

## SCRPS Status Update

FCC Form 5640

OMB Control No. 3060-1270

File No. SC-SU0001449

### Applicant Information

Applicant FRN 0006146120

Applicant Address 219 W. Emmitt Ave

Applicant Name Southern Ohio Communicatio Applicant City Waverly

Applicant Email gcooper@socs.cc Applicant State OH

Applicant Phone 7409472409 Applicant ZIP Code 45690

### 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 Summit Ridge Group

Contact Address 49 W 38Th

Contact Email SOCSRNR@summitridgegrou Contact City New York

Contact Phone (212) 433-4800 Contact State NY

Contact ZIP Code 10018

\*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.

With respect to end-user equipment, SOCS has ordered and received most of its replacement equipment. The equipment that has been received has been installed at customer premises, and those customers should be migrated in the next four to eight weeks. SOCS employees have been trained on this new equipment. The Covered Equipment that has been removed from customer homes is being prepared to be inventoried, palletized, and stored in a locked facility, with access controlled by electronic badges. It will be sent for destruction once the SOCS allocation is fully funded. Regarding the router and switch equipment, SOCS must wait for its allocation to be fully funded to place that order. Depending on when that equipment is ordered, there may be supply chain delays in delivery, which could require SOCS to request a build extension. With respect to labor, SOCS is having difficulty finding additional employees with adequate telecommunications experience and credentials. The issue is not one of compensation, but rather the lack of suitable candidates. These additional employees are needed for the rip and replace project. SOCS current employees are needed to maintain and grow their core business, so, to the extent that those employees will need to be shifted to rip and replace, their inability to commit to rip and replace full time could result in delays to complete the rip and replace project.

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

There are certain outstanding E7 chassis OLT cards that have not been delivered, and the manufacturer has indicated there is a risk that those cards may not be available until 2024. If this is confirmed, SOCS will need to seek an extension adequate for this delivery schedule.

\* 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?

\*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.

## 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      **Bret W. Childers**

Certifier Phone    **7409473502**

Certifier Name    **Bret W. Childers**

Certifier Email    **bchilders@socs.cc**

Certifier Title    **COO**

Date Signed      **2023-01-11**