



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

TRIBAL BROADBAND CONNECTIVITY PROGRAM ANNUAL REPORT				
GENERAL INFORMATION				
<b>GENERAL</b>	<b>Recipient Organization:</b>	Picuris Pueblo Indian Tribe	<b>Award Identification Number:</b>	
	<b>Recipient Street Address:</b>	OFF HWY75	<b>Report Submission Date (MM/DD/YYYY):</b>	06/14/2024
	<b>City, State, Zip Code:</b>	Penasco NM 87553		
	<b>DUNS/UEI Number:</b>	S85SCNFB LIB6	<b>Period of Performance End Date (MM/DD/YYYY):</b>	11/30/2026
	<b>Period of Performance Start Date (MM/DD/YYYY):</b>	12/01/2022	<b>Report Period End Date (MM/DD/YYYY):</b>	11/30/2023
	<b>Report Period Start Date (MM/DD/YYYY):</b>	12/01/2022		
1	<b>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)</b>			
	No construction has been done pending NEPA			
2	<b>Please describe each service provided with grant funds. (600 words or less)</b>			
	No construction has been done pending NEPA			
3	<b>If applicable, please list subcontractors and describe how they expended funds. (600 words or less)</b>			
	No construction has been done pending NEPA			
4	<b>Please describe how the recipient and subrecipient (if applicable) expended the funds. (600 words or less)</b>			
	Tribe does not want to utilize grant funds until project implementation occurs.			
5	<b>If applicable, please list each subrecipients that received a subgrant through funding. (600 words or less)</b>			
	Not Applicable at this time			
6	<b>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)</b>			
	ERA commons access delayed implementation			
7	<b>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)</b>			
	Delays have occurred based on need to negotiate and resolve the mid mile broadband connection.			
8	<b>Please describe your project's achieved accomplishments during this reporting period. (600 words or less)</b>			
	Continued planning with subrecipient and tribal council members			

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





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





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





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