# SCRP Status Update

FCC Form 5640

OMB Control No. 3060-1270

#### File No. SC-SU0001803

# Applicant Information

Applicant FRN	0003740768	Applicant Address	153 W. Dave Dugas Rd.
Applicant Name	TelAlaska Cellular, Inc.	Applicant City	Sulphur
Applicant Email	shartman@fastwyre.com	Applicant State	LA
Applicant Phone	3033702070	Applicant ZIP Code	70665

# Contact Information

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

Contact Name Stacy Hartman	Contact Address	153 W. Dave Dugas Rd.
Contact Email shartman@fastwyre.com	Contact City	Sulphur
Contact Phone 3033702070	Contact State	LA
	Contact ZIP Code	70665

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

2023-07-10

## 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.

TelAlaska Cellular, Inc. dba Fastwyre Broadband (the "Company") secured contract engineering resources and is in the process of finalizing the network design, scope, and projected costs for this project. Once these steps are complete, the Company will move forward with the removal, replacement, and disposal of the identified equipment. Additionally, the Company is in the process of submitting application modifications and an initial reimbursement claim. \*Explain whether you are finding commercially available equipment in the marketplace. If not, then explain efforts taken to obtain replacement equipment.

The Company is finalizing the network design, scope, and projected costs for this project. While it has identified an equipment replacement plan and believes the equipment will be available, equipment availability and/or supply chain issues may potentially impact overall equipment availability.

\* 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.

The Company's award of 39.5% of the approved reimbursement has put a severe strain on its ability to complete the removal, replacement, and disposal of the identified equipment. This underfunding has resulted in the need to reassess the original project plan. While the Company is in the process of finalizing the network design, scope, and costs of the project, it has not yet begun the process of removing, replacing, or disposing of the identified equipment from its network.

The Company recognizes that fully funding the program is a top priority for the Federal Government. If full funding is not received, the Company will need to develop a longer-term plan to remove, replace and dispose of the identified equipment. The Company continues to support a federal resolution that ensures full funding for the removal of this identified equipment.

#### ProgramCompliance

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



\*Indicate whether recipient has permanently removed from its communications network all covered communications equipment or services that were in the recipient's network as of the date of the submission of the recipients application request for funding.



If recipient has not yet completed the removal process, what estimated percentage of the removal process have you completed?

0

\*Indicate whether recipient has replaced all covered communications equipment or services that were in the recipient's network as of the date of the submission of the recipient's application request for funding.



If recipient has not yet completed the replacement process, what estimated percentage of the replacement process have you completed?

0

\*Indicate whether recipient has disposed of all covered communications equipment or services that were in the recipient's network as of the date of the submission of the recipient's application request for funding.

Yes 🖌 No

If recipient has not yet completed the disposal process, what estimated percentage of the disposal process have you completed?

#### 0

\*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.



\*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-1 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**

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Certifier Signature	John Walter	Certifier Phone	9133879328
Certifier Name	John Walter	Certifier Email	jwalter@fastwyre.com
Certifier Title	EVP, General Counsel & Secre		

Date Signed 2023-07-06