

SCRPS Status Update

FCC Form 5640

OMB Control No. 3060-1270

File No. SC-SU0003004

Applicant Information

Applicant FRN 0017413329

Applicant Address 810 N Street Suite 203

Applicant Name Windy City Cellular

Applicant City Anchorage

Applicant Email imayes@adaktu.net

Applicant State AK

Applicant Phone 9072220844

Applicant ZIP Code 99501

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 Sam Hariton

Contact Address 10300 Eaton Place, Suite 440

Contact Email sc.external.rfi.adak@widelity.c

Contact City Fairfax

Contact Phone 703-239-3299

Contact State VA

Contact ZIP Code 22030

*Indicate which deadline you are meeting with this filing.

2025-01-03

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.

No, my company has not conducted work on the removal of covered equipment since the submittal of the last form. All Huawei equipment was removed from the 2 out of 2 sites as of the last 90 day report. No other work was required this 90 day period. Yes, my company has conducted work on the disposal of covered equipment since the submittal of the last form. We have disposed of all Huawei equipment from the 2 of our 2 sites. The equipment has been destroyed by the recycling center. We have received the final inventory certification report from Advanced Tech Recycling. Yes, my company has conducted work on the replacement of covered equipment and services since the submittal of the last form. The antennas that were damaged have been replaced by the replacements received under warranty at one of the sites. Roaming issues with AT&T have been resolved for the most part. JDR Telecom continues to monitor the network for any issues or problems that may arise.

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

We are finding that some equipment and services are commercially available, and some are not. We had some difficulty acquiring Cisco Switches and tried different vendors. We had a purchase order from one vendor but they were unable to deliver all the equipment in time. Since we could not get the CISCO switches, WCC ended up purchasing a different type of switch from another vendor. It was a process that delayed the project by a few months.

* 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 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 removal process, what estimated percentage of the removal process have you completed?

*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?

99

*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?

*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.

We have not yet met all benchmarks laid out in the timeline, and we anticipate that the timeline no longer accurately reflects our project plan. We are currently awaiting additional information from vendors which is delaying requests for reimbursement. There are also additional expenses and invoices from vendors that we have yet to receive. We may need more time to process invoices for reimbursement.

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 **Larry Mayes**

Certifier Phone **907-222-0844**

Certifier Name **Larry Mayes**

Certifier Email **lmayes@adaktu.net**

Certifier Title **President**

Date Signed **2024-12-11**