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Application

Instructions

Annotations records internal notes/comments that are visible to internal staff only. Feedback appends a new section to the bottom of the application that is visible to the applicant and anyone viewing the application.

Application Details

[Print to PDF](#) | [Release for Review](#) | [Negotiation](#) | [Annotations\(0\)](#) | [Versions](#) | [Feedback](#) | [Withdraw](#)

365549 - Empower Rural Iowa Emergency Broadband Expansion Program (NOFA #003)

367104 - Fiber build to 216th Street and Bellevue Cascade Road Bellevue Iowa
Broadband Grant Program - Empower Rural Iowa

Status: Submitted
Signature: JoAnne Gregorich
Submitted Date: 2020-08-05 10:55:07
Submitted By: JoAnne E Gregorich

Applicant Information

Project Officer

AnA User Id JOANNE.GREGORICH@IOWAID
First Name* JoAnne E Gregorich
Title: Manager
Email:* joanne@lamotte-telco.com
Address:* 400 Pine Street

City* La Motte Iowa 52054
City State/Province Postal Code/Zip
Phone:* 563-773-2213
Phone Ext.

Program Area of Interest* Broadband Grant Program - Empower Rural Iowa
Fax: 563-773-2345
Agency

Organization Information

Organization Name:* La Motte Telephone Company
Organization Type:* For-Profit – Privately Held
DUNS: 00-986-1634
Organization Website: www.lamotte-telco.com
Address: 400 Pine Street

City State/Province Postal Code/Zip
La Motte Iowa 52054
City State/Province Postal Code/Zip
Phone: 563-773-2213
Phone Ext.

Fax: 563-773-2345
Benefactor Vendor Number

Cover Sheet-General Information

Authorized Official

Name* JoAnne Gregorich
Title* General Manager
Organization* La Motte Telephone Company, Inc.
If you are an individual, please provide your First and Last Name.
Address* 400 Pine Street

City/State/Zip* La Motte Iowa 52054
City State Zip

Telephone Number* 563-773-2213
E-Mail* joanne@lamotte-telco.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*	JoAnne Gregorich
Title	General Manager
Organization	La Motte Telephone Company, Inc.
Address	400 Pine Street
City/State/Zip	La Motte Iowa 52054
	City State Zip
Telephone Number	563-773-2213
E-Mail	joanne@lamotte-telco.com
County(ies) Participating, Involved, or Affected by this Proposal*	Jackson 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*	29 District Map
Iowa House District(s) Involved or Affected by this Proposal*	58 District Map

Business Organization - NOFA #003

Business Legal Name* La Motte Telephone Company, Inc.

Mailing Address

Street * 400 Pine Street

City* La Motte

State* IA

Zip* 52054

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

Alternate Street

Alternate City

Alternate State

Alternate Zip

Additional Information

* [LaMotteBusinesHistoryandOrganization-2.docx](#)

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 #003

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 this NOFA #3. Please explain why CARES Act funds are necessary for the Project to proceed and how the Project will or will not proceed if the requested funds are not ultimately Awarded. Finally, please explain the current status of the Project, including the phase it is in, such as pre-planning, planning, or that building has commenced.

Executive Project Summary* [Executive Summary 2.docx](#)

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

Are CARES Act Funds necessary for the Project to proceed?* Yes

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

Describe how the Project will or will not proceed if CARES Act funds requested CARES Funding is necessary for this Project to proceed because La Motte is

are not ultimately awarded.*

completing a fiber to the home project with an RUS loan. For La Motte to be able to provide fiber to the home in this area La Motte will need funding to help offset the cost of the build. With an RUS loan La Motte needs to maintain a certain financial tier and ratio analyses to maintain loan compliance. Without CARES funding we will not be able to fund this project.

Applicant certifies project completion dates as follows (select N/A if the Application does not include an Infrastructure component). For infrastructure projects, first 50% completion must be on or before December 30, 2020. The remaining 50% must be completed no later than July 1, 2021.

Infrastructure Completion Date Certification*

Yes

Applicant certifies project completion dates as follows (select N/A if the Application does not include an Adoption component). For adoption projects, completion date must be on or before December 1, 2020.

Adoption Project Date Certification*

Not Applicable

Infrastructure Projects must be completed as soon as possible, but by no later than the deadlines set forth in Section 1.3 (Project Period/Contract Term). Applicants must certify that no portion of the proposed Infrastructure Project has already commenced construction or build out and that no portion of the proposed Infrastructure Project is related to existing Broadband expansion commitments or expenses that have been or will be reimbursed under any federal program or been awarded funding from. If your Project contains no Infrastructure Projects as defined in NOFA Section 1.1.1, answer N/A.

Certification that Infrastructure Project conforms with the statement above.*

Yes

For Projects with an adoption component, Applicant certifies that reasonable efforts will be taken to ensure Broadband subscription discounts are only made to Non-Adopters who meet the criteria set forth in NOFA #003 Section 1.4.8.1 and 1.4.8.2 concerning participation in the Lifeline Program and otherwise reasonably lack the ability to adopt 25/3 broadband without a subscription discount in connection with the COVID-19 public health disaster emergency.

Adoption Certification*

Not Applicable

Demonstrated Experience NOFA #003

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 #003; 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 #003; or any other information that would aid the Office in assessing whether Applicant is a Responsible Applicant.

Demonstrated Experience*

[La MotteTelephoneCompanyExperience-Final.docx](#)

References

Name	David and Nancy Middleman
Telephone Number	563-672-9549
Name	Jenifer Pickel
Telephone Number	563-599-3437
Name	Tina Hickson
Telephone Number	563-357-9987

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.

None

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. None

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 rationale for determining no impact.

Our proposed grant project program and policies are to benefit everyone equally in being able to telework, distance learning and to do telehealth with their medical provider.

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.*

JoAnne Gregorich

Title of Person Submitting Certification*

General Manager

Broadband Grants Core Application CARES Version - Exhibits B, B.1,C, C.1, and D

Applicant requests that the contents of their application remain confidential in whole or in part, pursuant to Section 1.25 of the NOFA #003.

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 #003, the Office shall be relieved from any responsibility for maintaining the confidentiality of the application pursuant to 1.25.4 of the NOFA #003.

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 #003.

Full Unredacted Copy* [Final Broadband_Grants_Core_Application_NOFA003-6-1.xlsm](#)

Core Application Forms Exhibits B-D
(Public Redacted Copy)

Note: If you need additional space to answer any of the below questions, please upload supplemental materials to the appropriate section of the Iowa Grants System ("Overflow Materials").

Exhibit C Overflow Materials

Exhibit C.1 Overflow Materials

In addition, in connection with any of the following factors, Applicants may provide evidence of need in support of their Project by uploading materials through the Iowa Grants System, which materials demonstrate how communities, households, businesses, schools, or hospitals are hindered in their ability to respond to the challenges of COVID-19 due to a lack of at least 25/3 Broadband ("Supplemental Materials of Need"). Such evidence, by way of example only, may include letters signed and endorsed by community officials, including but not limited to the mayor, city administrator, county supervisor, superintendent, hospital administrator, etc.

Supplemental Materials of Need 3A.1.2 [Letters of support.pdf](#)

Supplemental Materials of Need 3B.1.2 [Joanne Mensinger.pdf](#)

Broadband Grants Program Grant Agreement - Exhibit E

Exceptions to Broadband Grants
Program Grant Agreement*

[Exhibit E.pdf](#)

Certification, Authorization, and Release of Information-Exhibit F

Certification/Acknowledgements &
Authorization to Release Information
Letter*

[Exhibit F.pdf](#)

Form 22 - Exhibit G

Form 22 (Public)*

[Exhibit G.pdf](#)**Prior Funding Statement-Exhibit L**

Prior Funding Statement- Exhibit L *

[Exhibit L.pdf](#)**Project Budget**

Category	Description	Total Estimated Cost \$ (Exhibit D)	Requested Grant Support % (up to 50%)	Grant Request (Est. Cost * Request %)
Conduit		\$0.00	0	\$0.00
Fiber/Copper	Fiber	\$37,310.00	50.0	\$18,655.00
OSP Engineering	Staking Sheets, material/labor RFP, project administration	\$25,256.00	50.0	\$12,628.00
Design Engineering		\$0.00	0	\$0.00
Construction Mgmt.		\$0.00	0	\$0.00
Tower		\$0.00	0	\$0.00
Antenna		\$0.00	0	\$0.00
Boring		\$0.00	0	\$0.00
Trenching		\$0.00	0	\$0.00
Knifing	Approximately 11 miles plowing (knifing)57,400 feet	\$324,310.00	50.0	\$162,155.00
Aerial Deployment/Make Ready		\$0.00	0	\$0.00
Outside Plant		\$0.00	0	\$0.00
Switching Equipment		\$0.00	0	\$0.00
Routing Equipment		\$0.00	0	\$0.00
Optical Equipment	FTTH Interface Equipment (OLTs)	\$31,050.00	50.0	\$15,525.00
Customer Premise Equipment	FTTH ONT'S	\$24,300.00	50.0	\$12,150.00
Other	Subscriber Service Line and Location wiring	\$171,900.00	50.0	\$85,950.00
Totals		\$614,126.00		\$307,063.00

Adoption Project

School District	Number of Adopters	Amount
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Total Application Request

Total Application Request	\$307,063.00
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Request for Taxpayer Identification Number and Certification

Name (as shown on your income tax return)	La Motte Telephone Company, Inc.
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Business name, if different from above

Check appropriate box:

Individual/Sole proprietor

C Corporation Yes

S Corporation

Partnership

Trust/Estate

Limited liability company

Enter the tax classification (C=corporation, S=S corporation, P=partnership)

Other*See instructions provided in the link at the top of this form***Other Description****Exemptions***See instructions in the link provided at the top of this form.***Exempt payee****Exempt payee code (if any)****Exemption from FATCA reporting code
(if any)****Address (number, street, and apt. or
suite no.)****City**

Iowa

State

Zip

List account number(s) here (optional)**Requester's name and address
(optional)****Part 1 - Taxpayer Identification number (TIN)****Social Security #****Employer Identification #**

420743906

PART 2 - Certification*Under penalties of perjury, I certify that:*

- 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and*
- 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and*
- 3. I am a U.S. citizen or other U.S. person (defined below), and*
- 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.*

Signature of U.S. person*

JoAnne Gregorich General Manager

You must select yes to item 2 below (backup withholding) if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions provided in the link at the top of this form.

2. Backup Withholding*

No

Date Signed*

08/04/2020

[Return to top](#)