

## SCRPS Status Update

FCC Form 5640

OMB Control No. 3060-1270

File No. SC-SU0001043

### Applicant Information

Applicant FRN 0031735541

Applicant Address 400 Northridge Road

Applicant Name Commnet Wireless, LLC

Applicant City Atlanta

Applicant Email rranaraja@atni.com

Applicant State GA

Applicant Phone 5014481249

Applicant ZIP Code 30350

### 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., Ste 100

Contact Email sc.external.rfi.atn-commnet@v

Contact City Fairfax

Contact Phone (703) 239-3299

Contact State VA

Contact ZIP Code 22030

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

2022-10-13

## 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 between July 1 and today. Site acquisition, permitting and approvals, vendor selection. Yes, my company has conducted work on the disposal of covered equipment between July 1 and today. Vendor selection. Yes, my company has conducted work on the replacement of covered equipment and services between July 1 and today. Vendor selection and negotiations.

\*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. Working with other vendors to find like materials.

\* 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.

Lack of funding is causing a reevaluation of the work plan. This requires a re-scoping of the project.

## 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.

Commnet Wireless, LLC is in the process of complying with the timeline previously submitted for the initial phases of this project, but due to the pro-rata funding allocation, it is being required to re-evaluate the overall project scope and plan in an effort to evaluate the work it can complete with the funding provided. Commnet is also compiling historical data and financials to itemize and account for work previously conducted, which will allow it to amend its application accordingly. Applicant sill anticipates project completion within the allotted time frame.

## 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	William T Guthrie	Certifier Phone	719-838-1700
Certifier Name	William T Guthrie	Certifier Email	TOM.GUTHRIE@COMMNETE
Certifier Title	CEO		
Date Signed	2022-10-13		