FCC Form 481 - Carrier Annual Reporting Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 December 2020
<010> Study Area Code	529025
<015> Study Area Name	Declaration Networks Group, Inc
<020> Program Year	2024
<030> Contact Name: Person USAC should contact with questions about this data	Kathy Paver
<035> Contact Telephone Number: Number of the person identified in data line <030>	(703)463-0320
<035> Ext:	
<039> Contact Email Address: Email of the person identified in data line <030>	kathy@declarationnetworks.com
Filing Type	High Cost (54.313)

(200) Service Outage Reporting (Voice)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	December 2020

<010>	Study Area Code	529025		
<015>	Study Area Name	Declaration Networks Group, Inc		
<020>	Program Year	2024		
<030>	Contact Name - Person USAC should contact regarding this data	Kathy Paver		
<035>	Contact Telephone Number - Number of person identified in data line <030>	(703)463-0320		
<039>	Contact Email Address - Email Address of person identified in data line <030>	kathy@declarationnetworks.com		
<210>	For the prior calendar year, were there any reportable voice service ou	utages?		
<220>	Upload Service Outage Data			
		Name of Attached Document		

<a>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<c1></c1>	<c2></c2>	<d></d>	<e></e>	<f></f>	<g></g>	<h></h>
NORS Reference Number	Outage Start Date	Outage Start Time	Outage End Date	Outage End Time	Number of Customers Affected	Total Number of Customers	911 Facilities Affected (Yes / No)	Service Outage Description (Check all that apply)	Did This Outage Affect Multiple Study Areas (Yes / No)	Service Outage Resolution	Preventative Procedures
					attad	chmentSort(<u> Drder=0,</u>				
					attao	chmentPage sed=26,	IndexOn				
					atta	chmentNum	Rows=13				

	
(400) Number of Complaints per 1,000 customers	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	December 2020

<010>	Study Area Code	529025
<015>	Study Area Name	Declaration Networks Group, Inc
<020>	Program Year	2024
<030>	Contact Name - Person USAC should contact regarding this data	Kathy Paver
<035>	Contact Telephone Number - Number of person identified in data line <030>	(703)463-0320
<039>	Contact Email Address - Email Address of person identified in data line <030>	kathy@declarationnetworks.com

Select from the drop-down list to indicate how you would like to report voice complaints (zero or greater) for voice telephony service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize.

<410> Complaints per 1000 customers for fixed voice

<420> Complaints per 1000 customers for mobile voice

00) Compliance With Service Quality Standards and Consumer Protection Rules ta Collection Form			FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 December 2020
<010>	Study Area Code	529025	
<015>	Study Area Name	Declaration Networks Group, Inc	
<020>	Program Year	2024	
<030>	Contact Name - Person USAC should contact regarding this data	Kathy Paver	
<035>	Contact Telephone Number - Number of person identified in data line <030>	(703)463-0320	
<039>	Contact Email Address - Email Address of person identified in data line <030>	kathy@declarationnetworks.com	

(600) Functionality in Emergency Situations	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	December 2020

<010>	Study Area Code	529025
<015>	Study Area Name	Declaration Networks Group, Inc
<020>	Program Year	2024
<030>	Contact Name - Person USAC should contact regarding this data	Kathy Paver
<035>	Contact Telephone Number - Number of person identified in data line <030>	(703)463-0320
<039>	Contact Email Address - Email Address of person identified in data line <030>	kathy@declarationnetworks.com
<600>	Certify compliance regarding ability to function in emergency situations	yes
<610>	Descriptive document for Functionality in Emergency Situations	Form 481- Emergency narrative.pdf

	erating Companies ection Form			FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 December 2020
<010>	Study Area Code		529025	
<015>	Study Area Name		Declaration Networks Group, Inc	
<020>	Program Year		2024	
<030>	Contact Name - Person l	JSAC should contact regarding this data	Kathy Paver	
<035>	Contact Telephone Num	ber - Number of person identified in data line <030>	(703)463-0320	
<039>	Contact Email Address -	Email Address of person identified in data line <030>	kathy@declarationnetworks.com	
<810>	Reporting Carrier	Declaration Networks Group, Inc.		
<811>	Holding Company	No Holding Company		
<812>	Operating Company	Declaration Networks Group, Inc.		
<813>	Upload Operating Comp	any Data		_

Name of Attached Document

<a1></a1>	<a2></a2>	<a3></a3>
Affiliates	SAC	Doing Business As Company or Brand Designation
attachn	entSortOrder:	1,
	entPageIndex	OneBased=
27,		
attachm	entNumRows	=23

(900) Tri	bal Lands Reporting		FCC Form 481
Data Col	lection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819
			December 2020
<010>	Study Area Code	529025	
<015>	Study Area Name	Declaration Networks Group, Inc	
<020>	Program Year	2024	
<030>	Contact Name - Person USAC should contact regarding this data	Kathy Paver	
<035>	Contact Telephone Number - Number of person identified in data line <030>	(703)463-0320	
<039>	Contact Email Address - Email Address of person identified in data line <030>	kathy@declarationnetworks.com	
<900>	Does the filing entity offer tribal land services? (Y/N)	N	
<910>	Tribal Land(s) on which ETC Serves		
<920>	Tribal Government Engagement Obligation		
<921> <922> <923> <924>	Feasibility and sustainability planning; Marketing services in a culturally sensitive manner; Compliance with Rights of way processes		
<925>	Compliance with Land Use permitting requirements		
<926>	Compliance with Facilities Siting rules		
	Compliance with Environmental Review processes		
<927>	compliance with Environmental Neview processes		
<927> <928>	Compliance with Cultural Preservation review processes		

					1 486 0
	pice and Broadband Service Rate Comparability			FCC Form 481	
Data Coll	ection Form			OMB Control No. 3060-0986/OMB Contro	l No. 3060-0819
				December 2020	
<010>	Study Area Code				
<015>	Study Area Code Study Area Name		529025		
<020>	•		Declaration Networks Group, Inc		
	Program Year		2024		
<030>	Contact Name - Person USAC should contact regarding this data	- 10205	(703)463-0320		
<035>	Contact Telephone Number - Number of person identified in data line				
<039>	Contact Email Address - Email Address of person identified in data lin	e <030>	kathy@declarationnetworks.com		
<1000>	Voice services rate comparability certification	yes			
<1010>	Attach detailed description for voice services rate comparability compliance	Voic	e Rate Cert 529025 - 2023.pdf		
			Name of Attached Documer	nt	
<1020>	Broadband comparability certification	Yes -	no more than benchmark		
<1030>	Attach detailed description for broadband comparability compliance	Rate	Cert 529025 - 2023.pdf		
			Name of Attached Docume	nt	

-	o Terrestrial Backhaul Reporting	FCC Form 481
Data Col	lection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819 December 2020
<010>	Study Area Code	529025
<015>	Study Area Name	Declaration Networks Group, Inc
<020>	Program Year	2024
<030>	Contact Name - Person USAC should contact regarding this data	Kathy Paver
<035>	Contact Telephone Number - Number of person identified in data line <030>	(703) 463-0320
<039>	Contact Email Address - Email Address of person identified in data line <030>	kathy@declarationnetworks.com
<1100>	Certify whether terrestrial backhaul options exist (Y/N)	yes
<1130>		
<1140>	Alaska Plan rate-of-return certification (yes, no, or not applicable) of compliance with approved performance plan.	

Lifeline	erms and Condition for Lifeline Customers ection Form			FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 December 2020
•				
<010>	Study Area Code		529025	
<015>	Study Area Name		Declaration Networks Group,	Inc
<020>	Program Year		2024	
<030>	Contact Name - Person USAC should contact regarding this data		Kathy Paver	
<035>	Contact Telephone Number - Number of person identified in data lin		(703)463-0320	
<039>	Contact Email Address - Email Address of person identified in data lin	ne <030>	kathy@declarationnetworks.co	m
<1210>	Terms & Conditions of Voice Telephony Lifeline Plans			
<1220>	Link to Public Website	HTTP		
<1221> <1222>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, Details on the number of minutes provided as part of the plan,			
<1223>	Additional charges for toll calls, and rates for each such plan.			

Data Col	rice Cap Carrier Additional Documentation lection Form n Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 December 2020
<010>	Study Area Code	529025	
<015>	Study Area Name	Declaration Networks Group, Inc	
<020>	Program Year	2024	
<030>	Contact Name - Person USAC should contact regarding this data	Kathy Paver	
<035>	Contact Telephone Number - Number of person identified in data line <030>	(703)463-0320	
<039>	Contact Email Address - Email Address of person identified in data line <030>	kathy@declarationnetworks.com	
Select the appropriate responses below to note compliance as a recipient of frozen High Cost support, High Cost support to offset access charge			

reductions set forth in 47 CFR 54.313(c),(d). The information reported on this form is accurate.

<2015> 2016 and future Frozen Support Certification 47 CFR § 54.313(c)(4)

Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}

<2016> Certification support used to build broadband

(3005) Rate	Of Return Carrier Additional Documentation ion Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 December 2020
<010>	Study Area Code	529025
<015>	Study Area Name	Declaration Networks Group, Inc
<020>	Program Year	2024
<030>	Contact Name - Person USAC should contact regarding this data	Kathy Paver
<035>	Contact Telephone Number - Number of person identified in data line <030>	(703)463-0320
<039>	Contact Email Address - Email Address of person identified in data line <030>	kathy@declarationnetworks.com

(3007) Does this filing retain a Cost Consultant and/or Firm, or other Third Party to prepare financial and operations data disclosures submitted to the National Exchange Carrier Association (NECA), USAC, or the Administrator?

(3007a)	(3007b)
Name of Consultant	Name of Consultant Firm/Third Party

(3005) Rate Of Return Carrier Additional Documentation	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	December 2020

<010>	Study Area Code	529025
<015>	Study Area Name	Declaration Networks Group, Inc
<020>	Program Year	2024
<030>	Contact Name - Person USAC should contact regarding this data	Kathy Paver
<035>	Contact Telephone Number - Number of person identified in data line <030>	(703)463-0320
<039>	Contact Email Address - Email Address of person identified in data line <030>	kathy@declarationnetworks.com

Select from the drop down menu or check the boxes below to note compliance with 54.313(f)(1). Privately held carriers must ensure compliance with the financial reporting requirements set forth in 47 CFR 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(3010A)	Certification of Public Interest Obligations {47 CFR § 54.313(f)(1)(i)}	-	
(3010B)	Please Provide Attachment	Name of Attached Document Listing Required	
	Rate-of-Return Community Anchor Institutions	Information L	
(3012A)	Indicate if the carrier newly deployed broadband service to community anchor institution(s) in the previous calendar year.	-	
(3012B)	Please Provide Attachment	Name of Attached Document Listing	
	Using link, download template and list the number, name and address for each community anchor institution. Attach the document which contains the community anchor institution details as required by 47 C.F.R. § 54.313(f)(1)(ii)	Required Information	
(3013)	Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)}	(Yes/No)	
(3014)	If yes, does your company file the RUS annual report	(Yes/No)	
	Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:		
(3015)	Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)		
(3016)	Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows		
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	Name of Attached Document Listing Required Information	
(3018)	If the response is no on line 3014, is your company audited? If the response is yes on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:	(Yes/No)	
(3019)	Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers		
(3020)	Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows		
(3021)	Management letter and/or audit opinion issued by the independent certified public accountant that performed the company's financial audit. If the response is no on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:		
(3022)	Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers		
(3023)	Underlying information subjected to a review by an independent certified public accountant		
(3024)	Underlying information subjected to an officer certification.		
(3025)	Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows		
(3026)	Attach the worksheet listing required information	Name of Attached Document Listing Required Information	

(3005) Rate Of Return Carrier Additional Documentation (Continued)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	December 2020

<010>	Study Area Code	529025
<015>	Study Area Name	Declaration Networks Group, Inc
<020>	Program Year	2024
<030>	Contact Name - Person USAC should contact regarding this data	Kathy Paver
<035>	Contact Telephone Number - Number of person identified in data line <030>	(703)463-0320
<039>	Contact Email Address - Email Address of person identified in data line <030>	kathy@declarationnetworks.com

Financial Data Summary	
•	
(3027) Revenue	
(3028) Operating Expenses	
(3029) Net Income	
(3030) Telephone Plant In Service(TPIS)	
(3031) Total Assets	
(3032) Total Debt	
(3033) Total Equity	
• • • • • • • • • • • • • • • • • • • •	
(3034) Dividends	

Page 14 30-06-2023 11:37:08

(4005) Rural Broadband Experiment Additional Documentation	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	December 2020

<010>	Study Area Code	529025
<015>	Study Area Name	Declaration Networks Group, Inc
<020>	Program Year	2024
<030>	Contact Name - Person USAC should contact regarding this data	Kathy Paver
<035>	Contact Telephone Number - Number of person identified in data li	ne <030> (703) 463-0320
<039>	Contact Email Address - Email Address of person identified in data li	ne <030> kathy@declarationnetworks.com

Rural Broadband Experiment

Authorized Rural Broadband Experiment (RBE) recipients must address the certification for public interest obligations and provide a list of newly served community anchor institutions.

Public Interest Obligations – FCC 14-98 (paragraphs 26-29, 78)

Please address Line 4001 regarding compliance with the Commission's public interest obligations. All RBE participants must provide a response to Line 4001.

<4001> Recipient certifies that it is offering broadband meeting the requisite public interest obligations consistent with the category for which they were selected, including broadband speed, latency, usage capacity, and rates that are reasonably comparable to rates for comparable offerings in urban areas.

RBE Community Anchor Institutions

<4003a> Indicate if the carrier newly deployed broadband service to community anchor institution(s) in the previous calendar year

<4003b> Please Provide Attachment: Using link, download template and list the number, name and address for each community anchor institution. Attach the document which contains the community anchor institution details as required by FCC 14-98 (paragraph 79)

Name of Attached Document Listing Required Information

(5005) Alaska Plan Participants Additional Documentation	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	December 2020

<010>	Study Area Code	529025
<015>	Study Area Name	Declaration Networks Group, Inc
<020>	Program Year	2024
<030>	Contact Name - Person USAC should contact regarding this data	Kathy Paver
<035>	Contact Telephone Number - Number of person identified in data line <030>	(703)463-0320
<039>	Contact Email Address - Email Address of person identified in data line <030>	kathy@declarationnetworks.com

5005 Alaska Plan

(5011) Newly Available Terrestrial or other Satellite Backhaul (RoR Carriers)

Please indicate whether any terrestrial backhaul or other satellite backhaul became commercially available in the previous calendar year in areas previously served exclusively by performance-limiting satellite backhaul.

(Yes/No)

(5012) Newly Available Terrestrial or other Satellite Backhaul (CETC Carriers)

(Yes/No)

If the filing carrier identified in its approved perfomance plans that it relies exclusively on satellite backhaul for a certain poriton of the population in its service area, indicate whether any terrestrial backhaul or other satellite backhaul became commercially available in the previous calendar year in areas that were previously served exclusively by satellite backhaul.

<5013>	Upload Backhaul	Technology Data
--------	-----------------	------------------------

Name of Attached Document

<a>		<c></c>
Description Of Backhaul Technology	Date Backhaul Available	Newly Served Locations or Population
attachm	entSortOrder=2,	
	entPageIndexOnel	ased=
		
attachm	entNumRows=23	
	,	

(6005) Phase II Auction Reporting	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	December 2020

<010>	Study Area Code	529025
<015>	Study Area Name	Declaration Networks Group, Inc
<020>	Program Year	2024
<030>	Contact Name - Person USAC should contact regarding this data	Kathy Paver
<035>	Contact Telephone Number - Number of person identified in data line <030>	(703)463-0320
<039>	Contact Email Address - Email Address of person identified in data line <030>	kathy@declarationnetworks.com

<6010> Enter the total amount of Phase II Auction Support, if any, the carrier used for capital expenditures.

385529.79

Phase II Auction and New York Funds Certification

<6011> Certify (either yes or no) regarding whether the recipient has available funds for all project costs that will exceed the amount of support that will be received for the next calendar year. This certification must be provided starting the first July 1st after receiving support until the recipient's penultimate year of support.

(Yes/No) no

Phase II Auction Community Anchor Institutions

<6012a> Indicate if the carrier newly deployed broadband service to community anchor institution(s) in the previous calendar year.

no

<6012b> Please Provide Attachment Using link, download template and list the number, name and address for each community anchor institution. Attach the document which contains the community anchor institution details as required by FCC 14-98 (paragraph 79).

Name of Attached Document Listing Required Information

Phase II Auction FCC Form 470 Postings

<6013> For the filing due July 1 following full implementation of this requirement answer yes, no, or not applicable to this certification request.

yes

Phase II Auction Post-Final Deployment Milestone Performance Certification

<6014> Starting the first July 1st after meeting the final service milestone, certify (yes, no, or not applicable) that the Phase II-funded network that the Phase II auction recipient operated in the prior year meets the relevant performance requirements in § 54.309.

yes

(7005) Phase-Down Support Reporting	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	December 2020

<010>	Study Area Code	529025
<015>	Study Area Name	Declaration Networks Group, Inc
<020>	Program Year	2024
<030>	Contact Name - Person USAC should contact regarding this data	Kathy Paver
<035>	Contact Telephone Number - Number of person identified in data line <030>	(703)463-0320
<039>	Contact Email Address - Email Address of person identified in data line <030>	kathy@declarationnetworks.com

<7010> Price Cap Carrier and Fixed Competitive Eligible Telecommunications Carrier Transitional Support Requirement Certification

Please provide a response (either yes or no) to this certification request. Any price cap carrier or fixed competitive eligible telecommunications carrier that elects to continue receiving support pursuant to §54.312(d) or §54.307(e)(2)(iii) starting July 1, 2020 and annually thereafter on July 1 for each subsequent year they receive such support, that all such support the company received in the previous year was used to provide voice service throughout the high-cost and extremely high-cost census blocks where they continue to have the federal high-cost eligible telecommunications carrier obligation to provide voice service pursuant to §54.201(d) at rates that are reasonably comparable to comparable offerings in urban areas. This certification is required by 47 C.F.R. § 54.313(m).

(Yes/No)

(8005) Uniedo a Puerto Rico Fixed and Mobile Funds Certification	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	December 2020

<010>	Study Area Code	529025
<015>	Study Area Name	Declaration Networks Group, Inc
<020>	Program Year	2024
<030>	Contact Name - Person USAC should contact regarding this data	Kathy Paver
<035>	Contact Telephone Number - Number of person identified in data line <030>	(703)463-0320
<039>	Contact Email Address - Email Address of person identified in data line <030>	kathy@declarationnetworks.com

<8010> Uniendo a Puerto Rico Stage 2 Fixed – Capital Expenditures

Enter the total amount of Uniendo a Puerto Rico Stage 2 fixed support, if any, the carrier used for capital expenditures.

<8011> Uniendo a Puerto Rico Stage 2 Fixed – Available Funds Certification

Certify (either yes or no) regarding whether the recipient has available funds for all project costs that will exceed the amount of support that will be received for the next calendar year. This certification must be provided starting the first July 1 after receiving support until the recipient's penultimate year of support.

<8012a> Uniendo a Puerto Rico Stage 2 Fixed – Community Anchor Institutions

Indicate if the carrier newly deployed broadband service to community anchor institution(s) in the previous calendar year.

Please Provide Attachment

<8012b> Using link, download template and list the number, name and address for each community anchor institution. As required by 47 CFR Section 54.313(e)(2)(i)(A), attach the document which contains the community anchor institution details.

Name of Attached Document Listing Required Information

Uniendo a Puerto Rico Stage 2 Fixed – FCC Form 470 Postings

<8013> For the filing due July 1 following full implementation of this requirement answer yes, no, or not applicable to this certification request.

<8014> Uniendo a Puerto Rico Stage 2 Fixed – Post-Final Deployment Milestone Performance Certification

Starting the first July 1 after meeting the final service milestone, certify (yes or no) that the Uniendo a Puerto Rico Stage 2-funded network that the Stage 2 recipient operated in the prior year meets the relevant performance requirements in § 54.309.

<8020> Uniendo a Puerto Rico Stage 2 Fixed – Support Reimbursement Certification

54.313(n): Recipients of Uniendo a Puerto Rico Fund Stage 2 fixed support shall certify that such support was not used for costs that are (or will be) reimbursed by other sources of support, including of federal or local government aid or insurance reimbursements; and that support was not used for other purposes, such as the retirement of company debt unrelated to eligible expenditures, or other expenses not directly related to network restoration, hardening, and expansion consistent with the framework of the Uniendo a Puerto Rico Fund.

<8030> Uniendo a Puerto Rico Stage 2 Fixed – Disaster Preparedness and Response Documentation

54.313(n): Recipients of fixed support from Stage 2 of the Uniendo a Puerto Rico Fund shall certify that they have conducted an annual review of the documentation required by section 54.1515(a)-(c) to determine the need for and to implement changes or revisions to disaster preparation and recovery documentation.

<8040> Uniendo a Puerto Rico Stage 2 Mobile – Support Reimbursement

54.313(n): Recipients of Uniendo a Puerto Rico Fund Stage 2 mobile support shall certify that such support was not used for costs that are (or will be) reimbursed by other sources of support, including of federal or local government aid or insurance reimbursements; and that support was not used for other purposes, such as the retirement of company debt unrelated to eligible expenditures, or other expenses not directly related to network restoration, hardening, and expansion consistent with the framework of the Uniendo a Puerto Rico Fund.

<8050> Uniendo a Puerto Rico Stage 2 Mobile – Disaster Preparedness and Response Documentation

54.313(n): Recipients of mobile support from Stage 2 of the Uniendo a Puerto Rico Fund shall certify that they have conducted an annual review of the documentation required by section 54.1515(a)-(c) to determine the need for and to implement changes or revisions to disaster preparation and recovery documentation

<8060> Uniendo a Puerto Rico Stage 2 Mobile – Mobile Disbursements Certification

54.313(o): Recipients of Uniendo a Puerto Rico Fund Stage 2 mobile support shall certify that they are in compliance with all requirements for receipt of such support to continue receiving Stage 2 mobile disbursements

(9005) Connect USVI Fixed and Mobile Funds Certification	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	December 2020

<010>	Study Area Code	529025
<015>	Study Area Name	Declaration Networks Group, Inc
<020>	Program Year	2024
<030>	Contact Name - Person USAC should contact regarding this data	Kathy Paver
<035>	Contact Telephone Number - Number of person identified in data line <030>	(703)463-0320
<039>	Contact Email Address - Email Address of person identified in data line <030>	kathy@declarationnetworks.com

<9010> Connect USVI Stage 2 Fixed – Capital Expenditures

Enter the total amount of Connect USVI Fund Stage 2 fixed support, if any, the carrier used for capital expenditures.

<9011> Connect USVI Stage 2 Fixed – Available Funds Certification

Certify (either yes or no) regarding whether the recipient has available funds for all project costs that will exceed the amount of support that will be received for the next calendar year. This certification must be provided starting the first July 1 after receiving support until the recipient's penultimate year of support.

<9012a> Connect USVI Stage 2 Fixed – Community Anchor Institutions

Indicate if the carrier newly deployed broadband service to community anchor institution(s) in the previous calendar year.

Please Provide Attachment

<9020>

<9030>

<9012b> Using link, download template and list the number, name and address for each community anchor institution. As required by 47 CFR Section 54.313(e)(2)(i)(A), Attach the document which contains the community anchor institution details.

Name of Attached Document Listing Required Information

Connect USVI Stage 2 Fixed - FCC Form 470 Postings

<9013> For the filing due July 1 following full implementation of this requirement answer yes, no, or not applicable to this certification request.

Connect USVI Stage 2 Fixed – Post-Final Deployment Milestone Performance Certification

Starting the first July 1 after meeting the final service milestone, certify (yes or no) that the Connect USVI Fund Stage 2-funded network that the Stage 2 recipient operated in the prior year meets the relevant performance requirements in § 54.309.

Connect USVI Stage 2 Fixed – Support Reimbursement Certification

54.313(n): Recipients of Connect USVI Fund Stage 2 fixed support shall certify that such support was not used for costs that are (or will be) reimbursed by other sources of support, including of federal or local government aid or insurance reimbursements; and that support was not used for other purposes, such as the retirement of company debt unrelated to eligible expenditures, or other expenses not directly related to network restoration, hardening, and expansion consistent with the framework of the Connect USVI Fund.

Connect USVI Stage 2 Fixed – Disaster Preparedness and Response Documentation

54.313(n): Recipients of fixed support from Stage 2 of the Connect USVI Fund shall certify that they have conducted an annual review of the documentation required by section 54.1515(a)-(c) to determine the need for and to implement changes or revisions to disaster preparation and recovery documentation.

Connect USVI Fund Stage 2 Mobile - Support Reimbursement Certification

<9040> 54.313(n): Recipients of Connect USVI Fund Stage 2 mobile support shall certify that such support was not used for costs that are (or will be) reimbursed by other sources of support, including of federal or local government aid or insurance reimbursements; and that support was not used for other purposes, such as the retirement of company debt unrelated to eligible expenditures, or other expenses not directly related to network restoration, hardening, and expansion consistent with the framework of the Connect USVI Fund. Recipients of mobile support from Stage 2 of the Connect USVI Fund shall certify that they have conducted an annual review of the documentation required by section 54.1515(a)-(c) to determine the need for and to implement changes or revisions to disaster preparation and recovery documentation.

Connect USVI Fund Stage 2 Mobile - Disaster Preparedness and Response Documentation

<9050> 54.313(n): Recipients of mobile support from Stage 2 of the Connect USVI Fund shall certify that they have conducted an annual review of the documentation required by section 54.1515(a)-(c) to determine the need for and to implement changes or revisions to disaster preparation and response documentation.

Connect USVI Fund Stage 2 Mobile - Mobile Disbursements Certification

<9060> 54.313(o): Recipients of Connect USVI Fund Stage 2 mobile support shall certify that they are in compliance with all requirements for receipt of such support to continue receiving Stage 2 mobile disbursements.

(10005) Rural Digital Opportunity Fund Certification	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	December 2020

<010>	Study Area Code	529025
<015>	Study Area Name	Declaration Networks Group, Inc
<020>	Program Year	2024
<030>	Contact Name - Person USAC should contact regarding this data	Kathy Paver
<035>	Contact Telephone Number - Number of person identified in data line <030>	(703)463-0320
<039>	Contact Email Address - Email Address of person identified in data line <030>	kathy@declarationnetworks.com

RDOF Capital Expenditures

<10010>

Starting the first July 1 after receiving support until the July 1 after the recipient's support term has ended, recipients of Rural Digital Opportunity Fund support must submit the total amount of support, if any, the recipient used for capital expenditures in the previous calendar year. This is required by 47 C.F.R. § 54.313(e)(2)(i)(B).

RDOF Available Funds Certification

<10011>

Please provide a response (either yes or no) to this certification request for any recipient of Rural Digital Opportunity Fund support that the recipient has available funds for all project costs that will exceed the amount of support that will be received for the next calendar year. This certification must be provided starting the first July 1 after receiving support until the recipient's penultimate year of support, as required by required by 47 C.F.R. § 54.313(e) (2)(ii).

RDOF Community Anchor Institutions

<10012a>

Recipients of Rural Digital Opportunity Fund support must attach a list containing the number, names, and addresses of community anchor institutions to which the eligible telecommunications carrier newly began providing access to broadband service in the preceding calendar year. This filing is required by 47 C.F.R. § 54.313(e)(2)(i)(A).

Please Provide Attachment

<10012b>

Using link, download template and list the number, name and address for each community anchor institution. As required by 47 CFR Section 54.313(e)(2)(i)(A), Attach the document which contains the community anchor institution details.

Name of Attached Document Listing Required Information

RDOF FCC Form 470 Postings

<10013>

For the filing due July 1st following full implementation of this requirement, please provide a response (either yes, no, or not applicable) to this certification request. Recipients of Rural Digital Opportunity Fund must respond affirmatively that they bid on category one telecommunications and Internet access services in response to all FCC Form 470 postings seeking broadband service that meets the connectivity targets for the schools and libraries universal service support program for eligible schools and libraries (as described in § 54.501) located within any area in a census block where the carrier is receiving Rural Digital Opportunity Fund, and that such bids were at rates reasonable comparable to rates charged to eligible schools and libraries in urban areas for Instructions for Completing FCC Form 481 OMB Control No. 3060-0986 (High-Cost) OMB Control No. 3060-0819 (Low-Income) November 2020 Page 44 comparable offerings. This filing is required by 47 C.F.R. § 54.313(e)(2)(i)(C). This certification will not be required until the July 1st following the E-Rate program year that this obligation has been fully implemented. Modernizing the E-Rate Program for Schools and Libraries et al., WC Docket. Nos. 13-184, 10-90, 29 FCC Rcd 15538, 15566-67, para. 72 (2014).

RDOF Post-Final Deployment Milestone Performance Certification

<10014>

Starting the first July 1st after a Rural Digital Opportunity Fund recipient meets its final service milestone until the July 1st after the support recipient's support term has ended, please provide a response (either yes, no, or not applicable) that the Rural Digital Opportunity Fund-funded network that the support recipient operated in the prior year meets the relevant performance requirements in 47 C.F.R. § 54.309. This filing is required by 47 C.F.R. § 54.313(e)(2)(iii).

		December 2020
<010>	Study Area Code	529025
<015>	Study Area Name	Declaration Networks Group, Inc
<020>	Program Year	2024
<030>	Contact Name - Person USAC should contact regarding this data	Kathy Paver
<035>	Contact Telephone Number - Number of person identified in data line <030>	(703)463-0320
<039>	Contact Email Address - Email Address of person identified in data line <030>	kathy@declarationnetworks.com

I certify under penalty of perjury that no universal service support has been or will be used to purchase, obtain, maintain, improve, modify, or otherwise support any equipment or services produced or provided by any company designated by the Federal Communications Commission as posing a national security threat to the integrity of communications networks or the communications supply chain since the effective date of the designations.

yes

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

Please Provide Waiver Document Allowable File Type (pdf only)

Certify Filing

Data Collection Form

Name of Attached Document Listing Required Information

I certify that no Federal subsidy made available through a program administered by the Commission that provides funds to be used for the capital expenditures necessary for the provision of advanced communications services has been or will be used to purchase, rent, lease, or otherwise obtain, any covered communications equipment or service, or maintain any covered communications equipment or service previously purchased, rented, leased, or otherwise obtained, as required by 47 C.F.R. § 54.10.

yes

Please Provide Waiver Document Allowable File Type (pdf only) Name of Attached Document Listing Required Information

Answer yes or no (I am participating in the reimbursement program and the removal, replacement, and disposal term has not expired) if the reporting ETC does not use covered communications equipment or services published on the Covered List, as required by 47 C.F.R. Section 54.11

yes

	tion - Reporting Carrier lection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 December 2020
<010>	Study Area Code	529025
<015>	Study Area Name	Declaration Networks Group, Inc
<020>	Program Year	2024
<030>	Contact Name - Person USAC should contact regarding this data	Kathy Paver
<035>	Contact Telephone Number - Number of person identified in data line <030>	(703)463-0320
<039>	Contact Email Address - Email Address of person identified in data line <030>	kathy@declarationnetworks.com

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

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for Co	AF or LI Recip	pients
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.		
I understand that making willful false statements in any part of this report and/or in these certifications is punishable by fine or imprisonment pursuant to 47 U.S.C. Sections 416(c), 503(b)(1)(B), and 18 U.S.C. Section 1001.		
Name of Reporting Carrier: Declaration Networks Group, Inc		
Signature of Authorized Officer: CERTIFIED ONLINE	Date	2023-06-29
Printed name of Authorized Officer: Bob Nichols		
Title or position of Authorized Officer: CEO		
Study Area Code of Reporting Carrier: 529025 Filing Due Date for this form: 2023-07-03		
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. § under Title 18 of the United States Code, 18 U.S.C. § 1001.	§ 502, 503(b), or	fine or imprisonment

Attachments

(200) Service Outage Reporting (Voice) FCC Form 481 **Data Collection Form** OMB Control No. 3060-0986/OMB Control No. 3060-0819 December 2020 529025 <010> Study Area Code Declaration Networks Group, Inc Study Area Name <015> <020> Program Year 2024 <030> Contact Name - Person USAC should contact regarding this data Kathy Paver (703)463-0320 Contact Telephone Number - Number of person identified in data line <030> <035>

kathy@declarationnetworks.com

<220> Upload Service Outage Data

Below is a preview of the CSV file attached for this section. To view all the data, please select "Full OMB Form with Attachments".

<039> Contact Email Address - Email Address of person identified in data line <030>

Name of Attached Document

<220> <a>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<c1></c1>	<c2></c2>	<d></d>	<e></e>	<f></f>	<g></g>	<h>></h>
NORS Reference Number	Outage Star Date	Outage t Start Time		Outage	Number of Customers Affected	Total Number of	911 Facilities Affected (Yes / No)	Service Outage Description (Check	Did This Outage Affect Multiple Study Areas (Yes / No)	Service Outage Resolution	Preventative Procedures

(800) Operating Companies	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	December 2020

<010>	Study Area Code	529025
<015>	Study Area Name	Declaration Networks Group, Inc
<020>	Program Year	2024
<030>	Contact Name - Person USAC should contact regarding this data	Kathy Paver
<035>	Contact Telephone Number - Number of person identified in data line <030>	(703)463-0320
<039>	Contact Email Address - Email Address of person identified in data line <030>	kathy@declarationnetworks.com

<813> Upload Operating Company Data

Below is a preview of the CSV file attached for this section. To view all the data, please select "Full OMB Form with Attachments".

Name of Attached Document

<813>	<a1></a1>	<a2></a2>	<a3></a3>
	Affiliates	SAC	Doing Business As Company or Brand Designation
-			

(5005) A	aska Plan Participants	FCC Form 481
Data Col	ection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819 December 2020
<010>	Study Area Code	529025
<015>	Study Area Name	Declaration Networks Group, Inc
<020>	Program Year	2024
<030>	Contact Name - Person USAC should contact regarding this data	Kathy Paver
<035>	Contact Telephone Number - Number of person identified in data line <030>	(703)463-0320
<039>	Contact Email Address - Email Address of person identified in data line <030>	kathy@declarationnetworks.com

<5013> Upload Backhaul Technology Data

Name of Attached Document

Below is a preview of the CSV file attached for this section. To view all the data, please select "Full OMB Form with Attachments".

<5013>	<a>>		<c></c>
	Description Of Backhaul Technology	Date Backhaul Available	Newly Served Locations or Population
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