





	TRIBAL BROADBAND CONNECTIVITY PROGRAM ANNUAL REPORT						
			GENERAL INFORMATION				
	Recipient Organization:	Delaware Nation	Award Identification Number:				
	Recipient Street Address:	PO Box 825	Report Submission Date				
GENERAL	City, State, Zip Code: DUNS/UEI Number:	Anadarko, OK 73005	(MM/DD/YYYY):				
BE B	Period of Performance Start		Period of Performance End Date				
	Date (MM/DD/YYYY):	05/01/2022	(MM/DD/YYYY):	04/30/2024			
	Report Period Start Date (MM/DD/YYYY):	05/01/2022	Report Period End Date (MM/DD/YYYY):	04/30/2023			
1	Provide the number of locations or geographic areas at which broadband service was provided using the grant funds. (Please attach associated shapefiles of geographic areas) (600 words or less) As of 4/24/2023, Delaware Nation has not been able to implement the Free public accessible Wi-Fi service at any of the 7 sites planned for this project. Delaware Nation is working with it's contractors to get this task completed as soon as possible.						
2	Please describe each service provided with grant funds. (600 words or less) Delaware Nation has provided home internet subsidy assistance to a total of 66 Delaware Nation households as of 3/31/2023. Delaware Nation has provided 278 laptop kits to Delaware Nation households.						
3	If applicable, please list subcontractors and describe how they expended funds. (600 words or less) Delaware Nation has expended these grant funds to pay for the installation of 7 free public Wi-Fi hubs, to pay the contract for a 3-year Telemedicine subscription and blue-tooth medical kits to 750 Delaware Nation households, to purchase 1,235 laptop kits (that include headset and Microsoft Office License) for the Tele-work project for Delaware Nation households and shipping costs to mail laptops out to Delaware Nation housedhols outside of the Anadarko, OK area. Please describe how the recipient and subrecipient (if applicable) expended the funds. (600 words or less)						
5	If applicable, please list each sub	precipients that received a subgr	ub-grants with these grant funds. rant through funding. (600 words or less) ub-grants with these grant funds.				
6	date. What steps did you take to	address them? (600 words or l	ess)	ou experienced during the reporting period of this award to			
7	Please describe whether or not your organization connected NOFO purpose areas to broadband adoption and use or broadband infrastructure deployment work. (600 words or less) Delaware Nation's contractor for the free public Wi-Fi installation part of the project encountered Trust Land property with a land holder that refuses to allow the contractor or Delaware Nation access without an absorbent fee and filed a case with our area Bureau of Indian Affairs CFR court to block access. The BIA court has ruled in favor of the citizen which leaves Delaware Nation and it's contractor to work out the logistics of a build-around to allow fiber access to for the final connection to our chosen Wi-Fi hub locations.						
8	Delaware Nation was able to ord internet subsidy assistance to De	er and receive all the laptop kit laware Nation households, and		are Nation Households, provide over \$50,000 in home ding blue-tooth kits, for the use by 700 Delaware Nation outhewest Oklahoma.			

9	Using the Excel spreadsheet template titled "TBCP Reports Addendum A", please provide with their Location ID that you connected to your network. The locations should match a Location Fabric, which is a unique identifier for the geographic coordinates, and where a 'Annual Report' checkbox when completing the addendum.	nd conform to the Federal Communicatio	ns Commission (FCC) Broadband Serviceable	
10	Using the Excel spreadsheet template titled "TBCP Reports Addendum B", please provide along with their Location ID that you connected to your network. The locations should m Serviceable Location Fabric, which is a unique identifier for the geographic coordinates, a select 'Annual Report' checkbox when completing the addendum.	atch and conform to the Federal Commun	ications Commission (FCC) Broadband	
11	Using the Excel spreadsheet template titled "TBCP Reports Addendum C", please provide an updated count of Community Anchor Institutions (CAIs) within each of the eligible tribal block groups along with their Location ID that you connected to your network. The locations should match and conform to the Federal Communications Commission (FCC) Broadband Serviceable Location Fabric, which is a unique identifier for the geographic coordinates, and where available, the address(es) associated with each location. Please be sure to select 'Annual Report' checkbox when completing the addendum.			
	I certify to the best of knowledge and belief that this report is correct and complete for p	erformance of activities for the purposes	set forth in the award documents.	
CATION	Typed or printed name and title of Authorized Certifying Official: Deborah Dotson, President	Telephone (area code, number and extension):	405-247-2448	
CERTIFICATION	Signature of Certifying Official:	Email Address:	ddotson@delawarenation-nsn.gov	
	PDF file signed.	Date:	4/24/2023	





	TF	RIBAL BROADBAND CON	INECTIVITY	PROGE
Recipient Organization				
Recipient Street Addres	ss:			
City, State, Zip Code:				
Reporting Period Start	Date (MM/DD/YYYY):			
Reporting Period End D	ate (MM/DD/YYYY):			
		Househ	old Locations	in the S
(codified at 47 U.S.C. §	ne Fabric ID associated with the Federal Communications § 641-646) (Broadband DATA Maps). The "location_id" d available to filers. Number of units refers to one	ata element is a unique identifier location that has multiple units w	for the location within that one lo	served. A l
Location ID	Street Address	City	State	ZI
				
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				+

	I certify to the best of knowledge and belief that this report is correct and complete for performance of activities for								
ATION	Typed or printed name and title of Authorized Certifying Official:								
CERTIFICATION	Signature of Certifying Official:								



RAM F	REPORTS ADDENDUM A					
Award I	ldentification Number:					
Report	Submission Date (MM/DD/YYYY):					
DUNS/U	JEI Number:					
Report Type:			Baseline Report			
Keport	туре:		Annual Report			
Service	e Area					
Location 	and Deployment Accuracy and Tech ID should be included for each loca ert rows at the bottom of the table	ation in t	he Broadband Serviceable	Location Fabric wher	, ,	
Р	Latitude		Longitude	Tribal Block Group	# of Units	
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the pur	poses set forth in the awa	rd docun	nents.		
		Teleph	one (area code, number and extension):		
			Email Address:		
			Date:		





	TF	RIBAL BROADBAND CO	NECTIVITY	PROG
Recipient Organization	:			
Recipient Street Addres	ss:			
City, State, Zip Code:				
Reporting Period Start	Date (MM/DD/YYYY):			
Reporting Period End D	Pate (MM/DD/YYYY):			
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available to filers. Num		s within that one location. Please hat one location. Please insert rov	insert rows at the	e botton
				of the ta
Location ID	Street Address	City	State	4
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	I certify to the best of knowledge and belief that this rep	oort is correct and complete for pe	erformance of act	ivities fo
ATION	Typed or printed name and title of Authorized Certifying Official:			
CERTIFICATION	Signature of Certifying Official:			



RAM F	REPORTS ADDENDUM B				
Award I	dentification Number:				
Report 9	Submission Date (MM/DD/YYYY):				
DUNS/L	JEI Number:				
Report Type:		Baseline Report			
Report	туре.		Annual Report 🗌		
e Servi	ce Area				
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P	Latitude		Longitude	Tribal Block Group	# of Units

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the pur	poses set forth in the awa	rd docun	nents.		
Telephone (area code, number and extension):					
		Email Address:			
			Date:		





	TF	RIBAL BROADBAND COI	NNECTIVITY	PROG
Recipient Organization:	:			
Recipient Street Addres	ss:			
City, State, Zip Code:				
Reporting Period Start	Date (MM/DD/YYYY):			
Reporting Period End D	ate (MM/DD/YYYY):			
		Community Anchor	Institution (C	AI) Loc
Location ID	available to filers. Number of units refers to one Street Address	location that has multiple units v	within that one loo	cation. P
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	I certify to the best of knowledge and belief that this rep	oort is correct and complete for pe	rformance of act	ivities fo
ATION	Typed or printed name and title of Authorized Certifying Official:			
CERTIFICATION	Signature of Certifying Official:			



RAM	REPORTS ADDENDUM C			
Award	Identification Number:			
Repor	Submission Date (MM/DD/YYYY):			
DUNS	UEI Number:			
D	. Tomas	Baseline Repor	t ∐	
Repor	туре:	Annual Report	11	
tions	in the Service Area			
ease in	n ID should be included for each loc sert rows at the bottom of the table	to report additional loca	ation data if needed.	
P	Latitude	Longitude	Tribal Block Group	# of Units
	+			
				

the purposes set forth in the award documents.									
		Telephone (area code, number and extension):							
			Email Address:						
			Date:						