual Report <input type="checkbox"/>

Tribal Business Locations in the Service Area

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TRIBAL BROADBAND CONNECTIVITY PROGRAM REPORTS ADDENDUM C

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City, State, Zip Code:		DUNS/UEI Number:	
Reporting Period Start Date (MM/DD/YYYY):		Report Type:	Baseline Report <input checked="" type="checkbox"/>
Reporting Period End Date (MM/DD/YYYY):			Annual Report <input type="checkbox"/>

Community Anchor Institution (CAI) Locations in the Service Area

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