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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****397325 - North Iowa River Corridor Broadband Expansion  
Broadband Grant Program - Empower Rural Iowa**

Status: Submitted Submitted Date: 02/24/2021 3:01 PM Submitted By: Curtis Eldred

**Applicant Information****Primary Contact:****AnA User Id**

CURTISELDRED@IOWAID

**First Name\***

Curtis

First Name

Middle Name

Eldred

Last Name

**Title:****Email:\***

celdred@usacomm.coop

**Address:\***

124 Main Street

124 Main Street

124 Main Street, 124 Main Street

**City\***

Shellsburg

City

Iowa

State/Province

52332-9727

Postal Code/Zip

**Phone:\***

319-436-2224

Phone

Ext.

**Program Area of Interest\***

Broadband Grant Program - Empower Rural Iowa

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

USA Communications

**Organization Type:\***

Other

**DUNS:**

10-737-2070

**Organization Website:**

https://usacomm.coop/

**Address:**

124 Main Street

124 Main Street

124 Main Street, 124 Main Street

Shellsburg

City

Iowa

State/Province

52332-9727

Postal Code/Zip

**Phone:**

319-436-2224

Ext.

**Fax:**

319-436-2228

**Benefactor****Vendor Number**

**Cover Sheet-General Information****Authorized Official**

**Name\*** Curtis Eldred  
**Title\*** General Manager  
**Organization\*** USA Communications  
*If you are an individual, please provide your First and Last Name.*  
**Address\*** 124 Main St E SW  
  
**City/State/Zip\*** Shellsburg Iowa 52332  
*City State Zip*  
**Telephone Number\*** 319-436-2224  
**E-Mail\*** [CEldred@usacomm.coop](mailto:CEldred@usacomm.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\*** Curtis Eldred  
**Title** General Manager  
**Organization** USA Communications  
**Address** 124 Main St E SW  
  
**City/State/Zip** Shellsburg Iowa 52332  
*City State Zip*  
**Telephone Number** 319-436-2224  
**E-Mail** [CEldred@usacomm.coop](mailto:CEldred@usacomm.coop)  
**County(ies) Participating, Involved, or Affected by this Proposal\*** Benton County, Iowa County, Linn 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\*** 34, 38  
[District Map](#)  
**Iowa House District(s) Involved or Affected by this Proposal\*** 75, 95  
[District Map](#)

**Business Organization - NOFA #005**

**Business Legal Name\*** USA Communications  
**Mailing Address**  
**Street \*** 124 Main St E SW  
**City\*** Shellsburg  
**State\*** IA  
**Zip\*** 52332  
**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.

\* [NOFA 005 - USA Communications - Business Organization.pdf](#)

**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\* [NOFA 005 - USA Communications - Executive Project Summary.pdf](#)

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.\*

While USA Communication's project is "shovel ready", the current COVID-19 pandemic has caused USA Communications to delay construction due to market conditions. The ability to obtain grant funding for the project will allow USA Communication to start construction on an accelerated timeline. This accelerated timeline will provide broadband connectivity for the public services, public safety, telehealth, telework, and distance learning capabilities that are urgently needed by residents of the proposed serving area due to the ongoing COVID-19 pandemic.

## Project Status

Project Milestone	Estimated Completion date	Costs Incurred
Mainline and Drop Fiber - Materials & Installation	12/01/2021	\$1,842,100.00
OSP Engineering	12/01/2021	\$294,000.00
FTTP Electronics (CO & ONT)	12/01/2021	\$117,800.00

## 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\* [NOFA 005 - USA Communications - Demonstrated Experience.pdf](#)

## References

Name	Janice Kendall
Telephone Number	319-213-7810
Reference Letter #1	<a href="#">Janice Kendall - Reference Letter.pdf</a>
Name	Alan Marshall
Telephone Number	319-931-7979
Reference Letter #2	<a href="#">Alan Marshall - Reference Letter.pdf</a>
Name	Mark Olmstead

Telephone Number

319-642-7714

Reference Letter #3

[Mark Olmstead - Reference Letter.pdf](#)**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\*

[NOFA 005 - USA Communications - Core Application.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

[NOFA 005 - USA Communications - Support Letters.pdf](#)**Broadband Grants Program Grant Agreement - Exhibit E**Exceptions to Broadband Grants  
Program Grant Agreement\*[NOFA 005 - USA Communications - Exhibit E.pdf](#)**Certification, Authorization, and Release of Information - Exhibit F**

Certification Letter (Public)\*

[NOFA 005 - USA Communications - Exhibit F.pdf](#)**Request for Confidentiality or Form 22 - Exhibit G**

Form 22 (Public)\*

[NOFA 005 - USA Communications - Exhibit G.pdf](#)**Federal Identification Documentation**

DUNS Number\*

107372070

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

SAM Registration Upload\*

[NOFA 005 - USA Communications - SAM Request.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	Mainline and Drop Fiber - Materials & Installation (41.13 Mainline Miles)	\$1,694,980.75	\$147,119.25	\$1,842,100.00	75.0	\$1,381,575.00
OSP Engineering		\$270,518.00	\$23,482.00	\$294,000.00	75.0	\$220,500.00
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	\$0.00	\$0.00	\$0.00	0	\$0.00
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	FTTP Electronics (CO Electronics and ONT's)	\$117,800.00	\$0.00	\$117,800.00	75.0 \$88,350.00
Customer Premise Equipment		\$0.00	\$0.00	\$0.00	0 \$0.00
Other		\$0.00	\$0.00	\$0.00	0 \$0.00
<b>Totals</b>		<b>\$2,083,298.75</b>	<b>\$170,601.25</b>	<b>\$2,253,900.00</b>	<b>\$1,690,425.00</b>

### Minority Impact Statement

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

Yes

Describe the positive impact expected from this project.

The proposed North Iowa River Corridor Broadband Expansion will positively impact minority persons by enhancing broadband speeds in the unserved areas of Benton, Iowa and Linn Counties.

Detail the rationale for the existence of the proposed program or policy.

According to the U.S. Census Bureau, Benton County has a 2.6% minority population while Iowa County has 3% and Linn County has 11.9%. These populations of individuals within the grant area will benefit as a result of the fiber broadband infrastructure. The proposed project will eliminate any disadvantage resulting from lack of access to reliable, high-speed broadband.

Indicate the group(s) positively impacted.

Women, Persons with a Disability, African Americans, Latinos, Asians or Pacific Islanders, American Indians, Alaskan Native Americans

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

Curtis

First Name

Eldred

Last Name

[Return to top](#)