



Application

255758 - Broadband Grant Program - Connect Every Iowan

298359 - Sully Telephone Association - 2019 Southwest Fiber Project

Broadband Grant Program - Connect Every Iowan

Status: Submitted

Submitted Date: 2019-03-08 07:25:58

Signature: Earl J. DeAngelo

Submitted By: Earl J DeAngelo

Applicant Information

Project Officer

AnA User Id EARLJACK.DEANGELO@IOWAID

First Name* Earl J DeAngelo
First Name Middle Name Last Name

Title:
Email:* jackd@sullytel.com

Address:* 305 7th Avenue
P.O. Box 308
305 7th Avenue, P.O. Box 308

City* Sully Iowa 50251
City State/Province Postal Code/Zip

Phone:* 641-594-2714
Phone Ext.

Program Area Broadband Grant Program - Connect
of Interest* Every Iowan

Fax: 641-594-2938

Agency

Organization Information

Organization Name:* Sully Telephone Association, Inc.

Organization Type:* For-Profit – Privately Held

DUNS: 00-284-7002

Organization Website: sullytel.com

Address: 305 7th Avenue
P.O. Box 308
305 7th Avenue, P.O. Box 308
Sully Iowa 50251
City State/Province Postal Code/Zip

Phone: 641-594-2714
Ext.

Fax: 641-594-2938

Benefactor
Vendor
Number

Cover Sheet-General Information

Authorized Official

Name* Earl DeAngelo

Title* General Manager

Organization* Sully Telephone Association, Inc.
If you are an individual, please provide your First and Last Name.

Address* 305 7th Avenue, P.O. Box 308

City/State/Zip* Sully Iowa 50251
City State Zip

Telephone Number* 641-594-2714

E-Mail* jackd@sullytel.com

Fiscal Officer / Agent

Please enter the "Fiscal Officer" for your Organization.

If you are an individual, please provide your First and Last Name.

Name* Earl DeAngelo
Title General Manager
Organization Sully Telephone Association, Inc.
Address 305 7th Avenue, P.O. Box 308

City/State/Zip
Sully Iowa 50251
City State Zip

Telephone Number 641-594-2714

E-Mail jackd@sullytel.com

**County(ies) Participating,
Involved, or Affected by
this Proposal*** Jasper County

**Congressional District(s)
Involved or Affected by this
Proposal*** 2nd - Rep David Loebsack (D)
Congressional Map

**Iowa Senate District(s)
Involved or Affected by this
Proposal*** 14, 15
District Map

**Iowa House District(s)
Involved or Affected by this
Proposal*** 28, 29
District Map

Applicant Business Information

Business Legal Name* Sully Telephone Association, Inc.

Mailing Address

Street * 305 7th Avenue, P.O. Box 308
City* Sully
State* IA
Zip* 50251

Alternate Mailing Address (used for warrants and/or payments)

Alternate Street

Alternate City

Alternate State

Alternate Zip

Additional Information

* SULLY TEL HISTORY.docx

Public Redacted
Broadband Additional

Executive Project Summary

This form requires Applicant to summarize, at a high level, its proposed Project, including but not limited to the geographic area in which the Project will occur, the primary deployment model (e.g., wireline versus wireless), the estimated start and completion dates of the Project, and a general overview of how Applicant has/will comply with the terms, conditions, and requirements of this NOFA.

Executive Project Summary*

SULLY TEL EXECUTIVE SUMMARY.docx

Funding

State the estimated total Project costs (in the form of Allowable Expenditures as calculated in accordance with the terms, conditions, and limitations of the form Budget Plan).

\$504,761.00

Add together the sum of column C on Exhibit D and column D on Exhibit D1.

State the total amount of State funds Applicant seeks for the Project (this amount may not exceed fifteen percent (15%) of Applicant's estimated total Project costs).

\$75,714.15

Add together the sum of column E on Exhibit D and column F on Exhibit D1.

Explain why State funds are necessary to initiate/complete a proposed Project, including but not limited to a description of how the Project will or will not proceed if State funds are not ultimately awarded.

Because of the additional fiber construction, splicing and cutover work required with a late Cover2/AT&T FirstNet cellular tower build-out, Sully Telephone will not have the funds to complete our original rural SW quadrant Fiber-to-the-Home project for 2019. The FirstNet is an opt-in of the Iowa Governor and will take priority over completing our overall planned rural SW FTTH project.

Demonstrated Experience

This form requires information about Applicant's demonstrated experience in the provisioning of Broadband across the State of Iowa. Applicant shall include relevant information about their experience that has prepared them to deploy their proposed Project, such as, for example, community partnerships and services; number of years in business; number of years experience providing the types of services sought by this NOFA; if the Applicant is a relatively new provider/market entrant, an explanation of the benefits, if any, of being a newer provider/market entrant; or the level of technical experience in providing the types of services sought by this NOFA.

Demonstrated Experience*

SULLY TEL DEMONSTRATED EXPERIENCE.docx

References

Name	Brent Vander Molen - Honorable Mayor
Telephone Number	(641) 594-3493
Reference Letter #1	SULLY REF #1.pdf
Name	Kathy Zylstra - Sully Library Director

Telephone Number (641) 594-4148
Reference Letter #2 SULLY REF #2.pdf
Name Margaret Vander Weerd - HomeTown Press
Telephone Number (641) 594-3200
Reference Letter #3 SULLY REF #3.pdf

Minority Impact Statement

Question # 1

1. The proposed grant programs or policies could have a disproportionate or unique POSITIVE IMPACT on minority persons. *

No

If YES, describe the positive impact expected from this project

Indicate the group(s) positively impacted.

Question # 2

2. The proposed grant project programs or policies could have a disproportionate or unique NEGATIVE IMPACT on minority persons. *

No

If YES, describe the negative impact expected from this project.

If YES, present the rationale for the existence of the proposed program or policy.

If YES, provide evidence of consultation with representatives of the minority groups impacted.

Indicate the group(s) negatively impacted.

Question # 3

3. The proposed grant project programs or policies are NOT EXPECTED TO HAVE A DISPROPORTIONATE OR UNIQUE IMPACT on minority persons. *

Yes

If YES, present the rationale for determining no impact.

I believe this grant award will treat all Sully Telephone customers equally and without prejudice.

Certification

I hereby certify that the information on this form is complete and accurate, to the best of my knowledge.*

Yes

Name of Person Submitting Certification.*

Earl DeAngelo

Title of Person Submitting Certification*

General Manager

Broadband Grants Core Application - Exhibits B, C, D, and D.1

Applicant requests that the contents of their application remain confidential in whole or in part, pursuant to Section 1.25 of the NOFA.

DISCLAIMER: An applicant requesting confidential treatment of portions of an application must attach a redacted public copy of the application. If the applicant fails to attach a redacted public copy pursuant to Section 1.25.1 of the NOFA, the Office shall be relieved from any responsibility for maintaining the the confidentiality of the application pursuant to 1.25.3 of the NOFA.

NOTE: Applicants are ONLY required to submit a Public Redacted Copy IF they are requesting confidential treatment with respect to an aspect of their Application. Further, the mere fact that an Applicant submits a Public Redacted Copy (or otherwise requests confidential treatment) does not ensure the aspects of the Application that are redacted (or for which confidential treatment is otherwise sought) will be treated as confidential; the Office will only afford confidential treatment to the extent requests comply with the terms, conditions, and requirements of the NOFA, and solely to the extent permitted by Iowa Code Chapter 22 and the Office's corresponding fair information practices rules available at 129 IAC 2.

Full Unredacted Copy* Broadband Grants Core Application - Version 1-19-04 (14).xlsm

Public Redacted Copy

Broadband Grants Program Grant Agreement - Exhibit E

Exceptions to Broadband Grants Program Grant Agreement*

EXHIBIT E.pdf

Certification Letter - Exhibit F

Certification Letter (Public)*

EXHIBIT F.pdf

Authorization To Release Information - Exhibit G

Authorization to Release Information (Public)*

EXHIBIT G.pdf

Form 22 - Exhibit H

Form 22 (Public)* EXHIBIT H.pdf

Application Checklist - Exhibit I

Application Checklist
(Public)* EXHIBIT I.pdf

Project Area Map

Project Area Map* x_____xoQBCXCnaVWhVL6J_4AnKVA..x_____x_ags_126d552e-3a0d-11e9-9d52-22000ae92142.pdf