





				OMB Control No. 0660-0047 Expiration Date: 07/31/2025							
	TRIBAL BRO	DADBAND CONNECTIVITY PI	ROGRAM ANNUAL REPORT								
		GE	NERAL INFORMATION								
	Recipient Organization:	Te-Moak Tribe of Western Shoshone	Award Identification Number:	NT23TBC0290101							
GENERAL	Recipient Street Address:	825 Railroad Street	Report Submission Date	05/31/2024							
	City, State, Zip Code:	Elko, Nevada 89801-3831	(MM/DD/YYYY):	03/31/2024							
	DUNS/UEI Number:										
G	Period of Performance Start Date (MM/DD/YYYY):	06/01/2023	Period of Performance End Date (MM/DD/YYYY):	05/31/2026							
	Report Period Start Date (MM/DD/YYYY):	06/01/2023	Report Period End Date (MM/DD/YYYY):	03/31/2024							
	Provide the number of location areas) (600 words or less)	s or geographic areas at which broadbar	nd service was provided using the grant	funds. (Please attach associated shapefiles of geographic							
1	One Anchor Institution located in the City of Elko - the Te-Moak Tribal Courthouse which is utilized by all of the Tribal Members from the four Bands (Elko, Battle Mountain, South Fork and Wells).										
	Please describe each service pro	ovided with grant funds. (600 words or l	ess)								
2	We expended funds for the Administrator - \$5,000.00 and \$25,000.00 for the Environmental Specialist. We have not expended any other funds to date. These grant funds will provide for fiber to the anchor institution (Tribal Court House) through construction, equipment and workforce.										
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) We expended funds for the Administrator - \$5,000.00 and \$25,000.00 for the Environmental Specialist. We have not expended any other funds to date.										
	If applicable, please list each subrecipients that received a subgrant through funding. (600 words or less)										
5	N/A										
		roadband use and adoption or broadbar e to address them? (600 words or less)	nd infrastructure deployment work that	you experienced during the reporting period of this award							
6	We had a conflict with the Projection Environmental Department.	ct Area and relocated with assistance wit	h NTIA Mapping. We also had questions o	on the Environmental and worked with NTIA TBCP							
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) Yes we updated the address on the FCC BDC mapping program.										
	Please describe your project's achieved accomplishments during this reporting period. (600 words or less)										
8	We have completed reporting and have submitted the Environmental to the State of Nevada SHPO office and the NTIA TBCP Environmental Reviewer.										

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.							
	I certify to the best of knowledge and belief that thi	s report is correct and complete for	performance of activities for the purpose	es set forth in the award documents.				
	Typed or printed name and title of Authorized Certif	fying Official:						
CERTIFICATION	Te-Moak Tribe of Western Shoshone Chairman		Telephone (area code, number and extension):					
ERTIFIC	Signature of Certifying Official:		- Email Address:					
ö								
			Date:					







							OMB Co	ntrol No	o. 0660-0047 Expiration	n Date: 07/31/2025
	Т	RIBAL BROADBAND CON	INECTIVITY	PROGRAM	REPORTS ADDEND	UM A			•	
Recipient Organization:		Te-Moak Tribe of Western Shoshone		Award	I Identification Number:	NT23TBC0290101				
Recipient Street Addres	ss:	825 Railroad Street		Repor	t Submission Date (MM/DD	06/01/2024				
City, State, Zip Code:		Elko, Nevada, 89801-3831	Elko, Nevada, 89801-3831		/UEI Number:					
Reporting Period Start	Date (MM/DD/YYYY):	06/01/2023		Renor	Report Type:		Baseline Report			
Reporting Period End D	ate (MM/DD/YYYY):	03/31/2024 Repor		керог	с туре.	Annual Report	Annual Report 🔽			
		Househ	old Locations	in the Consid	co Aroa					
(codified at 47 U.S.C. §	ne Fabric ID associated with the Federal Communication § 641-646) (Broadband DATA Maps). The "location_id" available to filers. Number of units refers to on	is Commission maps required by th data element is a unique identifier e location that has multiple units w	e Broadband Dep for the location so ithin that one loc	oloyment Broadl erved. A Locatio cation. Please in	band Deployment Accuracy on ID should be included for sert rows at the bottom of t	each location	in the Broadband Ser port additional locati	rviceable	Location Fabric when if needed.	the Fabric is made
Location ID	Street Address	City	State	ZIP	Latitude		Longitude		Tribal Block Group	# of Units
	No households in this grant									
					+					
					+					
					+					
					+					
					1					
	I certify to the best of knowledge and belief that this re	eport is correct and complete for po	erformance of act	ivities for the p	urposes set forth in the awa	rd documents				
SATION	Typed or printed name and title of Authorized Certifying Official:	Te-Moak Tribe of V	Vestern Shoshone	· Chairman			area code, number extension):			
CERTIFICATION	Signature of Certifying Official:					Ema	Email Address:			
							Date:			







OMB Control No. 0660-0047 Expiration Date: 07/31/2025											
	TF	RIBAL BROADBAND CON	INECTIVITY	PROGRAM RI	EPORTS ADDEND	JM B					
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Recipient Street Addres	s:	825 Railroad Street		Report Submission Date (MM/DD/YYYY):		06/01/2024					
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Reporting Period Start I	Date (MM/DD/YYYY):	06/01/2023		Report Ty	ine:		Baseline Report				
Reporting Period End Da	ate (MM/DD/YYYY):	03/31/2024		Report Ty	pe.		Annual Report				
							•				
Tribal Business Locations in the Service Area											
	e Fabric ID associated with the Federal Communications										
	§ 641-646) (Broadband DATA Maps). The "location_id" d ber of units refers to one location that has multiple unit										
available to filers. Ivuili		hat one location. Please insert row					seded. Number of diffes fere	ers to one location that	thas multiple units		
Location ID	Street Address	City	State	ZIP	Latitude		Longitude	Tribal Block Group	# of Units		
	No businesses in this grant										
			<u> </u>	<u>. </u>				<u> </u>			
	I certify to the best of knowledge and belief that this re	port is correct and complete for pe	erformance of act	ivities for the purp	oses set forth in the awar	d documents.					
ATION	Typed or printed name and title of Authorized Certifying Official:	Te-Moak Tribe of W			rea code, number ktension):						
CERTIFICATION	Signature of Certifying Official:					Email	Address:				
						D	Date:				







							OMB Cor	ntrol No. 0660-0047 Expiration	Date: 07/31/2025	
	Т	RIBAL BROADBAND CO	NNECTIVITY	PROGRAM I	REPORTS ADDEND	UM C				
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Reporting Period Start	Date (MM/DD/YYYY):	06/01/2024	06/01/2024		Report Type:		Baseline Report			
Reporting Period End D	Date (MM/DD/YYYY):	03/31/2024	03/31/2024				Annual Report ☑			
		Community Anchor	Institution (C	AI) Locations	in the Service Area					
	he Fabric ID associated with the Federal Communication § 641-646) (Broadband DATA Maps). The "location_id" available to filers. Number of units refers to on	ns Commission maps required by the data element is a unique identifier	ne Broadband Dep	ployment Broadbaserved. A Location	and Deployment Accuracy 1 ID should be included for	each location	in the Broadband Serv	viceable Location Fabric when		
Location ID	Street Address	City	State	ZIP	Latitude		Longitude	Tribal Block Group	# of Units	
		Elko	NV	89801	40.83974849		-115.7894702	1005	1	
		1	<u> </u>							
	I									
	I certify to the best of knowledge and belief that this r	eport is correct and complete for p	erformance of act	tivities for the pu	rposes set forth in the awa	rd documents.				
CATION	Typed or printed name and title of Authorized Certifying Official:	Te-Moak Tribe of Western Shoshone Chairman					one (area code, number and extension):			
CERTIFICATION	Signature of Certifying Official:					Email Address:				
							Date:			