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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

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

367228 - Infrastructure Broadband Grant for Manly, Ledyard, and Northwood Areas  
Broadband Grant Program - Empower Rural Iowa

Status: Submitted  
Signature: Mark Thoma

Submitted Date: 2020-08-04 04:46:15  
Submitted By: John Kroger

### Applicant Information

#### Project Officer

AnA User Id JOHN.KROGER@IOWAID  
First Name\* John Kroger  
Title: First Name Middle Name Last Name  
Email:\* johnkroger@wctatel.com  
Address:\* 704 East Main  
City\* 704 East Main Lake Mills Iowa 50450  
City State/Province Postal Code/Zip  
Phone:\* 641-592-6105  
Phone Ext.  
Program Area of Interest\* Broadband Grant Program - Empower Rural Iowa  
Fax: 641-592-6102  
Agency

#### Organization Information

Organization Name:\* Winnebago Cooperative Telecom Association  
Organization Type:\* Other  
DUNS: 06-961-6415  
Organization Website: www.wctatel.net  
Address: 704 East Main  
City State/Province Postal Code/Zip  
Phone: 641-592-6105  
Phone Ext.  
Fax: 641-592-6102  
Benefactor Vendor Number

### Cover Sheet-General Information

#### Authorized Official

Name\* Mark Thoma  
Title\* CEO  
Organization\* Winnebago Cooperative Telecom Association  
If you are an individual, please provide your First and Last Name.  
Address\* 704 East Main Street  
City/State/Zip\* Lake Mills Iowa 50450  
City State Zip  
Telephone Number\* 641-592-6105  
E-Mail\* markthoma@wctatel.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 Thoma  
**Title** CEO  
**Organization** Winnebago Cooperative Telecom Association  
**Address** 704 East Main Street  
  
**City/State/Zip** Lake Mills Iowa 50450  
City State Zip  
**Telephone Number** 641-592-6105  
**E-Mail** [markthoma@wctatel.com](mailto:markthoma@wctatel.com)  
**County(ies) Participating, Involved, or Affected by this Proposal\*** Kossuth County, Worth County  
**Congressional District(s) Involved or Affected by this Proposal\*** 1st - Rep. Abby Finkenauer (D), 4th - Rep Steve King (R)  
Congressional Map  
**Iowa Senate District(s) Involved or Affected by this Proposal\*** 4, 26  
District Map  
**Iowa House District(s) Involved or Affected by this Proposal\*** 7, 51  
District Map

### Business Organization - NOFA #003

**Business Legal Name\*** Winnebago Cooperative Telecom Association

#### Mailing Address

**Street \*** 704 East Main  
**City\*** Lake Mills  
**State\*** IA  
**Zip\*** 50450

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

Alternate Street  
 Alternate City  
 Alternate State  
 Alternate Zip

### Additional Information

\* [WCTA Business Structure.pdf](#)

*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\*** [WCTA Executive Project Summary.pdf](#)

*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** The CARES Act Funds will enable the Winnebago to accelerate existing

are not ultimately awarded.\*

construction plans and expand the construction area further into the extremely rural areas of Worth County. Without CARES Act the project would be extended into 2022 for completion for many of the customers, and those in extreme rural areas may not be served.

The Adoption Project would not be implemented without the CARES Act funding of the \$500 One-time Discount.

*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\*** Yes

*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\*** Yes

## 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\*** [WCTA Demonstrated Experience - Final.pdf](#)

## References

<b>Name</b>	Darwin Lehmann - Central Springs Superintendent
<b>Telephone Number</b>	641-454-2211
<b>Name</b>	Dee Dunbar - City of Manly
<b>Telephone Number</b>	641-454-3090
<b>Name</b>	David Quisley
<b>Telephone Number</b>	641-324-2753

## Minority Impact Statement

### Question # 1

**1. The proposed grant programs or policies could have a disproportionate or unique POSITIVE IMPACT on minority persons. \*** Yes

**If YES, describe the positive impact expected from this project**

The proposed areas of Manly and Northwood Project will positively impact minority persons by enhancing broadband speeds in unserved areas of Worth and Kossuth County.

**Indicate the group(s) positively impacted.**

Women, Person/s with a Disability, Blacks, Latinos, Asians

### Question # 2

**2. The proposed grant project programs or policies could have a** No

disproportionate or unique **NEGATIVE IMPACT** on minority persons. \*

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. \*

Yes

If YES, present the rationale for determining no impact.

WCTA plans to serves locations within the project area identified

### 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.\*

John Kroger

Title of Person Submitting Certification\*

Regulatory 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\*

[Broadband\\_Grants\\_Core\\_Application\\_NOFA003 - Final.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

[COVID-CARES\\_Act BB Grant Eligibility.pdf](#)

*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 Project Support.pdf](#)

Supplemental Materials of Need 3B.1.2

## Broadband Grants Program Grant Agreement - Exhibit E

Exceptions to Broadband Grants Program Grant Agreement\*

[exhibit\\_e\\_-\\_broadband\\_grants\\_program\\_grant\\_agreement\\_including\\_required\\_federal\\_provisions\\_nofa0031.pdf](#)

## Certification, Authorization, and Release of Information-Exhibit F

Certification/Acknowledgements &  
Authorization to Release Information  
Letter\*

[Exhibit F - Certification Authorization and release of Information NOFA 003.pdf](#)

## Form 22 - Exhibit G

Form 22 (Public)\*

[Exhibit G - Request for Confidentiality NOFA 003.pdf](#)

## Prior Funding Statement-Exhibit L

Prior Funding Statement- Exhibit L \*

[Exhibit L - Prior Funding Statement NOFA 003.pdf](#)

## Project Budget

Category	Description	Total Estimated Cost \$ (Exhibit D)	Requested Grant Support % (up to 50%)	Grant Request (Est. Cost * Request %)
Conduit	Total Feet and Cost per Foot	\$576,025.00	50.0	\$288,012.50
Fiber/Copper	Total Feet and Cost per Foot	\$442,912.00	50.0	\$221,456.00
OSP Engineering		\$0.00	0	\$0.00
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	Total Feet and Cost per Foot	\$212,485.00	50.0	\$106,242.50
Trenching	Total Feet and Cost per Foot	\$960.00	50.0	\$480.00
Knifing	Total Feet and Cost per Foot	\$0.00	0	\$0.00
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	Until Cost, Cost Per Unit	\$0.00	0	\$0.00
Optical Equipment	Until Cost, Cost Per Unit	\$15,155.00	50.0	\$7,577.50
Customer Premise Equipment	Until Cost, Cost Per Unit	\$99,471.00	50.0	\$49,735.50
Other	Until Cost, Cost Per Unit	\$592,869.20	50.0	\$296,434.60
<b>Totals</b>		<b>\$1,939,877.20</b>		<b>\$969,938.60</b>

## Adoption Project

School District	Number of Adopters	Amount
West Hancock	28	\$14,000.00
North Iowa	257	\$128,500.00
Forest City	663	\$331,500.00
Garner-Hayfield-Ventura	64	\$32,000.00
Northwood-Kensett	174	\$87,000.00
Lake Mills	389	\$194,500.00
Mason City	27	\$13,500.00
Central Springs	43	\$21,500.00
North Kossuth	40	\$20,000.00
St Ansgar	54	\$27,000.00

## Total Application Request

**Total Application Request** \$1,839,438.60

## Request for Taxpayer Identification Number and Certification

Name (as shown on your income tax return) Winnebago Cooperative Telecom Association

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 # 420700241

## 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\* Mark Thoma

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\* Not Applicable

Date Signed\* 08/04/2020

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