## SCRPStatus Update

FCC Form 5640

OMB Control No. 3060-1270

File No. SC-SU0002350

# 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**

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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

2024-01-06

<sup>\*</sup>Indicate which deadline you are meeting with this filing.

### 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 customer premise equipment, SOCS has ordered and received its replacement equipment. The equipment received has been installed at all customer premises, and all customers have been migrated. SOCS employees have been trained on this new equipment. The PON network has also been completed. 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 core router and switch equipment, SOCS ordered the equipment in January 2024. Once the equipment is delivered, it will need to be configured and installed. Due to the fact that this equipment was ordered without the Rip and Replace program being fully funded, at present the most SOCS can be reimbursed for this invoice is less than half of the total cost of the equipment, which places SOCS in a very difficult financial situation. Waiting for full funding to get fully reimbursed for these costs and the time it may take to install and integrate this equipment into the network could require SOCS to request a build deadline extension.

With respect to labor, SOCS continues to have 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 its 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.

SOCS has not encountered any recent difficulties due to 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.

As mentioned above, the only equipment remaining before the SOCS network is fully converted off Covered Equipment and compliant with the SCRP program is the core router and two switches. Due to the lack of full funding of the SCRP program, SOCS has undertaken a significant financial risk in ordering the equipment in an effort to finish the Rip and Replace project within the one year period mandated by Congress. The equipment ordered is for over \$800,000 and with the 39.5% allocation, SOCS only has access to under \$300,000. SOCS is a small service provider in rural Ohio and the \$500,000 difference has caused an undue burden to the company. The lack of full funding has placed an existential threat on SOCS continued survival.

ProgramCompliance
*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 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.
Yes ✓ No
If recipient has not yet completed the removal process, what estimated percentage of the removal process have you completed?
90
*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.
Yes No
If recipient has not yet completed the replacement process, what estimated percentage of the replacement process have you completed?
90
*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.
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 abovenamed 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 mayresult in thedenial 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 2024-01-05