



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

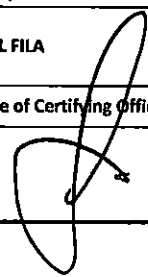
TRIBAL BROADBAND CONNECTIVITY PROGRAM ANNUAL REPORT

GENERAL INFORMATION

GENERAL	Recipient Organization:	COCOPA INDIAN TRIBE	Award Identification Number:	NT23TBC0290030
	Recipient Street Address:	14515 S. VETERANS DRIVE	Report Submission Date (MM/DD/YYYY):	04/25/2024
	City, State, Zip Code:	SOMERTON, AZ 85350		
	DUNS/UEI Number:	C17XR3XZFSV4		
	Period of Performance Start Date (MM/DD/YYYY):	11/01/2022	Period of Performance End Date (MM/DD/YYYY):	10/31/2025
	Report Period Start Date (MM/DD/YYYY):	11/01/2022	Report Period End Date (MM/DD/YYYY):	10/30/2023
1	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)			
	NOT AT THIS TIME			
2	Please describe each service provided with grant funds. (600 words or less)			
	NO SERVICE WAS PROVIDED DURING THIS PERIOD			
3	If applicable, please list subcontractors and describe how they expended funds. (600 words or less)			
	N/A			
4	Please describe how the recipient and subrecipient (if applicable) expended the funds. (600 words or less)			
	COCOPA TRIBE PURCHASE FIBER OPTIC NEEDED FOR THE EAST, WEST AND NORTH RESERVATION TO PREVENT COST INCREASE			
5	If applicable, please list each subrecipients that received a subgrant through funding. (600 words or less)			
	N/A			
6	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)			
	THE BARRIERS WERE WORKING ON THE CAD EXCLUSION, THE BIA ROW ISSUES, THE FCC ISSUES			
7	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)			
	WE DID REVIEW THE NOFO			

8	<p>Please describe your project's achieved accomplishments during this reporting period. (600 words or less)</p> <p>ACCOMPLISHMENTS THIS PERIOD WERE RECEIVING AND APPROVE ENVIROMENTAL CATEGORY EXCLUSION REPORT (WHICH HAS BEEN SUBMITTED), WORKING ON THE BIA ROW (CURRENTLY WORKING ON THE ROW ISSUES), WORKING ON AND RECEIVING AN APPROVE BUDGET AND EXPENDITURE PLAN, WORKING ON THE ISSUES WITH FCC IN REGARDS TO SOMEONE FILLING OUT INPROPER PAPERWORK ON BEHALF OF THE TRIBE</p>
9	<p>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.</p>
10	<p>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.</p>
11	<p>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.</p>

CERTIFICATION

<p>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.</p>		
<p>CERTIFICATION</p>	<p>Typed or printed name and title of Authorized Certifying Official:</p>	
	<p>MICHAEL FILA</p>	<p>Telephone (area code, number and extension): 928-750-6612</p>
	<p>Signature of Certifying Official:</p> 	<p>Email Address: filam@cocopah.gov</p>
		<p>Date: 4/25/2024</p>