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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)

368407 - Mitchell Iowa Fiber Project

Broadband Grant Program - Empower Rural Iowa

Status: Submitted
Signature: Joshua J. Byrnes
Submitted Date: 2020-08-05 08:06:16
Submitted By: Josh Joseph Byrnes

Applicant Information

Project Officer

AnA User Id JOSHUA.BYRNES@IOWAID
First Name* Josh Joseph Byrnes
First Name Middle Name Last Name
Title:
Email:* jbyrnes@osage.net
Address:* 720 CHESTNUT STREET

City* 720 CHESTNUT STREET
 OSAGE Iowa 50461
City State/Province Postal Code/Zip
Phone:* 641-832-3731
Phone Ext.
Program Area of Interest* Broadband Deployment
Fax: 641-732-5498
Agency

Organization Information

Organization Name:* Osage Municipal Utilities
Organization Type:* City Government
DUNS: 15-579-6550
Organization Website: www.osage.net
Address: PO Box 207
 720 Chestnut St.

City Osage Iowa 50461
City State/Province Postal Code/Zip
Phone: 641-832-3731
Ext.
Fax: 641-732-5498
Benefactor Vendor Number

Cover Sheet-General Information

Authorized Official

Name* Josh Byrnes
Title* General Manager
Organization* OMU
If you are an individual, please provide your First and Last Name.
Address* 720 CHESTNUT STREET

City/State/Zip* OSAGE Iowa 50461
City State Zip
Telephone Number* 641-832-3731
E-Mail* jbyrnes@osage.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* Stacy Walsh
Title Chief Financial Office
Organization Osage Municipal Utilities
Address 720 Chestnut Street

City/State/Zip Osage Iowa 50461
City State Zip
Telephone Number 641-832-3731
E-Mail swalsh@omu.email
County(ies) Participating, Involved, or Affected by this Proposal* Mitchell County
Congressional District(s) Involved or Affected by this Proposal* 1st - Rep. Abby Finkenauer (D)
[Congressional Map](#)
Iowa Senate District(s) Involved or Affected by this Proposal* 26
[District Map](#)
Iowa House District(s) Involved or Affected by this Proposal* 51
[District Map](#)

Business Organization - NOFA #003

Business Legal Name* Osage Municipal Utilities
Mailing Address
Street * 720 Chestnut Street
City* Osage
State* IA
Zip* 50461
Alternate Mailing Address (used for warrants and/or payments)
Alternate Street
Alternate City
Alternate State
Alternate Zip

Additional Information

***** [Joint Use Agreement.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 CARES Act.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 In the spring of 2019 OMU applied for a USDA ReConnect Grant. In the late fall

are not ultimately awarded.*

or early winter of 2019, OMU was notified of their awarding of that grant. From the time the grant was awarded until the time we were allowed to let out the project for bid, the cost of construction have escalated. OMU is at the crossroads of either rejecting the USDA Grant or hopefully securing this grant through the CARES Act to make this a reality for these residents. If OMU does not make this project possible, these residents will not be served. There is NOBODY willing to come in and build out this broadband infrastructure for such a sparsely populated community. Their viability rests on the securing of these funds to make this project a go. Thank you.

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* [Track Record .docx](#)

References

Name	Adam Ramseth
Telephone Number	605-651-0014
Name	Erich Gamm
Telephone Number	563-380-4336
Name	Kurt Popp
Telephone Number	641-220-4300

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

If a minority were to move into or currently lives in the area impacted, this grant will help provide them with the connectivity they would need to successfully function educationally, medically, and fiscally.

Indicate the group(s) positively impacted.

Women, Person/s with a Disability, Blacks, Latinos, Asians, Pacific Islanders, American Indians, Alaskan Native Americans

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.

Byrnes

If YES, present the rationale for the existence of the proposed program or policy.

Byrnes

If YES, provide evidence of consultation with representatives of the minority groups impacted.

Byrnes

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.*

Josh Byrnes

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.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

[Overflow.pdf](#)

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

[Supporting Documents.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.pdf](#)

Form 22 - Exhibit G

Form 22 (Public)*

[Exhibit G.pdf](#)

Prior Funding Statement-Exhibit L

Prior Funding Statement- Exhibit L *

[exhibit_l_-_prior_funding_statement_nofa_003.docx](#)

Project Budget

Category	Description	Total Estimated Cost \$ (Exhibit D)	Requested Grant Support % (up to 50%)	Grant Request (Est. Cost * Request %)
Conduit	Conduit with boring costs	\$345,518.00	35.0	\$120,931.30
Fiber/Copper	Fiber with direct bury cost	\$415,016.00	35.0	\$145,255.60
OSP Engineering	Already paid for by OMU	\$0.00	0	\$0.00
Design Engineering	Already paid for by OMU	\$0.00	0	\$0.00
Construction Mgmt.	OMU	\$0.00	0	\$0.00
Tower	N/A	\$0.00	0	\$0.00
Antenna	N/A	\$0.00	0	\$0.00
Boring	Boring cost for rock boring only	\$156,000.00	35.0	\$54,600.00
Trenching	Included in the cost of fiber direct bury	\$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	Already secured by OMU	\$0.00	0	\$0.00
Switching Equipment	Already secured by OMU	\$0.00	0	\$0.00
Routing Equipment	Already secured by OMU	\$0.00	0	\$0.00
Optical Equipment	Already secured by OMU	\$0.00	0	\$0.00
Customer Premise Equipment	Already secured by OMU	\$0.00	0	\$0.00
Other		\$0.00	0	\$0.00
Totals		\$916,534.00		\$320,786.90

Adoption Project

School District	Number of Adopters	Amount
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Total Application Request

Total Application Request \$320,786.90

Request for Taxpayer Identification Number and Certification

Name (as shown on your income tax return) Osage Municipal Utilities

Business name, if different from above Osage Municipal Utilities

Check appropriate box:

Individual/Sole proprietor

C Corporation

S Corporation

Partnership

Trust/Estate

Limited liability company

Enter the tax classification (C=corporation, S=S corporation, P=partnership)

Other

Yes

See instructions provided in the link at the top of this form

Other Description

Municipal Utility

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.)

720 Chestnut Street

City

Osage

Iowa

50461

State

Zip

List account number(s) here (optional)

Requester's name and address
(optional)**Part 1 - Taxpayer Identification number (TIN)**

Social Security #

Employer Identification #

421522335

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*

Josh Byrnes

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*

08/05/2020

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