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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)

### 367282 - Harmony Telephone Howard-Winneshiek Infrastructure Broadband Grant Program - Empower Rural Iowa

Status: Submitted  
Signature: Jill Huffman

Submitted Date: 2020-08-05 04:26:15  
Submitted By: Jill Huffman

### Applicant Information

#### Project Officer

AnA User Id JILL.HUFFMAN@IOWAID  
First Name\* Jill Huffman  
First Name Middle Name Last Name

Title:  
Email:\* jill@harmonytel.com  
Address:\* 336 5th Ave SE

City\* Harmony Minnesota 55939  
City State/Province Postal Code/Zip  
Phone\* 507-886-4644  
Phone Ext.

Program Area of Interest\* Broadband Grant Program - Empower Rural Iowa  
Fax:  
Agency

#### Organization Information

Organization Name:\* Harmony Telephone Company

Organization Type:\* For-Profit – Privately Held

DUNS: 00-978-0826

Organization Website: www.harmonytel.com

Address: 35 First Ave NE  
PO Box 308

Harmony Minnesota 55939  
City State/Province Postal Code/Zip  
Phone: 507-886-2525  
Ext.

Fax: 507-886-2500

Benefactor  
Vendor  
Number

### Cover Sheet-General Information

#### Authorized Official

Name\* Jill Huffman

Title\* Chief Operating Officer

Organization\* Harmony Telephone Company  
If you are an individual, please provide your First and Last Name.

Address\* 35 First Ave NE  
PO Box 308

City/State/Zip\* Harmony Minnesota 55939  
City State Zip

Telephone Number\* 507-886-2525

E-Mail\* jill@harmonytel.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*	Marsha LaFreniere		
Title	Accountant		
Organization	Harmony Telephone Company		
Address	35 First Ave NE PO Box 308		
City/State/Zip	Harmony City	Minnesota State	55939 Zip
Telephone Number	507-886-2525		
E-Mail	<a href="mailto:marsha@harmonytel.com">marsha@harmonytel.com</a>		
County(ies) Participating, Involved, or Affected by this Proposal*	Howard County, Winneshiek County		
Congressional District(s) Involved or Affected by this Proposal*	1st - Rep. Abby Finkenauer (D) <a href="#">Congressional Map</a>		
Iowa Senate District(s) Involved or Affected by this Proposal*	26 <a href="#">District Map</a>		
Iowa House District(s) Involved or Affected by this Proposal*	51 <a href="#">District Map</a>		

### Business Organization - NOFA #003

Business Legal Name*	Harmony Telephone Company
<b>Mailing Address</b>	
Street *	35 First Ave NE, PO Box 308
City*	Harmony
State*	MN
Zip*	55939
<b>Alternate Mailing Address (used for warrants and/or payments)</b>	
Alternate Street	
Alternate City	
Alternate State	
Alternate Zip	

### Additional Information

\* [Harmony Empower Rural IA - Business Structure.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\* [HTC Empower Rural IA - Executive Summary.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 Act funds will be utilized to deploy Fiber-to-the-Premise for subscribers in

are not ultimately awarded.\*

the application targeted service areas. Without CARES Act funds this project will be limited to connecting company operating facilities. The CARES Act funds applied for in this application make it possible to expand this project to delivering fiber-to-the-premise for these potential subscribers.

*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\*** [HTC Demonstrated Experience.docx](#)

## References

<b>Name</b>	Anne Koliha
<b>Telephone Number</b>	507-421-7356
<b>Name</b>	Bruce Dornink
<b>Telephone Number</b>	507-951-3237
<b>Name</b>	Holly Nelson
<b>Telephone Number</b>	507-259-5795

## 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 Infrastructure Project will give customers access to facilities that provide high-speed capacity. Higher Broadband speeds will ensure a household to be able to perform multiple tasks for distance learning, remote work, and telemedicine.

Indicate the group(s) positively impacted.

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

### 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. \*

No

If YES, present the rationale for determining no impact.

### 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.\* Jill R Huffman

Title of Person Submitting Certification\* Chief Operating Officer

## 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\* [HTC Broadband\\_Grants\\_Core\\_Application\\_NOFA003.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 [Howard-Winn Support Letter.pdf](#)

Supplemental Materials of Need 3B.1.2

## Broadband Grants Program Grant Agreement - Exhibit E

Exceptions to Broadband Grants Program Grant Agreement\* [HTC exhibit\\_e\\_-\\_broadband\\_grants\\_program\\_grant\\_agreement\\_including\\_required\\_federal\\_provisions\\_nofa003.docx](#)

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

Certification/Acknowledgements & Authorization to Release Information Letter\* [HTC Exhibit F Certification Authorization and Release of Information.pdf](#)

**Form 22 - Exhibit G**

Form 22 (Public)\*

[HTC exhibit\\_g\\_-\\_request\\_for\\_confidentiality\\_-\\_form\\_22\\_nofa\\_003.pdf](#)**Prior Funding Statement-Exhibit L**

Prior Funding Statement- Exhibit L \*

[HTC 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	Included Below	\$0.00	50.0	\$0.00
Fiber/Copper	Overall mainline fiber cost (fiber, boring, peds, splicing, etc)	\$1,018,416.96	50.0	\$509,208.48
OSP Engineering	Included Below	\$0.00	50.0	\$0.00
Design Engineering	Included Below	\$0.00	50.0	\$0.00
Construction Mgmt.	All engineering estimated at 12% of project cost	\$151,288.00	50.0	\$75,644.00
Tower	N/A	\$0.00	50.0	\$0.00
Antenna	N/A	\$0.00	50.0	\$0.00
Boring	Inluded in Fiber/Copper and Trenching	\$0.00	50.0	\$0.00
Trenching	Overall drop fiber cost (fiber, boring, peds, splicing etc)	\$125,906.75	50.0	\$62,953.38
Knifing	N/A	\$0.00	50.0	\$0.00
Aerial Deployment/Make Ready	N/A	\$0.00	50.0	\$0.00
Outside Plant	Included above	\$0.00	50.0	\$0.00
Switching Equipment	Calix E7 OLT equipment	\$14,962.50	50.0	\$7,481.25
Routing Equipment	N/A	\$0.00	50.0	\$0.00
Optical Equipment	Calix ONT Equipment (including CPE router)	\$34,776.00	50.0	\$17,388.00
Customer Premise Equipment	ONT install, inside wire, cutover	\$42,260.40	50.0	\$21,130.20
Other	spares, misc install materials, fiber distribution	\$40,556.00	50.0	\$20,278.00
<b>Totals</b>		<b>\$1,428,166.61</b>		<b>\$714,083.31</b>

**Adoption Project**

School District	Number of Adopters	Amount
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**Total Application Request**

Total Application Request	\$714,083.31
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**Request for Taxpayer Identification Number and Certification**

Name (as shown on your income tax return) Harmony Telephone Company

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 #** 411657658**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\*** Jill R Huffman

*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\*** 07/31/2020[Return to top](#)