

SCRPS Status Update

FCC Form 5640

OMB Control No. 3060-1270

File No. SC-SU0001642

Applicant Information

Applicant FRN 0017235110

Applicant Address 900 West Valley Road, Suite 600

Applicant Name Texas 10, LLC

Applicant City Wayne

Applicant Email atufte@cellonenation.com

Applicant State PA

Applicant Phone 6105356900

Applicant ZIP Code 19087

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 Drive, 2nd Floor

Contact Email sc.external.rfi.cellone-tx@wide

Contact City Fairfax

Contact Phone 7035601750

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.

No, my company has not conducted work on the removal of covered equipment since the submittal of the last form. Removal of covered equipment was completed. No, my company has not conducted work on the disposal of covered equipment since the submittal of the last form. Disposal of covered equipment was completed. Yes, my company has conducted work on the replacement of covered equipment and services since the submittal of the last form. Work related to the replacement of covered equipment has been limited to planning and coordination. Planning and coordination work is extensive, including network planning, business case planning, vendor selection and negotiation, etc. It has been difficult to finalize plans for replacement, including making commitments with vendors, since the full funding of the project has not been approved and remains uncertain. Any business case is dependent on the timing and extent of funding available.

*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. Equipment is available but often there is a very long lead time to source it as well as the services required to implement it. For some equipment, including the primary OEM equipment, there are only a small number of providers making negotiations and timely support more challenging. We are making good progress in negotiations for the replacement equipment and related vendor services.

* 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.

We believe the timeline still accurately reflects our project plan, but we are concerned that the lack of visibility to full funding of the program and the timing of any additional funding may impact the overall timeline.

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?

25

*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.

Texas 10, LLC is approximately 25% 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	Angela Tufte	Certifier Phone	6105356904
Certifier Name	Angela Tufte	Certifier Email	atufte@cellonenation.com
Certifier Title	VP Finance		
Date Signed	2023-04-11		