Post-Project Status Report
State Broadband Expansion Program

Complete this post-project status report form and save the completed form as a PDF. If you need assistance completing your report form or require an alternative format, please email your Grants Specialist at PSCBroadbandGrantReimbursement@wisconsin.gov.

Upload the completed form to the to the Public Service Commission's Electronic Record Filing System (ERF). Use the following naming convention when uploading and also select "Report" for the Document Type: Award UID, BBEG [Grantee Name], [Project Name]. Award UID numbers can be found on the lookup table.

Section I – Project Identifiers

Enter project and report identifiers.

1. Grantee (Recipient Agency)	3. Grant Round	4. Award UID
2. Project Name	5. Reporting Period	

Section II – Enrollment

Answer each question to the best of your ability. If a question is not relevant, enter N/A.

Question	Answer
1. Of funded locations, how many have **taken subscriptions** at this point in time?	
a. Business Locations	
b. Residential Locations	
c. Community Anchor Institution Locations	
2. How many housing units have taken subscriptions? A residential location may include multiple housing units (i.e., duplex).	

Section III – Speed Tiers

Enter all speed tiers offered via this project, **if there have been any changes since your final report.** If there were more than 5 speed tiers, please include them as an attachment to this form in a similar format, including all 4 of the columns below. If speed tiers and prices have not changed since your final report was filed, please enter N/A.

Download Speed (Mbps)	Upload Speed (Mbps)	Non-Promotional Price ($/month)	Data Allowance

Section IV – Additional Requirements

	Check Appropriate Box
1. Confirm you submitted any existing photos of the projects, events and facilities related to the project that were not previously submitted, if applicable.	Submitted: ☐ N/A: ☐
2. Confirm you submitted any existing copies of press releases, outreach materials and/or advertisements that were not previously submitted, if applicable.	Submitted: ☐ N/A: ☐
4. Do you participate in any affordable connectivity programs?	Yes: ☐ No: ☐

Section V – Comments and Stories

Please share any comments or stories having to do with this project. For example, did the completion of this project allow your organization to expand service to other unserved areas outside of the project boundary? Were any customers especially impacted by receiving service? How has the success of this project impacted your community?

Section VI – Certification

Enter the contact information of the person authorizing and submitting this report. By including your name below, you certify that the above report is complete, accurate, and you have the authority, granted by the recipient agency, to submit this report on their behalf.

1. Name		2. Title	
3. Phone Number	4. Email Address		5. Certification Date