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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)

#### 367969 - Schaller - Mediacom LLC

#### Broadband Grant Program - Empower Rural Iowa

**Status:** Submitted  
**Signature:** Alessandro Pugliese  
**Submitted Date:** 2020-08-04 01:36:25  
**Submitted By:** Alessandro Pugliese

### Applicant Information

#### Project Officer

**AnA User Id** SANDROPUGLIESE@IOWAID  
**First Name\*** Alessandro Pugliese  
First Name Middle Name Last Name  
**Title:**  
**Email:\*** apugliese@mediacomcc.com  
**Address:\*** 1 Mediacom Way

**City\*** Chester New York 10918  
City State/Province Postal Code/Zip  
**Phone:\*** 855-633-4226  
Phone Ext.

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

#### Organization Information

**Organization Name:\*** Mediacom LLC  
**Organization Type:\*** Private  
**DUNS:** 94-776-9360  
**Organization Website:** https://mediacomcable.com/  
**Address:** 1 Mediacom Way

**City** Chester New York 10918  
City State/Province Postal Code/Zip  
**Phone:** 855-633-4226  
Ext.

**Fax:**  
**Benefactor**  
**Vendor**  
**Number**

### Cover Sheet-General Information

#### Authorized Official

**Name\*** Thomas Larsen  
**Title\*** Senior VP - Government & Public Relations  
**Organization\*** Thomas Larsen  
If you are an individual, please provide your First and Last Name.  
**Address\*** 1 Mediacom Way

**City/State/Zip\*** Chester New York 10918  
City State Zip

**Telephone Number\*** 845-443-2754

**E-Mail\*** tlarsen@mediacomcc.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 Stephan  
**Title** Chief Financial Officer  
**Organization**  
**Address**  
  
**City/State/Zip** New York  
City State Zip  
**Telephone Number**  
**E-Mail**  
**County(ies) Participating, Involved, or Affected by this Proposal\*** Sac 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\*** 6  
[District Map](#)  
**Iowa House District(s) Involved or Affected by this Proposal\*** 11  
[District Map](#)

### Business Organization - NOFA #003

**Business Legal Name\*** Mediacom LLC  
**Mailing Address**  
**Street \*** 1 Mediacom Way  
**City\*** Chester  
**State\*** NY  
**Zip\*** 10918  
**Alternate Mailing Address (used for warrants and/or payments)**  
**Alternate Street**  
**Alternate City**  
**Alternate State**  
**Alternate Zip**

### Additional Information

**\*** [Additional Business Information\\_NOFA 003\\_Mediacom LLC.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 Schaller - Mediacom LLC.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** The funds being requested for the Project significantly improve Applicant's

are not ultimately awarded.\*

opportunity to make a return on investment in the community that falls within the TSA and provide Applicant with the incentive to contribute its own funds to the Project. Without the State funds, Applicant would not move forward with this Project as the sparse population and home densities within the TSA create return on investment challenges for the Applicant. Those challenges are significantly mitigated with the 50% grant being offered.

*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 - Mediacom.docx](#)

## References

Name

Telephone Number

Name

Telephone Number

Name

Telephone Number

## Minority Impact Statement

### Question # 1

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

Not Applicable

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. \*

Not Applicable

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. \*

Alessandro Pugliese

Title of Person Submitting Certification\*

Specialist - Government & Public Relations

## 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\*

[Schaller 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

Supplemental Materials of Need 3B.1.2

## Broadband Grants Program Grant Agreement - Exhibit E

Exceptions to Broadband Grants  
Program Grant Agreement\*

[Exhibit E Shaller.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		\$36,062.40	50.0	\$18,031.20
Fiber/Copper	Fiber, Taps, Vaults, Pedestals, Power Supplies	\$54,093.60	50.0	\$27,046.80
OSP Engineering	Permits	\$7,933.73	50.0	\$3,966.86
Design Engineering	Walkout/Design	\$5,409.36	50.0	\$2,704.68
Construction Mgmt.	Project oversight (fixed per mile)	\$29,819.78	50.0	\$14,909.89
Tower		\$0.00	0	\$0.00
Antenna		\$0.00	0	\$0.00
Boring	Underground Placement	\$342,592.80	50.0	\$171,296.40
Trenching		\$0.00	0	\$0.00
Knifing		\$0.00	0	\$0.00
Aerial Deployment/Make Ready		\$0.00	0	\$0.00
Outside Plant		\$0.00	0	\$0.00
Switching Equipment	CMTS Ports & Licensing	\$25,500.00	50.0	\$12,750.00
Routing Equipment	IRU Fiber	\$52,018.00	50.0	\$26,009.00
Optical Equipment	Optics per Home	\$45,012.00	50.0	\$22,506.00
Customer Premise Equipment	CPE, Drop Materials and Install Labor	\$40,920.00	50.0	\$20,460.00
Other	Splicing & Activation	\$71,610.00	50.0	\$35,805.00
<b>Totals</b>		<b>\$710,971.67</b>		<b>\$355,485.83</b>

**Adoption Project**

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

Total Application Request	\$355,485.83
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**Request for Taxpayer Identification Number and Certification**

Name (as shown on your income tax return) JMCC Corporation

Business name, if different from above Mediacom LLC

**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 #** 451834216**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\***

Alessandro Pugliese

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

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