

<b>&lt;010&gt; Study Area Code</b>	148007
<b>&lt;015&gt; Study Area Name</b>	VTel Wireless, Inc.
<b>&lt;020&gt; Program Year</b>	2018
<b>&lt;030&gt; Contact Name: Person USAC should contact with questions about this data</b>	Gordon Mathews
<b>&lt;035&gt; Contact Telephone Number: Number of the person identified in data line &lt;030&gt;</b>	8028857712 ext.
<b>&lt;039&gt; Contact Email: Email of the person identified in data line &lt;030&gt;</b>	gmathews@vermontel.com

**<040> Has the information required pursuant to §54.1009 been provided with a Form 481 filing (Y/N)** **<040>** ☐ ☒

**<041> Attach a description of the documents filed with the Form 481 reporting**

**<041>**

**<042> Cite the Study Area Code (SAC) for the Form 481 reporting**

**<042>**

**<080> Tribal Lands Reporting (y/n?)** *(Does this study area cover tribal lands? Yes or No)*

☐ ☒

**Notice to Individuals Required by the Paperwork Reduction Act of 1995**

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements)

Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

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<039>	Contact Email Address - Email Address of person identified in data line <030>	gmathews@vermontel.com

**Reporting Carrier / Mobility Fund Phase 1 Winning Bidder**

<110>	FCC Registration Number	0003645843
<111>	Filing Carrier Name	VTel Wireless
<112>	Winning Bidder Carrier Name	VTel Wireless
<113>	Street Address (or PO Box)	354 River Street
<114>	City	Springfield
<115>	State	VT
<116>	Zip-Code	05156
<117>	Telephone Number	8028857712 ext.
<118>	Fax Number	8028854003
<119>	Email Address	gmathews@vermontel.com

**Contact Information**

if same as above, indicate in this box



<120>	Name (First, MI, Last, Suffix)	Gordon Mathews
<121>	Filing Carrier Name	VTel Wireless
<122>	Street Address (or PO Box)	354 River Street
<123>	City	Springfield
<124>	State	VT
<125>	Zip-Code	05156
<126>	Telephone Number	8028857712 ext.
<127>	Fax Number	8028854003
<128>	Email Address	gmathews@vermontel.com

**Authorized Agent Information**

if no agent, indicate in this box



<130>	Name (First, MI, Last, Suffix)	
<131>	Company	
<132>	Street Address (or PO Box)	
<133>	City	
<134>	State	
<135>	Zip-Code	
<136>	Telephone Number	
<137>	Fax Number	
<138>	Email Address	

**(060) Coverage and Performance Report**

FCC Form 690

Approved by OMB

OMB Control No. 3060-1185

Page 3 of 8

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<039>	Contact Email Address - Email Address of person identified in data line <030>	gmathews@vermontel.com
<140>	Coverage and Performance Report Year	07/2017 - 06/2018

-T50009950200-1.zip, -T50009950200-2.zip

Coverage and Performance attachments

<141>	<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<c1>	<c2>	<c3>	<d>
	State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performance data is uploaded (Yes/no)
				-- See attached worksheet						
				--						

Percentage of Total  
Population Reached by  
ServicePercentage of Total  
Road Miles covered  
by Service

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**TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:**

Certification of Officer or Employee as to Compliance with 47 CFR §54.1009(a)(4)	
I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	VTel Wireless, Inc.
Signature of Authorized Officer:	CERTIFIED ONLINE Date 06/29/2018
Printed name of Authorized Officer:	Frances Stocker
Title or position of Authorized Officer:	Chief Financial Officer
Telephone number of Authorized Officer:	8028857745 ext.
Study Area Code of Reporting Carrier:	148007 Filing Due Date for this form: 07/02/2018
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

**TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:**

Certification of Officer or Employee to authorize an Agent to file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer or Employee:	Date:
Printed name of Authorized Officer or Employee:	
Title or position of Authorized Officer or Employee:	
Telephone number of Authorized Officer or Employee:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

**TO BE COMPLETED BY THE AUTHORIZED AGENT:**

Certification of Agent Authorized to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	
Name of Authorized Agent Firm:	
Signature of Authorized Agent or Employee of Agent:	Date:
Name of Authorized Agent Employee:	
Title or position of Authorized Agent or Employee of Agent:	
Telephone number of Authorized Agent or Employee of Agent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

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<039>	Contact Email Address - Email Address of person identified in data line <030>	gmathews@vermontel.com

<142> State \_\_\_\_\_

<143> County \_\_\_\_\_

<144> Tribal Land(s) on which ETC Serves \_\_\_\_\_

<145> Tribal Government Engagement Obligation

*Name of Attached Document (.pdf)*

If your company serves Tribal lands, please select (Yes, No, Not Applicable) for each of these boxes to confirm the status described on the attached PDF, on line 145, demonstrates coordination with the Tribal government pursuant to § 54.1004 includes:

- <146> Needs assessment and deployment planning with a focus on Tribal community anchor institutions;
- <147> Feasibility and sustainability planning;
- <148> Marketing services in a culturally sensitive manner;
- <149> Compliance with Rights of way processes
- <150> Compliance with Land Use permitting requirements
- <151> Compliance with Facilities Siting rules
- <152> Compliance with Environmental Review processes
- <153> Compliance with Cultural Preservation review processes
- <154> Compliance with Tribal Business and Licensing requirements.

Select (Yes, No, Not Applicable)

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&lt;200&gt; Date Authorized to Receive Support

03/11/2016

&lt;201&gt; Targeted Completion Date

03/11/2019

&lt;202&gt; Total Mobility Fund Support Awarded

49816.26

&lt;203&gt; Total Mobility Fund Support Disbursed

16605.42

&lt;210&gt; Actual Completion Date

&lt;211&gt; Project Status Description (attached)

211-Budget T50009950200 Essex-2.pdf, Project Status Description 2018 690 Filing.pdf

{Name of PDF attached}

Please check these boxes below to confirm that the attached PDF, on line 211, contains a project status pursuant to §54.1005(b)(2)(v). The information shall be submitted as appropriate.

&lt;212&gt; Status of Network Deployment - Network Design

✓

&lt;213&gt; Status of Network Deployment - Construction

✓

&lt;214&gt; Status of Network Deployment - Deployment

✓

&lt;215&gt; Status of Network Deployment - Maintenance

✓

&lt;216&gt; Project Budget Status

✓

&lt;217&gt; Project Plan Status

✓

&lt;218&gt; Network will Support 3G/4G Mobile Service ?



3G



4G

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**TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:****Certification of Officer as to the Accuracy of the Data Reported for Mobility Fund Recipients**

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.

Name of Reporting Carrier: VTel Wireless, Inc.

Signature of Authorized Officer: CERTIFIED ONLINE

Date 06/29/2018

Printed name of Authorized Officer: Frances Stocker

Title or position of Authorized Officer: Chief Financial Officer

Telephone number of Authorized Officer: 8028857745 ext.

Study Area Code of Reporting Carrier: 148007

Filing Due Date for this form: 07/02/2018

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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**TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:**

Certification of Officer to Authorize an Agent to File for Mobility Fund Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent: _____	
Name of Reporting Carrier: _____	
Signature of Authorized Officer: _____	Date: _____
Printed name of Authorized Officer: _____	
Title or position of Authorized Officer: _____	
Telephone number of Authorized Officer: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
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**TO BE COMPLETED BY THE AUTHORIZED AGENT:**

Certification of Agent Authorized to File for Mobility Fund Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the reports for Mobility Fund recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: _____	
Name of Authorized Agent Firm: _____	
Signature of Authorized Agent or Employee of Agent: _____	Date: _____
Name of Authorized Agent Employee: _____	
Title or position of Authorized Agent or Employee of Agent: _____	
Telephone number of Authorized Agent or Employee of Agent: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	



## Attachments

**(060) Coverage and Performance Report**FCC Form 690  
Approved by OMB  
OMB Control No. 3060-1185

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<140>	Coverage and Performance Report Year	07/2017 - 06/2018

<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<c1>	<c2>	<c3>	<d>
State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performance data is uploaded (yes/no)
VT	Essex	500099502001006	0	0	0	0.06	0.0	0.0	Yes
VT	Essex	500099502001008	19	0	0	6.54	0.0	0.0	Yes
VT	Essex	500099502001009	0	0	0	0.38	0.0	0.0	Yes
VT	Essex	500099502001011	5	0	0	0.46	0.0	0.0	Yes
VT	Essex	500099502001012	0	0	0	0.2	0.0	0.0	Yes
VT	Essex	500099502001014	0	0	0	0.26	0.0	0.0	Yes
VT	Essex	500099502001032	4	0	0	0.51	0.0	0.0	Yes
VT	Essex	500099502001035	0	0	0	0.09	0.0	0.0	Yes
VT	Essex	500099502001036	7	0	0	0.42	0.0	0.0	Yes
VT	Essex	500099502001038	0	0	0	0.14	0.0	0.0	Yes
VT	Essex	500099502001039	2	0	0	0.05	0.0	0.0	Yes
VT	Essex	500099502001040	3	0	0	0.21	0.0	0.0	Yes
VT	Essex	500099502001041	0	0	0	0.26	0.0	0.0	Yes
VT	Essex	500099502001043	0	0	0	0.53	0.0	0.0	Yes
VT	Essex	500099502001045	0	0	0	0.05	0.0	0.0	Yes
VT	Essex	500099502001046	10	0	0	0.17	0.0	0.0	Yes
VT	Essex	500099502001048	8	0	0	0.13	0.0	0.0	Yes
VT	Essex	500099502001049	3	0	0	0.23	0.0	0.0	Yes
VT	Essex	500099502001050	9	0	0	0.13	0.0	0.0	Yes
VT	Essex	500099502001051	26	0	0	1.04	0.0	0.0	Yes

Percentage of  
Total Population  
Reached by  
Service

0

Percentage of Total  
Road Miles covered  
by Service

0

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<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<c1>	<c2>	<c3>	<d>
State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performance data is uploaded (yes/no)
VT	Essex	500099502001057	28	0	0	0.12	0.0	0.0	Yes
VT	Essex	500099502001058	0	0	0	0.08	0.0	0.0	Yes
VT	Essex	500099502001059	0	0	0	0.05	0.0	0.0	Yes
VT	Essex	500099502001060	0	0	0	0.03	0.0	0.0	Yes
VT	Essex	500099502001063	42	0	0	0.48	0.0	0.0	Yes
VT	Essex	500099502001064	7	0	0	0.15	0.0	0.0	Yes
VT	Essex	500099502001065	0	0	0	0.06	0.0	0.0	Yes
VT	Essex	500099502001066	0	0	0	0.12	0.0	0.0	Yes
VT	Essex	500099502001067	1	0	0	0.19	0.0	0.0	Yes
VT	Essex	500099502001068	9	0	0	0.19	0.0	0.0	Yes
VT	Essex	500099502001069	16	0	0	0.4	0.0	0.0	Yes
VT	Essex	500099502001070	69	0	0	2.49	0.0	0.0	Yes
VT	Essex	500099502001078	5	0	0	0.12	0.0	0.0	Yes
VT	Essex	500099502001079	0	0	0	0.03	0.0	0.0	Yes
VT	Essex	500099502001082	23	0	0	0.32	0.0	0.0	Yes
VT	Essex	500099502001083	11	0	0	0.11	0.0	0.0	Yes
VT	Essex	500099502001084	22	0	0	0.14	0.0	0.0	Yes
VT	Essex	500099502001085	8	0	0	0.26	0.0	0.0	Yes
VT	Essex	500099502001086	17	0	0	0.09	0.0	0.0	Yes
VT	Essex	500099502001087	0	0	0	0.03	0.0	0.0	Yes

 Percentage of  
Total Population  
Reached by  
Service

0

 Percentage of Total  
Road Miles covered  
by Service

0

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<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<c1>	<c2>	<c3>	<d>
State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performance data is uploaded (yes/no)
VT	Essex	500099502001090	4	0	0	0.38	0.0	0.0	Yes
VT	Essex	500099502001098	61	0	0	0.87	0.0	0.0	Yes
VT	Essex	500099502001099	6	0	0	0.22	0.0	0.0	Yes
VT	Essex	500099502001100	65	0	0	0.27	0.0	0.0	Yes
VT	Essex	500099502001101	22	0	0	0.15	0.0	0.0	Yes
VT	Essex	500099502001102	18	0	0	0.08	0.0	0.0	Yes
VT	Essex	500099502001103	69	0	0	2.29	0.0	0.0	Yes
VT	Essex	500099502001104	20	0	0	0.27	0.0	0.0	Yes
VT	Essex	500099502001106	0	0	0	0.13	0.0	0.0	Yes
VT	Essex	500099502001107	0	0	0	0.06	0.0	0.0	Yes
VT	Essex	500099502001108	2	0	0	0.27	0.0	0.0	Yes
VT	Essex	500099502001109	0	0	0	0.1	0.0	0.0	Yes
VT	Essex	500099502001115	12	0	0	0.86	0.0	0.0	Yes
VT	Essex	500099502001149	0	0	0	0.05	0.0	0.0	Yes
VT	Essex	500099502001150	0	0	0	0.03	0.0	0.0	Yes
VT	Essex	500099502001151	15	0	0	0.44	0.0	0.0	Yes

Percentage of  
Total Population  
Reached by  
Service

0

Percentage of Total  
Road Miles covered  
by Service

0