



IowaGrants.gov

Application

324138 - Broadband Grant Program - Empower Rural Iowa - NOFA #002

331615 - Mediacom LLC - Sac County

Broadband Grant Program - Empower Rural Iowa

Status: Submitted

Submitted Date: 2019-10-17 11:21:39

Signature: Thomas Larsen

Submitted By: Alessandro Pugliese

Applicant Information

Project Officer

AnA User Id SANDROPUGLIESE@IOWAID

First Name* Alessandro Pugliese
First Name Middle Name Last NameTitle:
Email:* apugliese@mediacomcc.com

Address:* 1 Mediacom Way

City* Chester New York 10918
City State/Province Postal Code/ZipPhone:* 855-633-4226
Phone Ext.Program Area Broadband Grant Program - Empower
of Interest* Rural IowaFax:
Agency

Organization Information

Organization Name:* Mediacom LLC

Organization Type:* Private

DUNS: 94-776-9360

Organization Website: https://mediacomcable.com/

Address: 1 Mediacom Way

Phone: Chester New York 10918
City State/Province Postal Code/Zip
855-633-4226 Ext.Fax:
Benefactor
Vendor
Number

Cover Sheet-General Information

Authorized Official

Name* Thomas Larsen

Title* Senior VP, Government & Public Relations

Organization* Thomas Larsen
If you are an individual, please provide your First and Last Name.

Address* 1 Mediacom Way

City/State/Zip* Chester New York 10918
City State Zip

Telephone Number* 845-443-2754

E-Mail* tlarsen@mediacomcc.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* Mark Stephan
Title Chief Financial Officer
Organization
Address

City/State/Zip New York
City State Zip

Telephone Number

E-Mail

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

Congressional District(s)
Involved or Affected by this
Proposal* 4th - Rep Steve King (R)
Congressional Map

Iowa Senate District(s)
Involved or Affected by this
Proposal* 6
District Map

Iowa House District(s)
Involved or Affected by this
Proposal* 11
District Map

Business Organization - NOFA #002

Business Legal Name* Mediacom LLC

Mailing Address

Street * 1 Mediacom Way
City* Chester
State* NY
Zip* 10918

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

Alternate Street

Alternate City

Alternate State

Alternate Zip

Additional Information

* Additional Business Information_NOFA #002_Sac-County_Mediacom LLC.docx

Public Redacted
Broadband Additional

Information

Is the Applicant a Communications Service Provider as defined by Iowa Code chapter 8B, including but not limited to private sector carriers, local governments, utilities, and other entities that provide or intend to provide Broadband service.

Communication Service Provider* Yes

Executive Project Summary NOFA #002

This section requires an 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), and a general overview of how Applicant has/will comply with the terms, conditions, and requirements of Iowa Code section 8B.11, Iowa Administrative Code rule 129—22, and this NOFA #002.

Executive Project Summary* Iowa Broadband Sac County - Mediacom LLC Executive Summary.docx

The section requires Applicant to affirm whether or not State funds are necessary for the Project to proceed.

Are State Funds Necessary for the Project to proceed?* Yes

This section requires an Applicant to describe how the Project will or will not proceed if State funds requested are not ultimately awarded.

Describe how the Project will or will not proceed if State funds requested are not ultimately awarded.* The State funds being requested for the Project significantly improve Applicant's opportunity to make a return on investment the communities that fall within the TSA and provide Applicant with the incentive to contribute its own funds to the Project. Without the State funds, Applicant would not move forward with this Project as the sparse population and home densities within the TSA create return on investment challenges for the Applicant. Those challenges are significantly mitigated with the 15% grant being offered by the State.

This section requires an Applicant to provide and estimated project completion date.

Estimated Project Completion Date* 11/30/2020

This section requires the Applicant to explain the current status of the Project, including the phase it is in, such as pre-planning, planning, or that building has commenced.

Project Status* The Project is currently in the pre-planning phase. As part of the pre-planning phase, Applicant has completed walk-outs of the TSA to determine estimated network construction costs and utility pole and right of way accessibility.

Demonstrated Experience - NOFA #002

This section requires information about Applicant's demonstrated experience in provisioning Broadband across the State of Iowa. Applicant shall include relevant information about their experience that has prepared them to deploy their Project, such as, for example, community partnerships and services; number of years in business; number of years of experience providing the types of services sought by this NOFA #002; if the Applicant is a relatively new provider/market entrant, an explanation of the benefits, if any, of being a newer provider/market entrant; the level of technical experience in providing the types of services sought by this NOFA #002; or any other information that would aid the Office in assessing whether Applicant is a Responsible Applicant.

Demonstrated Experience* Demonstrated Experience .docx

References

Name

Telephone Number

Reference Letter #1

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. *

Not Applicable

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. *

Not Applicable

5 of 6
If YES, present the rationale for determining no impact.

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.* Thomas Larsen

Title of Person Submitting Certification* SVP Government and Public Relations

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 #002.

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 1.25.1.5 of the NOFA #002, the Office shall be relieved from any responsibility for maintaining the confidentiality of the application pursuant to 1.25.4 of the NOFA #002.

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 #002, 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* Sac-County-Broadband_Grants_Core_Application_FINAL.xlsm

Public Redacted Copy

This section allows the Applicant to optionally attach three (3) community support documents for the Project, including but not limited to testimonials or letters of support. Please send any additional community support documents to ociogrants@iowa.gov

Community Support Document 1

Community Support Document 2

Community Support Document 3

Broadband Grants Program Grant Agreement - Exhibit E

Exceptions to Broadband Grants Program Grant Agreement* Exhibit E_NOFA #002_Sac County_Mediacom LLC.pdf

Certification Letter - Exhibit F

Certification Letter (Public)* Exhibit F_NOFA #002_Sac County_Mediacom LLC.pdf

Authorization To Release Information - Exhibit G

**Authorization to Release
Information (Public)***

Exhibit G_NOFA #002_Sac County_Mediacom LLC.pdf

Form 22 - Exhibit H

Form 22 (Public)*

Exhibit H_NOFA #002_Sac County_Mediacom LLC.pdf

Application Checklist - Exhibit I

**Application Checklist
(Public)***

SacChecklist-Exhibit I.pdf