

Interim Project Status Report

BEAD Workforce Planning Grant Program

Due Date: August 1, 2023

Docket 5-BP-2023

Section I – Instructions/Information

Grant recipients must complete this form and upload to the Commission’s [ERF webpage](#) under docket 5-BP-2023 by **Tuesday, August 1, 2023**.

Use the following naming convention when uploading and select “Report” for the Document Type: “Grant Recipient Name” + “BEAD Workforce Planning Grant Program Interim Report”. Please refer to the [ERF Help webpage](#) for assistance.

Any relevant supplemental documentation should be combined with this document to create one PDF (including this report). Here are [ADOBE instructions](#) and an [ADOBE tool](#) for more help with combining documents.

Commission staff are on hand to provide technical assistance throughout this process. If you require assistance, please contact us at PSCStateBroadbandOffice@wisconsin.gov.

Section II - Questions

Respond to the questions below with current and accurate information. There is a 1000 character limit for each question.

1. Provide an overview of project activities from April 17 to July 31, 2023 and a summary of your progress towards project deliverables. This could include stakeholder meetings, data collection efforts, interviews, planning work, or other activities as described in your project scope. Provide any relevant supplemental documents as additional attached pages to this document.

2. Please provide a description of any progress you have made towards conducting outreach to stakeholders. Please include a listing of all stakeholder convenings, including dates and number of attendees. As available, please include a summary or notes from each meeting as additional attached pages to this document.

3. Please share any preliminary data collected from surveys or other study efforts.

4. Please share a preliminary listing of any partners identified that could support the growing broadband workforce and training needs in Wisconsin. Provide details regarding any identified opportunities, challenges or capacity issues.

5. Please share an initial draft list of findings and recommendations based on project activities as of July 31. Include any key insights that may help inform the workforce planning portions of Wisconsin’s BEAD Five-Year Action Plan.

Section III – 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. Grant Recipient Entity:		
2. Name	3. Title	
4. Phone Number	4. Email Address	5. Certification Date