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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)

367486 - Broadband Adoption Program in Webster City and South Hamilton School Districts

Broadband Grant Program - Empower Rural Iowa

Status: Submitted
 Signature: Roger F. Anderson
 Submitted Date: 2020-08-05 02:49:42
 Submitted By: Roger F. Anderson

Applicant Information

Project Officer

AnA User Id COOPROGER@IOWAID
 First Name* Roger F Anderson
First Name Middle Name Last Name
 Title:
 Email:* cooproger@netins.net
 Address:* 425 Parker Street P.O. Box 95

City* Stanhope Iowa 50246
City State/Province Postal Code/Zip
 Phone:* 515-826-3206
Phone Ext.

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

Organization Information

Organization Name:* Cooperative Telephone Exchange
 Organization Type:* Non-Profit Organization
 DUNS: 00-282-0074
 Organization Website: www.coopteleexchange.com
 Address: 425 Parker Street P.O. Box 95

City Stanhope Iowa 50246
City State/Province Postal Code/Zip
 Phone: 515-826-3206
Ext.

Fax:
 Benefactor
 Vendor
 Number

Cover Sheet-General Information

Authorized Official

Name* Roger Anderson
 Title* General Manager
 Organization* Cooperative Telephone Exchange
If you are an individual, please provide your First and Last Name.
 Address* 425 Parker

City/State/Zip* Stanhope Iowa 50246
City State Zip

Telephone Number* 515-826-3206
 E-Mail* cooproger@netins.net

Fiscal Officer/Agent

Please enter the "Fiscal Officer" for your Organization.

If you are an individual, please provide your First and Last Name.

Name*	Roger Anderson		
Title	General Manager		
Organization	Cooperative Telephone Exchange		
Address	425 Parker		
City/State/Zip	Stanhope	Iowa	50246
	City	State	Zip
Telephone Number	515-826-3206		
E-Mail	cooproger@netins.net		
County(ies) Participating, Involved, or Affected by this Proposal*	Hamilton County		
Congressional District(s) Involved or Affected by this Proposal*	4th - Rep Steve King (R) Congressional Map		
Iowa Senate District(s) Involved or Affected by this Proposal*	24 District Map		
Iowa House District(s) Involved or Affected by this Proposal*	48 District Map		

Business Organization - NOFA #003

Business Legal Name* Cooperative Telephone Exchange

Mailing Address

Street * 425 Parker

City* Stanhope

State* IA

Zip* 50246

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

Alternate Street

Alternate City

Alternate State

Alternate Zip

Additional Information

***** [CTE Business Structure - Final.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* [CTE - 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 Adoption Project would not be implemented without the CARES Act funding

are not ultimately awarded.* 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* Not Applicable

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.* Not Applicable

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* [Demonstration of Experience - CTE.pdf](#)

References

Name	Jeanette Temple - Mayor of Kamrar
Telephone Number	515-539-3477
Name	Ken Howard - Superintendent of South Hamilton
Telephone Number	515-827-5479
Name	Harold Hove - Mayor of Stanhope
Telephone Number	515-689-3378

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 Adoption Grant Program will give customers who have subscribed to a lower speed of broadband an ability to upgrade services to provide high speed capacity. Higher Broadband speeds will ensure a household to be able to perform multiple tasks for distance learning, remote work, and tele-medicine.

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 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.

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.

CTE will offer the Adoption Program to all eligible customers within the service area.

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.*

Roger Anderson

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*

[Broadband_Grants_Core_Application_NOFA003 - Cooperative Tel Exchange.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

Supplemental Materials of Need 3B.1.2

[Letters of Support - CTE.pdf](#)**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.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	n/a	\$0.00	0	\$0.00
Fiber/Copper	n/a	\$0.00	0	\$0.00
OSP Engineering	n/a	\$0.00	0	\$0.00
Design Engineering	n/a	\$0.00	0	\$0.00
Construction Mgmt.	n/a	\$0.00	0	\$0.00
Tower	n/a	\$0.00	0	\$0.00
Antenna	n/a	\$0.00	0	\$0.00
Boring	n/a	\$0.00	0	\$0.00
Trenching	n/a	\$0.00	0	\$0.00
Knifing	n/a	\$0.00	0	\$0.00
Aerial Deployment/Make Ready	n/a	\$0.00	0	\$0.00
Outside Plant	n/a	\$0.00	0	\$0.00
Switching Equipment	n/a	\$0.00	0	\$0.00
Routing Equipment	n/a	\$0.00	0	\$0.00
Optical Equipment	n/a	\$0.00	0	\$0.00
Customer Premise Equipment	n/a	\$0.00	0	\$0.00
Other	n/a	\$0.00	0	\$0.00
Totals		\$0.00		\$0.00

Adoption Project

School District	Number of Adopters	Amount
South Hamilton	92	\$46,000.00
Webster City	41	\$20,500.00

Total Application Request

Total Application Request \$66,500.00

Request for Taxpayer Identification Number and Certification

Name (as shown on your income tax return) Cooperative Telephone Exchange

Business name, if different from above

Check appropriate box:

Individual/Sole proprietor

C Corporation

S Corporation

Partnership

Trust/Estate

Limited liability company

Yes

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 #

420632043

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*

Roger Anderson

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*

08/03/2020

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