





OMB Control No. 0660-0047 Expiration Date: 07/31/202

TRIBAL BROADBAND CONNECTIVITY PROGRAM ANNUAL REPORT						
GENERAL INFORMATION						
102311111111111111111111111111111111111	Recipient Organization:	Navajo Tribal Utility Authority	Award Identification Number:			
GENERAL	Recipient Street Address:	Highway 12 N	Report Submission Date	08/31/2023		
	City, State, Zip Code:	Fort Defiance, AZ 86504	(MM/DD/YYYY):			
	DUNS/UEI Number:					
	Period of Performance Start Date (MM/DD/YYYY):	09/01/2022	Period of Performance End Date (MM/DD/YYYY):	08/31/2026		
	Report Period Start Date (MM/DD/YYYY):	09/01/2022	Report Period End Date (MM/DD/YYYY):	08/31/2023		
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)					
2	Please describe each service provided with grant funds. (600 words or less)  For this reporting period. Navain Tribal Utility Authority (NTHA) has three projects that phained ROW approval, two projects that have approved NEDA Clearances. Smith Radion					
	applicable, please list subcontractors and describe how they expended funds. (600 words or less)					
3	The following subcontractors have performed work which is currently being billed:  2023					
	Please describe how the recipient and subrecipient (if applicable) expended the funds. (600 words or less)					
4	Recipient and subrecipient staff prepared grant applications, performed grant management activities, prepared rights -of-way (ROW) applications, including Environn review/assessments (NEPA) and performed preconstruction engineering task.					
5	If applicable, please list each subrecipients that received a subgrant through funding. (600 words or less)					
6	provide the barriers to broadband use and adoption or broadband infrastructure deployment work that you experienced during the reporting period of this award to date. What steps did you take to address them? (600 words or less)					
•	Please describe whether or no words or less)	t your organization connected NOF	O purpose areas to broadband adoption and u	use or broadband infrastructure deployment work. (600		
NAME OF THE OWNER, OF THE OWNER, OF THE OWNER, OF THE OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER,	Please describe your project's	achieved accomplishments during t	this reporting period. (600 words or less)			

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9	Using the Excel spreadsheet template titled "TBCP Reports Addendum A", please provide an updated count of Households 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.				
10	Using the Excel spreadsheet template titled "TBCP Reports Addendum B", please provide an updated count of Tribal Businesses 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.				
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 performance of activities for the purposes set forth in the award documents.				
CERTIFICATION	Typed or printed name and title of Authorized Certifying Official:	Telephone (area code, number and			
		extension):			
	Signature of Certifying Official:				
	hatto W. Harry	Date: 8/1 4 h 9 7	8/31/2023		