



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

TRIBAL BROADBAND CONNECTIVITY PROGRAM ANNUAL REPORT				
GENERAL INFORMATION				
GENERAL	Recipient Organization:	Leech Lake Reservation Business Committee	Award Identification Number:	NT23TBC0290017
	Recipient Street Address:	190 Sailstar Drive NW	Report Submission Date (MM/DD/YYYY):	12/04/2023
	City, State, Zip Code:	Cass Lake, MN 56633-3565		
	DUNS/UEI Number:			
	Period of Performance Start Date (MM/DD/YYYY):	11/01/2022	Period of Performance End Date (MM/DD/YYYY):	11/01/2022
	Report Period Start Date (MM/DD/YYYY):	11/30/2023	Report Period End Date (MM/DD/YYYY):	11/30/2023
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)			
	None at this time, in progress.			
2	Please describe each service provided with grant funds. (600 words or less)			
	None at this time, in progress.			
3	If applicable, please list subcontractors and describe how they expended funds. (600 words or less)			
	None at this time, in progress.			
4	Please describe how the recipient and subrecipient (if applicable) expended the funds. (600 words or less)			
	None at this time, in progress.			
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)			
	One of the current barreirs is working through the steps necessary to ensure that the mapping areas are fully approved and address any areas that need to be challeged to move the project forward.			
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)			
	None at this time, in progress.			

8	<p>Please describe your project's achieved accomplishments during this reporting period. (600 words or less)</p>	
9	<p>The RFP has been released for the project manager and a vendor has been selected.</p>	
10	<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>	
11	<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>Typed or printed name and title of Authorized Certifying Official:</p> <p>Faron Jackson</p>	<p>Telephone (area code, number and extension):</p>
	<p>Signature of Certifying Official:</p>	<p>Email Address: faron.jackson@llojibwe.net</p>
		<p>Date:</p>

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):	
	Signature of Certifying Official:		Email Address:	
			Date:	

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			Date:	