

# 507543 - 5625 Application

## Application Details

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<b>Funding Opportunity:</b>	498157-Invitation to Qualify (ITQ) Broadband Intervention Zones
<b>Funding Opportunity Due Date:</b>	Mar 31, 2023 5:00 PM
<b>Program Area:</b>	ITQ - Broadband Intervention Zones
<b>Status:</b>	Submitted
<b>Stage:</b>	Final Application
<b>Initial Submit Date:</b>	Mar 31, 2023 10:53 AM
<b>Initially Submitted By:</b>	Kate Robertson
<b>Last Submit Date:</b>	
<b>Last Submitted By:</b>	

## Contact Information

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### Primary Contact Information

<b>Active User*:</b>	Yes
<b>Type:</b>	External User
<b>First Name*:</b>	Kate S Robertson First Name Middle Name Last Name
<b>Title:</b>	Executive Director
<b>Email*:</b>	kate@bdgia.com
<b>Address*:</b>	821 13th Street PO Box 194  Belle Plaine Iowa 52208 City State/Province Postal Code/Zip
<b>Phone*:</b>	(319) 472-5545 Ext. Phone ###-###-####
<b>Fax:</b>	###-###-####
<b>Agency:</b>	

### Organization Information

**Status\*:** Approved

**Name\*:** Benton Development Group

**Organization Type\*:** Non-Profit Organization

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

**Tax Id:**

**Unique Entity Identifier (UEI):**

**Organization Website:** <http://www.bdgia.com>

**Address\*:** 811 D Ave Ste30

Vinton Iowa 52349  
City State/Province Postal Code/Zip

**Phone\*:** (319) 640-1545 Ext.  
###-###-####

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

**Benefactor:**

**Vendor Number / ID:**

## Cover Sheet-General Information

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### *Cover Sheet-General Information*

#### Authorized Official

**Name\*:** Kate

**Title\*:** Executive Director

**Organization\*:** Benton Development Group  
If you are an individual, please provide your First and Last Name.

**Address\*:** 821 13th Street  
PO Box 194

**City/State/Zip\*:** Belle Plaine Iowa 52208  
City State Zip

**Telephone Number\*:** 319-640-1454

**E-Mail\*:** [kate@bdgia.com](mailto:kate@bdgia.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\*:** Kate Robertson

**Title:****Organization:****Address:****City/State/Zip:** City **Iowa** Zip  
State**Telephone Number:****E-Mail:****County(ies) Participating, Benton County**  
**Involved, or Affected by this**  
**Proposal\*:**

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) 2nd - Rep Ashley Hinson**  
**Involved or Affected by this Congressional Map**  
**Proposal\*:****Iowa Senate District(s) Involved 42**  
**or Affected by this Proposal\*: Iowa Senate Map****Iowa House District(s) Involved 84**  
**or Affected by this Proposal\*: Iowa House Map**

## Invitation To Qualify Application Exhibits

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### *Required Forms and Submissions*

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

**Community Applicant Type\*: Other**

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

### **County economic development agency**

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\*: Benton Development Group-3.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 5625 22nd Ave Trl Vinton data.csv**  
**Spreadsheet\*:**

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\*:**

**North of Vinton, Iowa along the Cedar River**

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\*:** 8

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

**5625 22nd Avenue Trl, Vinton, IA 52349**

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

**Vinton**

**Address of the circle - State\*:**

**IA**

**Address of the circle - zip code\*:** 52349

***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 :** LPC Telephone Support Letter

**Community Support Letter :** Board of Supervisors ITQ Support

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):**

***Optional Forms and Submissions - Community Broadband Capital***

Item	Description	Category	Supporting Documentation
1			
2			
3			
4			
5			

### ***Barriers to Broadband***

#### **Barriers to Broadband**

##### **Installation:**

This ITQ represents the goal of working toward overall community enhancement that includes residences, businesses, and community anchor institutions within the rural service areas of Benton County (urban locations are already being served by FTTH). Access to high-speed broadband service should be available to every location regardless of whether they live in town or out in the rural areas. After reviewing the financial feasibility of the project, the locations included in this ITQ application, it would be too costly to build without funding assistance. Due to the rural nature and relatively low population density, this project would be difficult to justify without the financial assistance from a potential grant opportunity ? broadband intervention zone designation . Therefore, serving these areas with future proof and high-quality broadband network will likely never be constructed without being accepted as a broadband intervention zone, which provides eligibility for future grant opportunities should they be made available.

#### **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**

<b>Executive Director, BDG</b>	<b>Kate</b>	<b>Robertson</b>
Title	First Name	Last Name