

504652 - OCIO Invitation to Qualify for a Broadband Intervention Zone

Application Details

| | |
|--------------------------------------|---|
| Funding Opportunity: | 498157-Invitation to Qualify (ITQ) Broadband Intervention Zones |
| Funding Opportunity Due Date: | Mar 31, 2023 5:00 PM |
| Program Area: | ITQ - Broadband Intervention Zones |
| Status: | Submitted |
| Stage: | Final Application |
| Initial Submit Date: | Mar 15, 2023 5:05 PM |
| Initially Submitted By: | Katie Glanz |
| Last Submit Date: | |
| Last Submitted By: | |

Contact Information

Primary Contact Information

| | |
|----------------------|---|
| Active User*: | Yes |
| Type: | External User |
| First Name*: | Katie Lynn Glanz First Name Middle Name Last Name |
| Title: | |
| Email*: | klglanz@gmail.com |
| Address*: | 27196 217th St Earlville Iowa 52041 City State/Province Postal Code/Zip |
| Phone*: | 563-543-8356 Ext. Phone ###-###-#### |
| Fax: | ###-###-#### |
| Agency: | |

Organization Information

Status*: Approved

Name*: Timbergate Community Association

Organization Type*: Non-Profit Organization

DUNS: ##-###-####

Tax Id:

Unique Entity Identifier (UEI):

Organization Website:

Address*: 27196 217th St

City Earlville Iowa **State/Province** **Postal Code/Zip** 52041-

Phone*: 563-543-8356 Ext. ###-###-####

Fax: ###-###-####

Benefactor:

Vendor Number / ID:

Cover Sheet-General Information

Cover Sheet-General Information

Authorized Official

Name*: Katie Glanz

Title*: Board Member

Organization*: Timbergate Community Association
If you are an individual, please provide your First and Last Name.

Address*: 27196 217th St

City/State/Zip*: Earlville Iowa 52041
City State Zip

Telephone Number*: 563-543-8356

E-Mail*: klglanz@gmail.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*: Linda Burkle
Title: Secretary
Organization: Timbergate Community Association
Address:

City/State/Zip: City Iowa Zip
State

Telephone Number:

E-Mail:

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

To find your district, click on the "Congressional Map" link. On the left hand side of the page, click on the drop-down list and click on "State of Iowa". Then, enter an address for the county/ies you serve in the Search bar. Click "Enter." This will provide you with your Congressional District, Iowa Senate District and Iowa House District.

**Congressional District(s)
Involved or Affected by this
Proposal*:** 2nd - Rep Ashley Hinson
Congressional Map

**Iowa Senate District(s) Involved
or Affected by this Proposal*:** 34
Iowa Senate Map

**Iowa House District(s) Involved
or Affected by this Proposal*:** 67
Iowa House Map

Invitation To Qualify Application Exhibits

Required Forms and Submissions

Please indicate the community applicant type that best fits from this list.

Community Applicant Type*: Community Group or Association

**If Community Applicant Type is
"Other", please add additional
information here. :**

This section of the Iowa Grants system requires the Applicant to upload a cover letter as a Word doc or pdf on the Applicant's letterhead to provide a high-level overview of the Application describing your community's Broadband need in the area and the community's interest in obtaining programmatic funding in the Geographic Area of Concern. The Cover Letter is not scored.

Cover Letter*: Application Letter.pdf

The Applicant must upload a spreadsheet of locations obtained from the Broadband Availability Map. The system will allow you to download the locations as a CSV formatted spreadsheet. The Eligible Service Locations Spreadsheet must then be uploaded by the Community Applicant to the Iowa Grants system.

Note: Reference the "Geographic Area of Concern and Data Export/Import Instructions," labeled "Exhibit D," for instructions regarding how to properly complete this aspect of the Application.

**Eligible Service Locations
Spreadsheet*:** Total Eligible Locations.csv

Generally describe the area identified with the Geographic Area of Concern Selection Tool. Example: Rural Adams County, Poweshiek County Highway 6 Corridor, etc.

**General Description of the
geographic area of the circle*:**

Timbergate Community Association (0.25 mile used in selection tool but application only allows whole numbers to be used)

Write down the radius distance used to create your circle. The instructions for how to identify the radius can be found in Exhibit D Geographic Area of Concern Selection Tool and Data Export/Import Instructions ("Selection Tool").

Radius of the circle*: 1

**Address at the center of the
circle - Street Address *:**

27110 217th St

**Address of the center of the
circle - City*:**

Earlville

Address of the circle - State*:

IA

Address of the circle - zip code*: 52041

Optional Forms and Submissions - Work, Education, and Health Monitoring

This sub-factor takes into consideration whether Broadband investments in the proposed Geographic Area of Concern will help to facilitate community members engagement in employment, search for employment, and/or develop the requisite skills and knowledge to become employed (e.g., participate in career counseling programs, workforce training programs, as well as gain access to internet websites to search for and apply to jobs).

Work:

Since the COVID-19 pandemic over half of our community members have moved to work from home (remote) positions. Most of us work in the financial service industry which requires strict broadband requirements and continuous online training. In addition, currently larger cities are 30-60 minute commute so having remote workforce is essential to our communities economic growth.

This subfactor takes into consideration whether Broadband investments in the proposed Geographic Area of Concern will help facilitate educational activities. Such education activities may be to acquire knowledge and/or skills, undertaken as part of a person's participation in school, an academic program, extracurricular program, social-emotional development program for students or youths, internship, or professional development program, or in another educational environment.

Education:

Schools often require children to do virtual learning which is difficult to access these programs due to the lack of affordable and reliable internet options.

This subfactor takes into consideration whether Broadband investments in the proposed Geographic Area of Concern will help facilitate health monitoring services to monitor an individual's health, including with respect to either physical or behavioral health.

Health Monitoring:

Earlville, IA does not have a local hospital and residents must drive 20-30 minutes to our regional hospital in Manchester, IA. With robust internet connectively, residents would also be able to access healthcare remotely via tele-health services. Currently, however, this is not an option due to poor internet service.

Community Support Letters

Testimonial : **Resident Support.pdf**

Community Support Letter : **Community Support Letter.pdf**

This Community Support upload does not have to be on letterhead or have a mailing address within the Geographic Area of Concern. The author must demonstrate that there is a community tie-in or relationship to the Geographic Area of Concern.

Community Support Letter (no letterhead or mailing address): **Resident Support 2.pdf**

Optional Forms and Submissions - Community Broadband Capital

| ItemDescription | | Category | Supporting Documentation |
|-----------------|------------------------------------|---|--------------------------|
| 1 | Timbergate Association Right Aways | Rights of way made available for Broadband buildout | Right Away Map.pdf |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |

Barriers to Broadband

Barriers to Broadband

Installation:

Low population density

**Optional Supporting Materials
for Barriers to Broadband**

Installation Narrative:

Minority Impact Statement

Minority Impact Statement

Does the proposed grant program or policy have a disproportionate or unique positive impact on minority persons? *: **No**

Describe the positive impact expected from this project.:

Detail the rationale for the existence of the proposed program or policy.:

Indicate the group(s) positively impacted.:

Could the proposed grant program or policy have a disproportionate or unique negative impact on minority persons? *:

No

Describe the negative impact expected from this project.:

Detail the rationale for the existence of the proposed program or policy. :

Indicate the group(s) negatively impacted.:

Explain how you provided consultation with representatives of the minority groups impacted.:

I hereby certify the information above is complete and accurate to the best of my knowledge.*:

Yes

Mrs. Katie Glanz
Title First Name Last Name