

## SCRPS Status Update

FCC Form 5640

OMB Control No. 3060-1270

File No. SC-SU0001528

### Applicant Information

Applicant FRN	0002735751	Applicant Address	1401 Presque Isle Ave.
Applicant Name	Board of Trustees, Northern Michigan University	Applicant City	Marquette
Applicant Email	plakenen@nmu.edu	Applicant State	MI
Applicant Phone	9062272909	Applicant ZIP Code	49855

### Contact Information

Is the contact the same as the contact listed on the Application Request for Funding Allocation? If not, please list below.

Contact Name	Sam Hariton	Contact Address	4031 University Dr., 2nd Floor
Contact Email	sc.external.rfi.nmu@widelity.com	Contact City	Fairfax
Contact Phone	(703) 5601750	Contact State	VA
		Contact ZIP Code	22030

\*Indicate which deadline you are meeting with this filing.

2023-04-11

## Explanation of Effort and Availability of Commercial Equipment

\*Provide an explanation of efforts undertaken, and challenges encountered, in permanently removing, replacing, and disposing of covered communications equipment or service.

Yes, my company has conducted work on the removal of covered equipment since submittal of the last form. NMU has removed a limited number of Huawei CPE devices from active service.

No, my company has not conducted work on the disposal of covered equipment since the submittal of the last form. NMU has placed its removed CPE devices in secure storage and is waiting for its disposal vendor, Nokia to arrive on-site to complete the disposal process.

Yes, my company has conducted work on the replacement of covered equipment and services since the submittal of the last form.

\*Explain whether you are finding commercially available equipment in the marketplace. If not, then explain efforts taken to obtain replacement equipment.

We are finding that some equipment and services are commercially available, and some are not. NMU's vendor Nokia has escalated its concerns to vendor management to seek alternatives.

\* If there is additional information relevant to the preceding questions or that you believe the Commission should be aware of, please include the information below.

## Program Compliance

\*Indicate whether recipient has fully complied with (or is in the process of complying with) all requirements of the Reimbursement Program.

Yes  No

\*Indicate whether recipient has permanently removed from its communications network, replaced, and disposed of (or is in the process of permanently removing, replacing, and disposing of) all covered communications equipment or services that were in the recipient's network as of the date of submission of the recipient's application requesting funding.

Yes  No

If you have not yet completed the removal, replacement, and/or disposal process, what estimated percentage of the removal, replacement, and/or disposal process have you completed?

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\*Indicate whether recipient has fully complied with (or is in the process of complying with) the timeline submitted by the recipient. If not, provide explanation for deviation.

Yes  No

\*The filer has indicated no to a question in this section, please provide additional information.

Northern Michigan University is approximately 15% finished with the removal, replacement, and disposal process, but has not yet completed it.

## Certifications

\*By checking the box and providing the electronic signature where indicated below, the Certifying Official on behalf of the filer certifies under penalty of perjury that:

(1) The Certifying Official is authorized to submit this status report on behalf of the above-named filer and, based on information known to me or provided to me by employees responsible for the information being submitted, the information set forth in this status report has been examined and is true, accurate, and complete, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. The Certifying Official acknowledges that any false, fictitious, or fraudulent information or statement, or the omission of any material fact on this status report or on any other document submitted by the filer may subject the filer and the undersigned to punishment by fine or forfeiture under the Communications Act (47 U.S.C. §§ 502, 503(b), 1606), or fine or imprisonment under Title 18 of the United States Code (18 U.S.C. § 1001, §§ 286-287, and § 1343), or can lead to liability under the False Claims Act (31 U.S.C. §§ 3729-3733, and §§ 3801-3812). (2) The filer is in compliance with the statute, rules, and orders governing the Reimbursement Program, including but not limited to allocations, draw downs, payments, obligations and expenditures of money, and the Certifying Official acknowledges that failure to be in compliance and remain in compliance with those statutes, rules, and orders may result in the denial of funding, cancellation of funding commitments, and/or recoupment of past disbursements. The Certifying Official acknowledges that the filer will maintain detailed records, including receipts, of all costs eligible for reimbursement actually incurred for a period of 10 years; and will file all required documentation for its expenses. The Certifying Official acknowledges that failure to comply with the statute, rules, and orders governing the Reimbursement Program could result in civil or criminal prosecution by law enforcement authorities.

## Certifier Information

Certifier Signature	Gavin Leach	Certifier Phone	906-227-2200
Certifier Name	Gavin Leach	Certifier Email	gleach@nmu.edu
Certifier Title	V.P. Finance and Administration		
Date Signed	2023-04-03		