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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****397048 - Brooklyn Mutual Grant expansion in Poweshiek County
Broadband Grant Program - Empower Rural Iowa****Status:** Submitted**Submitted Date:** 02/25/2021
10:02 AM**Submitted By:** Timothy John
Atkinson**Applicant Information****Primary Contact:****AnA User Id**

TIM.ATKINSON@IOWAID

First Name*

Timothy

John

Atkinson

First Name

Middle Name

Last Name

Title:**Email:***

brookmt@netins.net

Address:*

706 E Des Moines St

PO Box 138

706 E Des Moines St, PO Box 138

City*

Brooklyn

Iowa

52211

City

State/Province

Postal Code/Zip

Phone:*

641-522-9211

Phone

Ext.

Program Area of Interest*

Broadband Grant Program - Empower Rural Iowa

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

Brooklyn Mutual Telecommunications Cooperative

Organization Type:*

Other

DUNS:**Organization Website:**

brooklyntelco.com

Address:

129 Jackson St

Brooklyn

706 E Des Moines St, PO Box 138

Brooklyn

Iowa

52211

City

State/Province

Postal Code/Zip

Phone:

641-522-9211

Ext.

Fax:

641-522-5001

Benefactor**Vendor Number**

Cover Sheet-General Information**Authorized Official**

Name* Tim Atkinson
Title* General Manager
Organization* Brooklyn Mutual Telecommunications Cooperative
If you are an individual, please provide your First and Last Name.
Address* 129 Jackson Street

City/State/Zip* Brooklyn Iowa 52211
City State Zip
Telephone Number* 641-522-9211
E-Mail* timatkinson@netins.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* Tim Atkinson
Title General Manager
Organization Brooklyn Mutual Telecommunications Cooperative
Address 129 Jackson Street

City/State/Zip Brooklyn Iowa 52211
City State Zip
Telephone Number 641-522-9211
E-Mail timatkinson@netins.net
County(ies) Participating, Involved, or Affected by this Proposal* Poweshiek 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* 38
[District Map](#)
Iowa House District(s) Involved or Affected by this Proposal* 76
[District Map](#)

Business Organization - NOFA #005

Business Legal Name* Brooklyn Mutual Telecommunications Cooperative

Mailing Address

Street * 129 Jackson Street
City* Brooklyn
State* IA
Zip* 52211

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.

* [Application 397048 Brooklyn Mutual NOFA 005 History and Executive Summary.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* [Application 397048 Brooklyn Mutual NOFA 005 History and Executive Summary.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.*

Without this funding, this project is not likely to be completed in 2021 as it is not in the current budget for the cooperative. Without the grant the customers will only be able to receive the much lower Internet service as currently offered.

Project Status

Project Milestone	Estimated Completion date	Costs Incurred
Design Engineering contracted	04/15/2021	\$1,696.41
OSP Eng	02/23/2021	\$1,696.41
Construction Management	11/30/2021	\$3,392.74

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* [Brooklyn Mutual Demonstrated Experience.docx](#)

References

Name	Brooklyn Medical Clinic
Telephone Number	641-522-7221
Reference Letter #1	
Name	Rod Weiss
Telephone Number	641-623-8769
Reference Letter #2	
Name	Jason Roudabush, County Board of Supervisors
Telephone Number	641-990-5268
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 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* [Application 390478 Brooklyn Mutual Tel Coop Broadband_Grants_Core_Application_NOFA005.xlsm](#)

Public Redacted Copy

Overflow Materials Exhibit C

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 [App 397048 Brooklyn Mutual reference letters.pdf](#)

Broadband Grants Program Grant Agreement - Exhibit E

Exceptions to Broadband Grants Program Grant Agreement* [Application 397048 Brooklyn Mutual Exhibit E.pdf](#)

Certification, Authorization, and Release of Information - Exhibit F

Certification Letter (Public)* [Application 397048 Brooklyn Mutual Exhibit F.pdf](#)

Request for Confidentiality or Form 22 - Exhibit G

Form 22 (Public)* [Application 397048 Brooklyn Mutual Exhibit G.pdf](#)

Federal Identification Documentation

DUNS Number* 98031198

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

SAM Registration Upload* [Brooklyn Mutual Tel Coop SAM registration.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	1.25" Main and 0.75" drop	\$1,850.40	\$0.00	\$1,850.40	75.0	\$1,387.80
Fiber/Copper	12 Fiber Main and 2 Fiber drop	\$8,378.24	\$0.00	\$8,378.24	75.0	\$6,283.68
OSP Engineering		\$1,696.41	\$0.00	\$1,696.41	75.0	\$1,272.31
Design Engineering		\$1,696.41	\$0.00	\$1,696.41	75.0	\$1,272.31
Construction Mgmt.		\$3,392.74	\$0.00	\$3,392.74	75.0	\$2,544.55
Tower		\$0.00	\$0.00	\$0.00	0	\$0.00
Antenna		\$0.00	\$0.00	\$0.00	0	\$0.00
Boring	1.25" main and 0.75" drop	\$23,008.00	\$0.00	\$23,008.00	75.0	\$17,256.00

2/26/2021

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Page 5 of 5					Control Number	397048	\$0.00
Trenching	12 fiber main and 2 fiber drop	\$28,007.50	\$0.00	\$28,007.50	75.0		\$21,005.62
Switching Equipment		\$0.00	\$0.00	\$0.00	0		\$0.00
Routing Equipment		\$0.00	\$0.00	\$0.00	0		\$0.00
Optical Equipment		\$0.00	\$0.00	\$0.00	0		\$0.00
Customer Premise Equipment		\$7,499.25	\$0.00	\$7,499.25	75.0		\$5,624.44
Other	Handhole	\$11,410.00	\$0.00	\$11,410.00	75.0		\$8,557.50
Totals		\$86,938.95	\$0.00	\$86,938.95			\$65,204.21

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

Tim

Atkinson

Title

First Name

Last Name

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