

Interim Project Status Report

State Broadband Expansion Grant - Biannual



Complete this Project Status Report and save the completed form as a PDF. File this Report during the month in which it is due, no later than April 30 or October 31. Refer to your Grant Agreement for details. If you need assistance completing this report or require an alternative format, please email PSCBroadbandGrantReimbursement@wisconsin.gov.

Upload the completed form, in PDF format, 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 FYxx, GranteeKeyword(s), ProjectKeyword(s)*. Keywords used must match those on the customized Reimbursement forms, not your internal records. (For FY21 and prior, the forms do not contain the Award UID, include it if you know it.)

Section I – Project Identifiers

Enter the report period and all other fields in this section. Except for the Report Period, the balance of information can be found on the customized Reimbursement Form associated with each award.

1. Grantee (Recipient Agency)		3. Grant Round	4. Award UID
2. Project Name		ERF Application #	5. Report Period

Section II – Status Update

Answer each question to the best of your ability. For this section, project completion is defined as *when service is available to all proposed locations*. If a question is not relevant, enter N/A.

Questions	Answer
1. On what date did construction of the project commence? (blank=not started)	
2. What is the estimated percentage of completion (as decimal)?	
3. What is the estimated completion date for the project? (mm/dd/yy)	
4. Is the project experiencing a delay that might result in missing the scheduled milestones stated in the grant application?	
a. If yes, please state in short narrative form the reason for the delay (e.g., supply chain challenges, acquisition of land for tower site is delayed, awaiting permits, bad weather, due to grantee's acquisition by <i>EntityName</i> , etc.).	
5. <i>FY22 forward</i> : Have any new contractors started on this project since your last report?	
a. If yes, please check this box to confirm that you have updated and resubmitted your Affirmative Action form DOA-3023 to your grant specialist. If no, file your DOA-3023.	<input type="checkbox"/>
6. Have there been any changes to grantee's contacts that the PSC is not aware of? If yes, email PSCBroadbandGrantReimbursment@wisconsin.gov .	
7. Are there changes to the project scope or budget that might require an amendment? If yes, email PSCBroadbandGrantReimbursment@wisconsin.gov .	

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