# SCRP Status Update

FCC Form 5640

OMB Control No. 3060-1270

#### File No. SC-SU0001190

# Applicant Information

Applicant FRN	0023968233	Applicant Address	P.O. Box 431
Applicant Name	Velocity Communications, Inc	Applicant City	Columbia Falls
Applicant Email	jrenne@rennelaw.com	Applicant State	MT
Applicant Phone	4062191170	Applicant ZIP Code	59912

# 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 James Renne	Contact Address	P.O. Box 431
Contact Email jrenne@rennelaw.com	Contact City	Columbia Falls
Contact Phone 4062191170	Contact State	MT
	Contact ZIP Code	59912

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

2022-10-13

## 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.

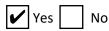
We are still in the vendor acquisition and planning/design phase of the program. We are hoping to have all vendors aligned on schedule and scope within the next 3 months so that the RRD period can begin in the spring when the weather is more accommodating.

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

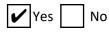
We are currently in the process of sourcing replacement equipment. We plan on using a vendor who sources and installs Ericsson equipment, and at this time they do not seem concerned about equipment availability. We are concerned that with a smaller order, it may be less likely to be filled quickly due to other carriers placing much larger orders for equipment at the same time. \* 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.

### ProgramCompliance

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

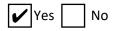


\*Indicate whether recipient has permanently removed from its communications network, replaced, and disposed of (or is in the process of permanently removing, replacing, and disposing of) all covered communications equipment or services that were in the recipient's network as of the date of submission of therecipient's application requesting funding.



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.



\*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**

Certifier Signature	James Renne	Certifier Phone	7038690418
Certifier Name	James Renne	Certifier Email	jrenne@rennelaw.com
Certifier Title	CEO		

Date Signed 2022-10-12