

## SCRPS Status Update

FCC Form 5640

OMB Control No. 3060-1270

File No. SC-SU0001350

### Applicant Information

Applicant FRN 0001618008

Applicant Address 220 W. Broadway

Applicant Name Leaco Rural Telephone Coop Applicant City Hobbs

Applicant Email djimenez@leaco.org Applicant State NM

Applicant Phone 5753705010 Applicant ZIP Code 88240

### 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 Jonathan Sessums

Contact Address 7852 WALKER DR

Contact Email jsessums@jsitel.com

Contact City greenbelt

Contact Phone 2404722963

Contact State MD

Contact ZIP Code 20770

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

2023-01-11

## 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.

Since our previous status report, we have kept up with the decommissioning of cell sites. There are still 18 cell sites and a Switch that need to be decommissioned and removed. The radios required to complete the scope of the replacement component of our application have all been ordered and delivered. In order to install the radios and move the microwave pathways, we are currently waiting on cabling. In regards to the compliant disposal of "covered equipment", we are presently evaluating a quote from a vendor that is registered with the DDTTC.

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

Equipment was commercially available in the marketplace.

\* 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?

35

\*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.

\*We are still in the process of complying with all the requirements of the Reimbursement program.

\*We are still in the process of permanently removing, replacing, and disposing of "covered equipment".

\*With respect to the timeline that was provided in our initial application, we are a little behind schedule. The Switch and 18 Tower Sites remain to be decommissioned. Once we choose a vendor to remove these sites, we will provide an updated timeline. At this point, we are still on track to follow the FCC's SCRP general deadlines, and will not need an extension.

## 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	David Jimenez	Certifier Phone	575-370-5010
Certifier Name	David Jimenez	Certifier Email	djimenez@leaco.org
Certifier Title	CEO		
Date Signed	2023-01-10		