



Application

255758 - Broadband Grant Program - Connect Every Iowan

298759 - Searsboro Telephone Company 2019 fiber to home construction budget
Broadband Grant Program - Connect Every Iowan

Status: Submitted
Signature: Don H. Long
Submitted Date: 2019-03-11 04:02:58
Submitted By: Don Herbert Long

Applicant Information

Project Officer

AnA User Id DON.LONG@IOWAID

First Name* Don Herbert Long
First Name Middle Name Last Name

Title:

Email:* dhl@netins.net

Address:* 1510 West Jackson Street

City* Knoxville Iowa 50138
City State/Province Postal Code/Zip

Phone:* 641-891-5237
Phone Ext.

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

Fax:

Agency

Organization Information

Organization Name:* Searsboro Telephone Company

Organization Type:* Individual

DUNS:

Organization Website:

Address:

Phone: Iowa 641-593-6395
City State/Province Postal Code/Zip
Ext.

Fax:

Benefactor

Vendor

Number

Cover Sheet-General Information

Authorized Official

Name* Don Long

Title* President

Organization* Searsboro Telephone Company, 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* 641-593-6395

E-Mail* dhl@netins.net

Fiscal Officer / Agent

Please enter the "Fiscal Officer" for your Organization.

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

Name*	Don Long
Title	President
Organization	Searsboro Telephone Company, Inc.
Address	305 7th Avenue / P.O. Box 308
City/State/Zip	Sully Iowa 50251
	City State Zip
Telephone Number	641-593-6395
E-Mail	dhl@netins.net
County(ies) Participating, Involved, or Affected by this Proposal*	Poweshiek County
Congressional District(s) Involved or Affected by this Proposal*	1st - Rep. Abby Finkenauer (D) Congressional Map
Iowa Senate District(s) Involved or Affected by this Proposal*	38 District Map
Iowa House District(s) Involved or Affected by this Proposal*	76 District Map

Applicant Business Information

Business Legal Name*	Searsboro Telephone Company, 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

* STC BUSINESS STRUCTURE.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***

STC 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).

\$261,117.24

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).

\$39,167.58

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.

This project will provide fiber to 41 customers. It will start May 1st, 2019 and complete December 15th, 2019. Contracts for all materials have been approved. Costs for this project are to be provided out of the companies retain earnings.

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* STC DEMONSTRATED EXPERIENCE.docx

References

Name First State Bank - Steven Russell

Telephone Number 641-527-2535

Reference Letter #1 STC REF #1.pdf

Name

Telephone Number

Reference Letter #2

Name

Telephone Number

Reference Letter #3

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 I believe this grant award will treat all Searsboro Telephone Company customers equally

rationale for
determining no
impact.

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.*

Don Long

Title of Person
Submitting
Certification*

President

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 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 (18).xlsm

Public Redacted Copy

Broadband Grants Program Grant Agreement - Exhibit E

Exceptions to Broadband
Grants Program Grant
Agreement*

STC EXHIBIT E.pdf

Certification Letter - Exhibit F

Certification Letter
(Public)*

STC EXHIBIT F.pdf

Authorization To Release Information - Exhibit G

Authorization to Release
Information (Public)*

STC EXHIBIT G.pdf

Form 22 - Exhibit H

Form 22 (Public)*

STC EXHIBIT H.pdf

Application Checklist - Exhibit I

**Application Checklist
(Public)***

EXHIBIT I.pdf

Project Area Map

Project Area Map*

x_____xZJJBXgF5xxXgUXKnnLCTAg..x_____x_ags_2179db42-3c38-11e9-b348-22000a49b046.pdf