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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)

367980 - Washington Route Extension

Broadband Grant Program - Empower Rural Iowa

Status: Submitted
Signature: Casey Peck
Submitted Date: 2020-08-04 12:55:06
Submitted By: Casey Peck

Applicant Information

Project Officer

AnA User Id CASEY.PECK@IOWAID
First Name* Casey Peck
First Name Middle Name Last Name

Title:
Email:* casey.peck@kctc.net
Address:* PO Box 1208

City* Kalona Iowa 52247
City State/Province Postal Code/Zip
Phone:* 319-656-3668
Phone Ext.

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

Organization Information

Organization Name:* Kalona Cooperative Telephone Co
Organization Type:* Public

DUNS:
Organization Website: kctc.net
Address: PO Box 1208
 510 B Avenue
 Kalona Iowa 52247
City State/Province Postal Code/Zip
Phone: 319-656-3668
Ext.

Fax:
Benefactor Vendor Number

Cover Sheet-General Information

Authorized Official

Name* Casey Peck
Title* CFO/GM
Organization* Kalona Cooperative Telephone Co
If you are an individual, please provide your First and Last Name.
Address* 510 B Avenue
 PO Box 1208
City/State/Zip* Kalona Iowa 52247
City State Zip
Telephone Number* 319-656-3668
E-Mail* casey.peck@kctc.net

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* Casey Peck
Title CFO/GM
Organization Kalona Cooperative Telephone Co
Address 510 B Avenue
 P.O. Box 1208
City/State/Zip Kalona Iowa 52247
 City State Zip
Telephone Number 319-656-3668
E-Mail casey.peck@kctc.net
County(ies) Participating, Involved, or Affected by this Proposal* Washington County
Congressional District(s) Involved or Affected by this Proposal* 2nd - Rep David Loebsack (D)
[Congressional Map](#)
Iowa Senate District(s) Involved or Affected by this Proposal* 39
[District Map](#)
Iowa House District(s) Involved or Affected by this Proposal* 78
[District Map](#)

Business Organization - NOFA #003

Business Legal Name* Kalona Cooperative Telephone Co
Mailing Address
Street * 510 B Avenue, P.O. Box 1208
City* Kalona
State* IA
Zip* 52247
Alternate Mailing Address (used for warrants and/or payments)
Alternate Street
Alternate City
Alternate State
Alternate Zip

Additional Information

* [History of KCTC.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 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?* No

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 KCTC is not seeking funding from CARES Act funds.

are not **not** fully awarded.*

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* [History of KCTC.pdf](#)

References

Name	Dave Hochstetler
Telephone Number	319-656-5804
Name	Doug Yotty
Telephone Number	319-656-5432
Name	Jan Peterseim
Telephone Number	319-656-2204

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

All people in the community can have access to a reliable, unlimited usage plan with high speeds. This will improve their home and business life.

Indicate the group(s) positively impacted.

Other

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. *

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.*

Casey Peck

Title of Person Submitting Certification*

CFO/GM

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_-_Version_1-19-04.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

[Letter 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.pdf](#)**Certification, Authorization, and Release of Information-Exhibit F**

Certification/Acknowledgements &
Authorization to Release Information
Letter*

[Exhibit F Signed.pdf](#)**Form 22 - Exhibit G**

Form 22 (Public)*

[Exhibit G Signed.pdf](#)

Prior Funding Statement-Exhibit L

Prior Funding Statement- Exhibit L * [Exhibit L Signed.pdf](#)

Project Budget

Category	Description	Total Estimated Cost \$ (Exhibit D)	Requested Grant Support % (up to 50%)	Grant Request (Est. Cost * Request %)
Conduit	Duct for drops and main	\$220,402.62	50.0	\$110,201.31
Fiber/Copper	Main and drop fiber	\$96,561.48	50.0	\$48,280.74
OSP Engineering		\$0.00	0	\$0.00
Design Engineering		\$0.00	0	\$0.00
Construction Mgmt.	BDS 144	\$4,500.00	50.0	\$2,250.00
Tower		\$0.00	0	\$0.00
Antenna		\$0.00	0	\$0.00
Boring		\$0.00	0	\$0.00
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		\$0.00	0	\$0.00
Routing Equipment		\$0.00	0	\$0.00
Optical Equipment	Peds & Handholes	\$12,690.00	50.0	\$6,345.00
Customer Premise Equipment	ONTs & Associated Equipment	\$189,000.00	50.0	\$94,500.00
Other	Miscellaneous OSP Units	\$42,500.00	50.0	\$21,250.00
Totals		\$565,654.10		\$282,827.05

Adoption Project

School District	Number of Adopters	Amount
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Total Application Request

Total Application Request \$282,827.05

Request for Taxpayer Identification Number and Certification

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

Business name, if different from above Kalona Cooperative Telephone Co

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.)

510 B Avenue
P.O. Box 1208

City

Kalona

Iowa

52247

State

Zip

List account number(s) here (optional)

Requester's name and address
(optional)

Part 1 - Taxpayer Identification number (TIN)

Social Security #

Employer Identification #

420650488

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*

Casey Peck

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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