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					OMB Control	No. 0660-0047 Expiration Date: 07/31/2025
	TRIBAL BRO	OADBAND CONNECTIVITY PRO	OGRAM A			•
		GENE	RAL INFORMA	TION		
	Recipient Organization:	Pinoleville Pomo Nation	Award Ident	ification Number:	NT22TBC029	0008
	Recipient Street Address:	500 B. Pinoleville Dr.	Report Subm		03/08/2023	
GENERAL	City, State, Zip Code: DUNS/UEI Number:	Ukiah, Ca 95482	(MM/DD/YY	YY):		
GEN	Period of Performance Start	03/01/2022	Period of Per	formance End Date	10/31/2023	
	Date (MM/DD/YYYY): Report Period Start Date	03/01/2022	(MM/DD/YY Report Perio	d End Date	02/28/2023	
	(MM/DD/YYYY): Provide the number of locations	s or geographic areas at which broadband s	(MM/DD/YY	YY):		ach associated shapefiles of geographic
	areas) (600 words or less)	son geographic areas at which broadband.	service was pr	ovided danig the grant rand	s. (i lease atta	an associated shapenes of geographic
1	skills classes were available both	t services to the citizens of the Pinoleville Po in-person and virtually, with a specific focus separate counties. The actual number of pro	s on Mendocin	o County, which serves as the	e central loca	tion for the Pinoleville Pomo Nation. Our
	Please describe each service pro	ovided with grant funds. (600 words or less	;)			
2	Broadband Administrator and Bro Network Administrator.	to make a significant investment in the digi oadband Outreach Coordinator, thereby inc workshops. The first workshop was training	reasing our sta	Iff capacity to manage Tribal	Broadband ar	
	If applicable, please list subcont	tractors and describe how they expended f	unds. (600 wo	rds or less)		
3	Not Applicable					
	Please describe how the recipier	nt and subrecipient (if applicable) expende	d the funds. (600 words or less)		
4	The grant funds have enabled us	to make a significant investment in the digi	tal infrastructu	ire and support for our comn	nunity. We hir	ed and trained for the positions of
4	Network Administrator.	oadband Outreach Coordinator, thereby inc workshops. The first workshop was training	-			nd assist Pinoleville Pomo Nation's current Ille Pomo Nation Citizens attended, Learning
	If applicable, please list each sub	brecipients that received a subgrant throug	gh funding. (6	00 words or less)		
5	Not Applicable					
		roadband use and adoption or broadband	infrastructure	deployment work that you	experienced	during the reporting period of this award
6		e to address them? (600 words or less) icant for the administrator position: Due to t	the COVID-19	pandemic we faced challenge	es in finding a	suitable canidate to fill the administrator
6	position. Onsite training barriers both the Broadband Coordinator	s we faced could be due to COVID-19 pander and Broadband Administrator positions and of participants. 1) Hiring delay we were dela	mic but we ove d we shifted to	ercame these barriers by mak a self-paced online training.	king some adju This approach	ustments, we we were able to hire and fill n offered more flexability and could
	Please describe whether or not v words or less)	your organization connected NOFO purpos	se areas to bro	adband adoption and use o	r broadband	infrastructure deployment work. (600
7	During our end-of-year grant revi NOFO just one to two weeks befo unable to pursue our initial infras	iew, we are pleased to report that we closel ore the deadline, we developed a proposal t structure development goal and instead foc g our submission met the specified criteria.	that aligned wi	th the opportunity's objectiv	es. Unfortuna	tely, due to time constraints, we were
	Please describe your project's a	chieved accomplishments during this repor	rting period. (500 words or less)		
8	interns. We provided them with 2 on computer skills and later prov	youth Internship with 14 youth interns, we h 250 hours of training both virtually and in pe vided 125 hours of digital and technical supp attending and completing the internship as	erson. 125 hou ort hands on s	rs of hands-on and training in upport. Tribal Elders and ind	n person 125h lividuals with	ours of in class training and learning hands-
9	along with their Location ID that Serviceable Location Fabric, whi	nplate titled "TBCP Reports Addendum A", t you connected to your network. The loca ich is a unique identifier for the geographic pox when completing the addendum.	tions should n	natch and conform to the Fe	deral Commu	inications Commission (FCC) Broadband
10	groups along with their Location Broadband Serviceable Location	nplate titled "TBCP Reports Addendum B", n ID that you connected to your network. T n Fabric, which is a unique identifier for the Report' checkbox when completing the ad	he locations s geographic c	hould match and conform to	o the Federal	Communications Commission (FCC)
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 elicible tribal block groups along with their Location ID that you connected to your network. The locations should match and conform to the Federal Communications					
		e and belief that this report is correct and	complete for	performance of activities for	the purpose	s set forth in the award documents.
LION	Typed or printed name and title Leona L. Williams	of Authorized Certifying Official:		Telephone (area code, num extension):	iber and	707-463-1454
CERTIFICATION	Signature of Certifying Official:			Email Address:		leonaw@pinoleville-nsn.gov
	Leona L. Williams			Date:		2/27/2023



TRIBAL BROADBAND CONNECTIVITY PROGF

Recipient Organization:	
Recipient Street Address:	
City, State, Zip Code:	
Reporting Period Start Date (MM/DD/YYYY):	
Reporting Period End Date (MM/DD/YYYY):	

Household Locations in the S

The Location ID is the Fabric ID associated with the Federal Communications Commission maps required by the Broadband Deployment (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 I available to filers. Number of units refers to one location that has multiple units within that one location. Ple

Location ID	Street Address	City	State	ZI
				
				
				
				
				
				

TRIBAL BROADBAND CONNECTIVITY PROGRAM REPORTS ADDENDUM A

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TRIBAL BROADBAND CONNECTIVITY PROGRAM REPORTS ADDENDUM A

	I certify to the best of knowledge and belief that this report is correct and complete for performance of activities for							
CERTIFICATION	Typed or printed name and title of Authorized Certifying Official:							
CERTIFI	Signature of Certifying Official:							



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RAN I	REPORTS ADDENDUM A			
Award	Identification Number:			
Report	Submission Date (MM/DD/YYYY):			
DUNS/	UEI Number:			
	-	Baseline Report _		
Report	туре:	Annual Report 🛛 🗌		
Service	e Area			
ease ins	ID should be included for each loca ert rows at the bottom of the table	t additional location data	if needed.	
P	Latitude	Longitude	Tribal Block Group	# of Units

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r the purposes set forth in the awa	rd docun	nents.		
	Telephone (area code, number and extension):			
	Email Address:			
		Date:		



TRIBAL BROADBAND CONNECTIVITY PROGF

Recipient Organization:	
Recipient Street Address:	
City, State, Zip Code:	
Reporting Period Start Date (MM/DD/YYYY):	
Reporting Period End Date (MM/DD/YYYY):	

Tribal Business Locations in the

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Location ID	Street Address	City	State	Z
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TRIBAL BROADBAND CONNECTIVITY PROGRAM REPORTS ADDENDUM B

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TRIBAL BROADBAND CONNECTIVITY PROGRAM REPORTS ADDENDUM B

	I certify to the best of knowledge and belief that this re	port is correct and complete for pe	erformance of activities for
CERTIFICATION	Typed or printed name and title of Authorized Certifying Official:		
CERTIF	Signature of Certifying Official:		



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RAMI	REPORTS ADDENDUM B				
Award	Identification Number:				
Report	Submission Date (MM/DD/YYYY):				
AM REPORTS ADDENDUM B Award Identification Number: Report Submission Date (MM/DD/YYYY): DUNS/UEI Number: Report Type: e Service Area Broadband Deployment Accuracy and Technology / Location ID should be included for each location in of the table to report additional location data if needed. P Latitude Image: Image					
	Report Type:		Baseline Report		
Report			Annual Report		
e Serv	ice Area				
<mark>ole to re</mark>	port additional location data if nee		eded. Number of units ref	ers to one location that Tribal Block Group	has multiple units # of Units
P	Latitude		Longitude	Tribal Block Group	# of Units
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r the purposes set forth in the awa	ard docun	nents.		
	Teleph	one (area code, number and extension):		
		Email Address:		
		Date:		



TRIBAL BROADBAND CONNECTIVITY PROGE

Recipient Organization:	
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City, State, Zip Code:	
Reporting Period Start Date (MM/DD/YYYY):	
Reporting Period End Date (MM/DD/YYYY):	

Community Anchor Institution (CAI) Loca

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Location ID	Street Address	City	State	Z
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TRIBAL BROADBAND CONNECTIVITY PROGRAM REPORTS ADDENDUM C

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TRIBAL BROADBAND CONNECTIVITY PROGRAM REPORTS ADDENDUM C

	I certify to the best of knowledge and belief that this rep	port is correct and complete for pe	erformance of acti	vities for
CATION	Typed or printed name and title of Authorized Certifying Official:			
CERTIFICATION	Signature of Certifying Official:			



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	REPORTS ADDENDUM C					
Award	Identification Number:					
Report	Submission Date (MM/DD/YYYY):					
DUNS/	UEI Number:					
-		Baseline Report				
Report	туре:		Annual Report			
tions	in the Service Area					
ease ins	ert rows at the bottom of the table	to repor	t additional location data	if needed.		
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r the purposes set forth in the aw	ard docun	nents.				
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