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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](#)**390478 - Empower Rural Iowa Emergency Broadband Expansion Program (NOFA # 005) - Final Application****394995 - OCIO#5 Dorchester Fiber****Broadband Grant Program - Empower Rural Iowa****Status:** Submitted**Original Submitted Date:** 02/24/2021 1:33 PM **Submitted By:** David Decker**Last Submitted Date:** 02/24/2021 3:20 PM **Last Submitted By:** David Decker**Applicant Information****Primary Contact:****AnA User Id**

ALLAMAKEE-CLAYTONELECTRIC2017@IOWAID

First Name*

David

First Name

Middle Name

Decker

Last Name

Title:**Email:***

ddecker@acrec.coop

Address:*

229 State Highway 51

City*

Postville

City

Iowa

State/Province

52162

Postal Code/Zip

Phone:*

563-864-7611

Phone

Ext.

Program Area of Interest*

Broadband Grant Program - Empower Rural Iowa

Fax:

563-864-7820

Agency**Organization Information****Organization Name:***

Allamakee-Clayton Electric Cooperative, Inc.

Organization Type:*

Non-Profit Organization

DUNS:

00-694-2056

Organization Website:

acrec@acrec.coop

Address:

229 State Highway 51

Phone:

563-864-7611

City

Iowa

State/Province

52162

Postal Code/Zip

Ext.

Fax:

563-867-7820

Benefactor

Cover Sheet-General Information

Authorized Official

Name* Hollee McCormick
Title* General Manager
Organization* Allamakee Clayton Rural Electric Cooperative (ACEC)
If you are an individual, please provide your First and Last Name.
Address* 229 State Highway 51

City/State/Zip* Postville Iowa 52162
City State Zip

Telephone Number* 563-864-7611

E-Mail* hmccormick@acrec.coop

Fiscal Officer/Agent

Please enter the "Fiscal Officer" for your Organization.

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

Name* David Decker
Title Director of Finance and Administrative Services
Organization Allamakee Clayton Rural Electric Cooperative
Address 229 State Highway 51

City/State/Zip Postville Iowa 52162
City State Zip

Telephone Number 563-864-7611

E-Mail ddecker@acrec.coop

County(ies) Participating, Involved, or Affected by this Proposal* Allamakee County

Congressional District(s) Involved or Affected by this Proposal* 1st - Rep. Ashley Hinson
[Congressional Map](#)

Iowa Senate District(s) Involved or Affected by this Proposal* 28
[District Map](#)

Iowa House District(s) Involved or Affected by this Proposal* 56
[District Map](#)

Business Organization - NOFA #005

Business Legal Name* Allamakee Clayton Rural Electric Cooperative (ACEC)

Mailing Address

Street * 229 State Highway 51
City* Postville
State* IA
Zip* 52162

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.

* [REC history.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 #005

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 #5. 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 Name and upload this file "Application Number - Applicant Name - Executive Project Summary". This can be a PDF or Word Document.

Executive Project Summary* [394995 - Executive Summary OCIO5 Dorchester Fiber.docx](#)

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

Are federal 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.

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

The proposed project would not happen within Empower Rural Iowa/OCIO funds. Due to the terrain in the proposed project area and lack of service providers, ACEC has seen the need for service in the five township areas for years. ACEC could not withstand the project costs or cost per passing of \$11,903. The entire project area is within a TSA.

Project Status

Project Milestone	Estimated Completion date	Costs Incurred
Engineering Work Completed	09/01/2021	\$500,000.00
Construction Completed	12/01/2021	\$5,963,547.00

Demonstrated Experience NOFA #005

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 #005; 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 #005; or any other information that would aid the Office in assessing whether Applicant is a Responsible Applicant.

Demonstrated Experience* [394995 OCIO 5 Dorchester Fiber - Demonstrated Experience - pdf.pdf](#)

References

Name	Allamakee County Economic Dev./Valerie Reinke
Telephone Number	5635682624
Reference Letter #1	ACED letter of support.pdf
Name	K&R Feeds
Telephone Number	563-568-4513
Reference Letter #2	KR feed letter.docx
Name	Upper Iowa Resort and Rental

Telephone Number

563-568-3263

Reference Letter #3

[Upper Iowa Resort and Rental letter.docx](#)**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 1.25 of the NOFA #005.

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 #005, the Office shall be relieved from any responsibility for maintaining the confidentiality of the application pursuant to 1.25.5 of the NOFA #005.

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 #005, 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*

[394995 - OCIO 5 Dorchester Fiber Core application.xlsm](#)

Public Redacted Copy

Overflow Materials Exhibit C

[Additional narrative and TSA map.pdf](#)

Applicants may provide evidence of need support for 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

[Signed ACEC Support Letter.pdf](#)**Broadband Grants Program Grant Agreement - Exhibit E**Exceptions to Broadband Grants
Program Grant Agreement*[Signed Exhibit E.pdf](#)**Certification, Authorization, and Release of Information - Exhibit F**

Certification Letter (Public)*

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

Form 22 (Public)*

[exhibit G.pdf](#)**Federal Identification Documentation**

DUNS Number*

6942056

Label upload as "Application Number - Organization Name - SAM".

SAM Registration Upload*

[ACEC - SAM Information.pdf](#)**Project Budget**

Category	Description	Total Estimated Cost \$ (Exhibit D)	Total Estimated Cost \$ (Exhibit D1)	Total Estimated Project Budget (D+D1)	Requested Grant Support %(enter percentage here)	Grant Request (Est. Cost * Request %)
Conduit		\$0.00	\$0.00	\$0.00	0	\$0.00
Fiber/Copper	Fiber Optic Cable: SJSA, Loose Tube, Single Mode	\$3,840,231.00	\$0.00	\$3,840,231.00	75.0	\$2,880,173.25
OSP Engineering	Plant Design, Project Management, Permitting, Mapping	\$634,660.00	\$0.00	\$634,660.00	75.0	\$475,995.00
Design Engineering		\$0.00	\$0.00	\$0.00	0	\$0.00

Construction Mgmt.		\$0.00	\$0.00	\$0.00	0	\$0.00
Tower		\$0.00	\$0.00	\$0.00	0	\$0.00
Antenna		\$0.00	\$0.00	\$0.00	0	\$0.00
Boring	Directional Drilling of 1.25" Conduit	\$1,008,481.00	\$0.00	\$1,008,481.00	75.0	\$756,360.75
Trenching		\$0.00	\$0.00	\$0.00	0	\$0.00
Knifing		\$0.00	\$0.00	\$0.00	0	\$0.00
Switching Equipment		\$0.00	\$0.00	\$0.00	0	\$0.00
Routing Equipment		\$0.00	\$0.00	\$0.00	0	\$0.00
Optical Equipment		\$90,000.00	\$0.00	\$90,000.00	75.0	\$67,500.00
Customer Premise Equipment		\$665,175.00	\$0.00	\$665,175.00	75.0	\$498,881.25
Other	Administrative costs, Contingency Reserve	\$225,000.00	\$0.00	\$225,000.00	75.0	\$168,750.00
Totals		\$6,463,547.00	\$0.00	\$6,463,547.00		\$4,847,660.25

Minority Impact Statement

Does the proposed grant program or policy have a disproportionate or unique **positive impact** on minority persons? *

No

Could the proposed grant program or policy have a disproportionate or unique **negative impact** on minority persons? *

No

I hereby certify the information above is complete and accurate to the best of my knowledge.*

Yes

*

General Manager

Title

Hollee

First Name

McCormick

Last Name

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