

507526 - City of Durango and Sageville - FTTH Deployment

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 31, 2023 11:50 AM
Initially Submitted By: Nathan Gilmore
Last Submit Date:
Last Submitted By:

Contact Information

Primary Contact Information

Active User*: Yes
Type: External User
First Name*: Nathan Middle Name Gilmore
First Name Last Name
Title: IT Director
Email*: nathan.gilmore@dubuquecountyiowa.gov
Address*: 36 E 8th St.

Dubuque Iowa 52001
City State/Province Postal Code/Zip
Phone*: 563-528-2371 Ext.
Phone
###-###-####
Fax: ###-###-####
Agency:

Organization Information

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Control Number 507526

Status*: Approved

Name*: Dubuque County

Organization Type*: County Government

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

Tax Id:

Unique Entity Identifier (UEI):

Organization Website: <https://dubuquecountyiowa.gov/>

Address*: Old Jail
36 E 8th St.
IT Department 2nd Floor
Dubuque Iowa 52001-
City State/Province Postal Code/Zip

Phone*: 563-690-3099 Ext.
###-###-####

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

Benefactor:

Vendor Number / ID:

Cover Sheet-General Information

Cover Sheet-General Information

Authorized Official

Name*: Nathan Gilmore

Title*: IT Director

Organization*: Dubuque County
If you are an individual, please provide your First and Last Name.

Address*: 36 E 8th St.

City/State/Zip*: Dubuque Iowa 52001
City State Zip

Telephone Number*: 563-690-3099

E-Mail*: nathan.gilmore@dubuquecountyiowa.gov

Fiscal Officer/Agent

Please enter the "Fiscal Officer" for your Organization.
If you are an individual, please provide your First and Last Name.

Name*:
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Stella Runde

Control Number 507526

Title:

Budget Director

Organization:

Address:

City/State/Zip:

City **Iowa** Zip
State

Telephone Number:

E-Mail:

Stella.Runde@dubuquecountyiowa.gov

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

Dubuque 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*:

36
Iowa Senate Map

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

72
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*:

County

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*:

coverletter.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*:

ITQ Eligible Locations.csv

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

Two cities that need assistance in getting modern broadband to the citizens and companies operating in them. Several anchor institutions also are in this radius that need service but also could provide co-lo opportunities for ISPs.

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*: 3

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

**830 Highway 52N
Durango Iowa 52039**

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

**830 Highway 52N
Durango Iowa 52039**

Address of the circle - State*:

**830 Highway 52N
Durango Iowa 52039**

Address of the circle - zip code*: 52039

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:

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:

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:

Community Support Letters

Testimonial :

Community Support Letter :

Community Support Letter (no letterhead or mailing address):

Optional Forms and Submissions - Community Broadband Capital

Item	Description	Category	Supporting Documentation
1	LEO Radio System - Towers	Existing city/county-owned infrastructure available to providers	CountyRadioSystem-TowersMap_v3.pdf
2	Heritage Trail - Conduit/Fiber/Electric Engineering Plans	Existing city/county-owned infrastructure available to providers	maps-trail.pdf
3	ISP Letters of Support	Public-Private Partnerships	letters-support-middlemile.pdf
4			
5			

Barriers to Broadband

Barriers to Broadband

Installation:

Dubuque County is a beautiful geographic area with lots of biospheres for citizens to enjoy. The areas identified for this application are very hilly and do not lend themselves to any sort of wireless broadband.

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? *: Yes

Describe the positive impact expected from this project.:

The college degree holding percentage of the area is approximately 23%. With many colleges now offering fully online 2 and 4 year degrees, broadband can help increase this %. It is approximately 3% african-american in this radius. It is approximately 1% asian in this radius. Not that it applies here directly, but it also is approximately 8% veterans in this radius.

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

Reliable fast broadband is a great equalizer and will help lift minority groups out of poverty and open up services such as remote mental health and education to them that would otherwise not be possible.

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Indicate the group(s) positively impacted.: African Americans,Women

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

IT Director Nathan Gilmore
Title First Name Last Name