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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)

367653 - Geneva West to Hwy 65

Broadband Grant Program - Empower Rural Iowa

Status: Submitted
Signature: Roger Kregel
Submitted Date: 2020-08-04 04:15:58
Submitted By: Roger Kregel

Applicant Information

Project Officer

AnA User Id DUMONTTELEPHONE@IOWAID
First Name* Roger Kregel
First Name Middle Name Last Name

Title:
Email:* rogerkr@dumonttelephone.com
Address:* PO Box 349

City* 506 Pine St
 Dumont Iowa 50625
City State/Province Postal Code/Zip
Phone:* 641-857-3211
Phone Ext.

Program Area of Interest* Broadband Deployment
Fax:
Agency

Organization Information

Organization Name:* Dumont Telephone Company
Organization Type:* Private

DUNS:
Organization Website:
Address: PO Box 349

City Dumont Iowa 50625
City State/Province Postal Code/Zip
Phone: 641-857-3211
Ext.

Fax:
Benefactor Vendor Number

Cover Sheet-General Information

Authorized Official

Name* Roger Kregel
Title* General Manager
Organization* Dumont Telephone Company
If you are an individual, please provide your First and Last Name.
Address* PO Box 349

City/State/Zip* Dumont Iowa 50625
City State Zip

Telephone Number* 641-857-3211
E-Mail* rogerkr@dumonttelephone.com

Fiscal Officer/Agent

Please enter the "Fiscal Officer" for your Organization.

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

2 of 6

Name*	Roger Kregel		
Title	General Manager		
Organization	Dumont Telephone Company		
Address	PO Box 349		
City/State/Zip	Dumont	Iowa	50625
	City	State	Zip
Telephone Number	641-857-3211		
E-Mail	rogerkr@dumonttelephone.com		
County(ies) Participating, Involved, or Affected by this Proposal*	Franklin 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*	27 District Map		
Iowa House District(s) Involved or Affected by this Proposal*	54 District Map		

Business Organization - NOFA #003

Business Legal Name* Dumont Telephone Company

Mailing Address

Street * PO Box 349

City* Dumont

State* IA

Zip* 50625

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

Alternate Street

Alternate City

Alternate State

Alternate Zip

Additional Information

* [Business Organization - NOFA 0003 Additional Information.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* [Executive Project Summary - NOFA 0003.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 50% shared funding is enough to make it financially feasible.

are not uniformly awarded.*

The location density per mile of fiber is too low which makes the cost too much without 50% shared funding when passing only 19 locations.

Control Number 367653

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* [Demonstrated Experience - NOFA 0003.pdf](#)

References

Name	Sara Trepp
Telephone Number	319-267-9955
Name	Dave Schneiderman
Telephone Number	319-346-2000
Name	Kent Gulick
Telephone Number	319-240-9337

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.

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.

Dumont Telephone Company installs the fiber network to all locations regardless of who lives there. We will be contacting every location (100% of the homes passed) to notify them of our project and will offer the same products and services to all potential customers.

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 Kregel

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 Grant Core Application NOFA 003 - Dumont Telephone Company.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

[Supplemental Materials 3A.1.2 - Letters of 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 - NOFA 0003 - Agreement.pdf](#)

Certification, Authorization, and Release of Information-Exhibit F

Certification/Acknowledgements & Authorization to Release Information Letter*

[Exhibit F - NOFA 0003 - Certifications Acknowledgments Authorizations to Release Information.pdf](#)

Form 22 - Exhibit G

Form 22 (Public)*

[Exhibit G - NOFA 0003 - Form 22 Request for Confidentiality.pdf](#)**Prior Funding Statement-Exhibit L**

Prior Funding Statement- Exhibit L *

[Exhibit L - NOFA 0003 - Prior Funding Statement.pdf](#)**Project Budget**

Category	Description	Total Estimated Cost \$ (Exhibit D)	Requested Grant Support % (up to 50%)	Grant Request (Est. Cost * Request %)
Conduit	NA	\$0.00	0	\$0.00
Fiber/Copper	72 Fiber 35,200' @ \$1 per foot	\$35,200.00	50.0	\$17,600.00
OSP Engineering	Staking to CAD 35,200' @ \$.43 per foot	\$15,136.00	50.0	\$7,568.00
Design Engineering	Design @ Layout 16 Hours @ \$120 per hour / fixed	\$1,920.00	50.0	\$960.00
Construction Mgmt.	Contract, Inspecting, As-Built 30 Hours @ \$1,000 per hour	\$30,000.00	50.0	\$15,000.00
Tower	NA	\$0.00	0	\$0.00
Antenna	NA	\$0.00	0	\$0.00
Boring	Rural Boring 2,700' @ \$12 per foot	\$32,400.00	50.0	\$16,200.00
Trenching	NA	\$0.00	0	\$0.00
Knifing	Rural Plowing Mainline & Drops 35,200' @ \$3.50 per foot	\$123,200.00	50.0	\$61,600.00
Aerial Deployment/Make Ready	NA	\$0.00	0	\$0.00
Outside Plant	NA	\$0.00	0	\$0.00
Switching Equipment	Cabinet Shelf & Controller 1 @ \$5,935	\$5,935.00	50.0	\$2,967.50
Routing Equipment	Active E Blade 1 @ \$3,000	\$3,000.00	50.0	\$1,500.00
Optical Equipment	SFP 38 @ \$376 each	\$14,288.00	50.0	\$7,144.00
Customer Premise Equipment	Network Interface Device 19 @ \$350 each	\$6,650.00	50.0	\$3,325.00
Other	Splicing, Cutover @ Pedestals	\$24,100.00	50.0	\$12,050.00
Totals		\$291,829.00		\$145,914.50

Adoption Project

School District	Number of Adopters	Amount
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Total Application Request

Total Application Request	\$145,914.50
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Request for Taxpayer Identification Number and Certification

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

Business name, if different from above Dumont Telephone Company

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 6 of 6

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.)**

PO Box 349

City

Dumont

Iowa

50625

State

Zip

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

420328510

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 Kregel

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*

08/03/2020

[Return to top](#)