

Exhibit F: Grant Disbursement Request Form

CNMI Broadband Policy and Development (BPD) Office Broadband Equity, Access, and Deployment (BEAD) Program

Section 1: Subgrantee & Agreement Information

Field	Detail
Subgrantee Legal Name	[Subgrantee Name]
Subgrantee Address	[Subgrantee Address]
Unique Entity Identifier (UEI)	[Subgrantee UEI]
BPD Subgrant Award Identifier	[BPD Assigned ID]
Project Name/Identifier	[Unique Name or Identifier from Exhibit A]

Section 2: Request Details

Field	Detail
Request Number	[Sequential Number, e.g., 1, 2, 3...]
Request Period Start Date	[MM/DD/YYYY]
Request Period End Date	[MM/DD/YYYY]
Date Submitted	[MM/DD/YYYY]

Section 3: Basis for Request (Check One)

This disbursement process aligns with the NTIA Uniform Guidance Policy Notice allowing **Fixed Amount Subawards** for broadband infrastructure projects, regardless of dollar value or match requirements. CNMI BPD utilizes this structure for deployment projects.

Selection	Description
<input type="checkbox"/> Cost Reimbursement	Request is for reimbursement of actual, allowable costs incurred during the Request Period, typically for non-deployment activities or initial planning funds. <i>(Attach detailed cost breakdown and supporting documentation.)</i>
<input checked="" type="checkbox"/> Fixed-Amount Milestone Achievement	Request is for payment upon satisfactory completion of specific milestone(s) tied to performance and results, as defined in Exhibit S (Subgrant Milestones). <i>(Proceed to Section 4 & 5.)</i>

Section 4: Amount Requested

Category	Calculation/Basis	Amount
A. Total Amount Requested This Period/Milestone	(Federal BEAD Share (B) + Match Funds Expended (C))	[\$Amount]
B. Federal BEAD Share Requested	(Calculated % of Fixed Award for Achieved Milestone)	[\$Amount]
C. Non-Federal Match Funds Expended (Proportional)	(Minimum 25% of Total Project Cost proportional to milestone value)	[\$Amount]
D. Retainage Withheld by BPD (If Applicable)	(BPD reserves the right to withhold funds/retainage for unmet obligations/deadlines)	(\$Amount)
E. Net Federal Amount Requested	(Line B minus Line D)	[\$Amount]

Section 5: Fixed-Amount Milestone Achievement Details

Complete this section if "Fixed-Amount Milestone Achievement" is selected in Section 3. Payments are based on the achievement of defined performance milestones (e.g., completion of a percentage of Broadband Serviceable Locations (BSLs)).

Milestone Achieved	Date Completed	Milestone Value (as % of Total Project)	Federal BEAD Share Due (Line B)
[Milestone Description from Exhibit S]	[MM/DD/YYYY]	[%]	[\$[Amount]]
<i>(Example: 10% BSL completion achieved and verified in PFA [Code])</i>	[Date]	10%	[\$[Amount]]
<i>(Example: Final Completion & BPD Approval)</i>	[Date]	35%	[\$[Amount]]

Note on Required Match: The Subgrantee certifies in Section 6 that the portion of the **Non-Federal Match (Line C)** proportional to this milestone has been verified and expended.

Section 6: Certifications and Accountability

The undersigned Authorized Representative of the Subgrantee certifies the following statements are true and accurate, recognizing that this is a material representation relied upon by BPD and NTIA.

A. Financial and Capacity Certification I certify that the Subgrantee:

1. Is financially qualified to meet all obligations associated with this project and will comply with all Program requirements, including service milestones.
2. Has **available funds to cover its eligible costs** until BPD authorizes this and subsequent additional disbursements upon completion of service milestones and their associated tasks.
3. Has maintained all documentation necessary to prove the proportional expenditure of the Non-Federal Match contribution claimed in Section 4, Column C, in accordance with **2 C.F.R. § 200.306**.
4. Has ensured that the costs used to calculate this Fixed Amount Subaward payment are based on a **reasonable estimate of actual costs** and **do not include any profit, fee, or incremental charge** above the actual cost incurred by the Subgrantee.

B. Statutory and Programmatic Compliance Certification I certify that for the current reporting period:

1. All work performed complies with the final approved **Network Design, Diagram, Project Costs, and Build-Out Timeline** certified by a Professional Engineer (PE) for the Project Funding Area.
2. The Subgrantee has complied with all applicable **Build America, Buy America (BABA) requirements** (IIJA, 2 C.F.R. Part 184), including: a. Maintaining all required documentation for domestic products (Manufacturer Certification Letters). b. If any products are utilized under a BABA waiver (including the Pacific Territories Waiver or the BEAD Finished Waived Electronics Waiver), compiling and submitting the necessary documentation via the mandatory BEAD BABA Reporting Subrecipient Tracker (for Finished Waived Electronics) as required by **Exhibit G and Exhibit R**.
3. No BEAD grant funds (including non-Federal match) were used to purchase or support **Covered Communications Equipment or Services** as prohibited by the Secure and Trusted Communications Networks Act of 2019 (47 U.S.C. 1608).
4. The Subgrantee has maintained compliance with its approved **Cybersecurity Risk Management Plan** and **Supply Chain Risk Management (SCRM) Plan**.
5. The Subgrantee has complied with all applicable federal labor and employment laws, including requirements to permit workers to create **worker-led health and safety committees**.

C. Final Completion Certification (Only required for the Final Disbursement Request)

1. I certify that the broadband infrastructure project funded under the subgrant was **completed** and **placed into service** (as defined in 47 U.S.C. 1702(h)(4)(C)) for all BSLs within the Project Funding Area.
2. I certify that the Subgrantee understands that the Federal Interest in the BEAD-funded assets will continue for **10 years after the year in which this subgrant has been closed out** in accordance with 2 C.F.R. § 200.344.

Signature:	
Authorized Representative Name	[Printed Name]
Title	[Title]
Signature	[Signature]
Date	[MM/DD/YYYY]

For BPD Use Only:

- **BPD Reviewer:** [Name/Title]
- **Verification of Milestone Completion:** [Y/N]
- **Verification of Proportional Match:** [Y/N]
- **EHP/NEPA Compliance Status:** (Approved NTPC on file / Required Mitigation Complied)
- **BPD Approval for Disbursement:** [Y/N]
- **Date Approved:** [MM/DD/YYYY]