

SCRPS Status Update

FCC Form 5640

OMB Control No. 3060-1270

File No. SC-SU0001761

Applicant Information

Applicant FRN	0003729316	Applicant Address	2121 Highway 2 NW
Applicant Name	Triangle Telephone Cooperat	Applicant City	Havre
Applicant Email	cgates@itstriangle.net	Applicant State	MT
Applicant Phone	4063947807	Applicant ZIP Code	59501

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	Keri Pike	Contact Address	2121 US HWY 2 NW
Contact Email	kpike@itstriangle.net	Contact City	Havre
Contact Phone	406-394-7807	Contact State	MT
		Contact ZIP Code	59501

*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.

We are engaged installing the new equipment that is used to replace like Huawei equipment. As installation continues we are finding experienced and quality contractors a challenge. Having to fix work that was not completed correctly the first time has added considerable time and expense to the project. Another concern is the contractor employed by the FCC that has stopped the reimbursement process for the receipt of quotes received by Triangle before the FCC program required that catalog pricing be used.

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

We are finding commercially available replacement equipment and brought it into market to permanently replace Huawei equipment.

* 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?

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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.

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	Craig Gates	Certifier Phone	406-394-7807
Certifier Name	Craig Gates	Certifier Email	hilltrigm@itstriangle.net
Certifier Title	CEO		
Date Signed	2023-07-03		