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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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380273 - Broadband Grant Program - Empower Rural Iowa - NOFA #004

386165 - Clinton County Expansion Phase II

Broadband Grant Program - Empower Rural Iowa

Status: Submitted
Signature: Scott Boehde
Submitted Date: 2020-11-22 04:37:37
Submitted By: Scott Boehde

Applicant Information

Project Officer

AnA User Id MILESTELE@IOWAID
First Name* Scott **Middle Name** Boehde **Last Name**
Title:
Email:* scott@milestelephone.com
Address:* 342 Ferry Rd

City* Miles Iowa 52064
City State/Province Postal Code/Zip
Phone:* 563-682-7111
Phone Ext.

Program Area of Interest* Broadband Grant Program - Empower Rural Iowa
Fax: 563-682-7601
Agency

Organization Information

Organization Name:* Miles Communications LLC
Organization Type:* Private
DUNS:
Organization Website: www.milescommunicationsco.com
Address: 342 Ferry Rd

City Miles Iowa 52064
City State/Province Postal Code/Zip
Phone: 563-682-7111
Ext.

Fax:
Benefactor Vendor Number 85-0766030

Cover Sheet-General Information

Authorized Official

Name* Scott Boehde
Title* General Manager/Compliance Officer
Organization* Miles Communications LLC
If you are an individual, please provide your First and Last Name.
Address* 342 Ferry Rd

City/State/Zip* Miles Iowa 52064
City State Zip

Telephone Number* 563-682-7111

E-Mail* scott@milestelephone.com

Fiscal Officer/Agent

Please enter the "Fiscal Officer" for your Organization.

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

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Name* Scott Boehde
Title General Manager/Compliance Officer
Organization Miles Communications LLC
Address 342 Ferry Rd

City/State/Zip Miles Iowa 52064
City State Zip
Telephone Number 563-682-7111
E-Mail scott@milestelephone.com
County(ies) Participating, Involved, or Affected by this Proposal* Clinton 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* 49
[District Map](#)
Iowa House District(s) Involved or Affected by this Proposal* 98
[District Map](#)

Business Organization - NOFA #004

Business Legal Name* Miles Communications LLC
Mailing Address
Street * 342 Ferry Rd
City* Miles
State* IA
Zip* 52064

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

Alternate Street
 Alternate City
 Alternate State
 Alternate Zip

Additional Information

Please name and upload file "Application Number - Applicant Name - Business Organization". File can be a PDF or Word Document.

* [Business Organization.docx](#)

Public Redacted Broadband Additional Information

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 #004

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 Iowa Code section 8B.11, Iowa Administrative Code rule 129—22, and this NOFA #004. Name and upload this file "Application Number - Applicant Name - Executive Project Summary". This can be a PDF or Word Document.

Executive Project Summary* [Executive Project Summary NOFA 004.docx](#)

The section requires Applicant to affirm whether or not State funds are necessary for the Project to proceed.

Are State Funds Necessary for the Project to proceed?* Yes

This section requires an Applicant to describe how the Project will or will not proceed if State funds requested are not ultimately awarded. Control Number 386165

Describe how the Project will or will not proceed if State funds requested are not ultimately awarded.*

Miles Communications LLC would require the requested funds to complete this project. Miles does not have the current funds to complete a project like this. Without the funds this project does not make business sense as the cost for the build to reach these under-served customers would far exceed the return on the investment and would put a severe financial burden on Miles Communications LLC.

Project Status

Project Milestone	Estimated Completion date	Costs Incurred
Engineering/Planning	12/31/2020	\$25,000.00
25% of Project Completed	12/31/2021	\$182,028.22
50% Completed	12/31/2022	\$182,028.22
75% Completed	12/31/2023	\$182,028.22
100% Completed	12/31/2024	\$182,028.22

Demonstrated Experience NOFA #004

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 #004; 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 #004; or any other information that would aid the Office in assessing whether Applicant is a Responsible Applicant.

Demonstrated Experience* [Demonstrated Experience NOFA.docx](#)

References

Name Paul Blair
Telephone Number 563-243-5633
Reference Letter #1
Name Nathan Bormann
Telephone Number 563-682-7131
Reference Letter #2
Name Kevin Ross
Telephone Number 563-244-4166
Reference Letter #3

Broadband Grants Core Application - Exhibits B, C, D, and D.1

Applicant requests that the contents of their application remain confidential in whole or in part, pursuant to Section 7.18 of the NOFA #004.

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 7.18.1.5 of the NOFA #004, the Office shall be relieved from any responsibility for maintaining the confidentiality of the application pursuant to 7.18.5 of the NOFA #004.

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 #004, and solely to the extent permitted by Iowa Code Chapter 22 and the Office's corresponding fair information practices rules available at 129 IAC 2.

Full Unredacted Copy* [BroadbandGrantsCoreApplication-NOFA004-1.xlsm](#)

Public Redacted Copy

This section allows the Applicant to optionally attach three (3) community support documents for the Project, including but not limited to testimonials or letters of support. Please send any additional community support documents to ociogrants@iowa.gov. See NOFA Exhibit C Section 2.6.

Community Support Document 1

Community Support Document 2

Broadband Grants Program Grant Agreement - Exhibit EExceptions to Broadband Grants
Program Grant Agreement*[exhibit_e_-_broadband_grants_program_grant_agreement_nofa004-3.docx](#)**Certification, Authorization, and Release of Information - Exhibit F**

Certification Letter (Public)*

[NOFA004ExhibitF.pdf](#)**Request for Confidentiality or Form 22 - Exhibit G**

Form 22 (Public)*

[NOFA004ExhibitH.pdf](#)**Project Budget**

Category	Description	Total Estimated Cost \$ (Exhibit D)	Total Estimated Cost \$ (Exhibit D1)	Total Estimated Project Budget (D+D1)	Requested Grant Support % (up to 35%)	Grant Request (Est. Cost * Request %)
Conduit	1 1/4" Main, 3/4" Drop	\$50,930.88	\$0.00	\$50,930.88	35.0	\$17,825.81
Fiber/Copper	144,96,48,24,12, and 4 fiber	\$124,000.00	\$0.00	\$124,000.00	35.0	\$43,400.00
OSP Engineering		\$0.00	\$0.00	\$0.00	0	\$0.00
Design Engineering		\$0.00	\$0.00	\$0.00	0	\$0.00
Construction Mgmt.	Includes Mgmt and Engineering	\$83,200.00	\$0.00	\$83,200.00	35.0	\$29,120.00
Tower		\$0.00	\$0.00	\$0.00	0	\$0.00
Antenna		\$0.00	\$0.00	\$0.00	0	\$0.00
Boring		\$130,000.00	\$0.00	\$130,000.00	35.0	\$45,500.00
Trenching		\$20,000.00	\$0.00	\$20,000.00	35.0	\$7,000.00
Knifing		\$260,832.00	\$0.00	\$260,832.00	35.0	\$91,291.20
Aerial Deployment/Make Ready		\$0.00	\$0.00	\$0.00	0	\$0.00
Outside Plant		\$0.00	\$0.00	\$0.00	0	\$0.00
Switching Equipment		\$0.00	\$0.00	\$0.00	0	\$0.00
Routing Equipment		\$56,700.00	\$0.00	\$56,700.00	35.0	\$19,845.00
Optical Equipment		\$3,800.00	\$0.00	\$3,800.00	35.0	\$1,330.00
Customer Premise Equipment	ONT, Jumbers, wiring	\$17,150.00	\$0.00	\$17,150.00	35.0	\$6,002.50
Other	Splicing	\$6,500.00	\$0.00	\$6,500.00	35.0	\$2,275.00
	Totals	\$753,112.88	\$0.00	\$753,112.88		\$263,589.51

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

Not Applicable

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disproportionate or unique **NEGATIVE IMPACT** on minority persons. *

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. *

Scott Boehde

Title of Person Submitting Certification*

General Manager

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