EXHIBIT F – QUARTERLY PERFORMANCE REPORT

See separate Microsoft Excel document.

SUPPLIER QUARTERLY PERFORMANCE REPORT

BROADBAND SERVICES CONTRACTS

Date of Report: _____
Contract Number: _____
Supplier Name: _____
Address: _____ **Phone Number:** _____
City: _____ **State:** _____ **Zip:** _____ **E-mail:** _____

AGENCY, INSTITUTION OR CUSTOMER NAME	SERVICE INSTALLATION LOCATION	SERVICE DESCRIPTION	BROADBAND SERVICE TIER (1-16)	DATE SERVICE INSTALLED	DATE OF SERVICE OUTAGE (IF APPLICABLE)	DATE/TIME SERVICE OUTAGE REPORTED (DD/MM/YY HH:MM)	DATE/TIME SERVICE RESTORED (DD/MM/YY HH:MM)	ROOT CAUSE OF OUTAGE & CORRECTIVE ACTION	SLA SERVICE CREDIT HOURS DUE COVA	TOTAL CREDIT AMOUNT DUE/PAID TO VITA	TOTAL CREDIT AMOUNT DUE/PAID TO DSP PARTICIPANT
TOTAL SLA PERFORMANCE CREDIT DUE TO COVA										**$0.00**	**$0.00**
TOTAL DUE (When making Credit payment, please include contract number on check)											

Please submit this report to: scminfo@vita.virginia.gov