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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****397331 - Rural Washington County****Broadband Grant Program - Empower Rural Iowa****Status:** Submitted**Original Submitted Date:** 02/23/2021 1:19 PM **Submitted By:** Casey Peck**Last Submitted Date:** 02/24/2021 3:35 PM **Last Submitted By:** Casey Peck**Applicant Information****Primary Contact:****AnA User ID**

CASEY.PECK@IOWAID

First Name*

Casey

First Name

Middle Name

Peck

Last Name

Title:**Email:***

casey.peck@kctc.net

Address:*

PO Box 1208

City*

Kalona

City

Iowa

State/Province

52247

Postal Code/Zip

Phone:*

319-656-3668

Phone

Ext.

Program Area of Interest*

Broadband Grant Program - Empower Rural Iowa

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

Kalona Cooperative Telephone Co

Organization Type:*

Public

DUNS:**Organization Website:**

kctc.net

Address:

PO Box 1208

510 B Avenue

City Kalona

City

Iowa

State/Province

52247

Postal Code/Zip

Phone: 319-656-3668

Ext.

Fax:**Benefactor**

Cover Sheet-General Information

Authorized Official

Name* Casey Peck
Title* CFO/GM
Organization* Kalona Cooperative Telephone C
If you are an individual, please provide your First and Last Name.
Address* 510 B Avenue
P.O. Box 1208
City/State/Zip* Kalona Iowa 52247
City State Zip
Telephone Number* 319-656-3668
E-Mail* casey.peck@kctc.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* Casey Peck
Title
Organization Kalona Cooperative Telephone Co
Address 510 B Avenue
P.O. Box 1208
City/State/Zip Kalona Iowa 52247
City State Zip
Telephone Number 319-656-3668
E-Mail casey.peck@kctc.net
County(ies) Participating, Involved, or Affected by this Proposal* Washington County
Congressional District(s) Involved or Affected by this Proposal* 2nd - Rep Marianne Miller-Meeks
[Congressional Map](#)
Iowa Senate District(s) Involved or Affected by this Proposal* 39
[District Map](#)
Iowa House District(s) Involved or Affected by this Proposal* 78
[District Map](#)

Business Organization - NOFA #005

Business Legal Name* Kalona Cooperative Telephone Co

Mailing Address

Street * 510 B Avenue, P.O. Box 1208
City* Kalona
State* IA
Zip* 52247

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.

* [History.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* [KCTC Executive Summary NOFA005.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 project will not proceed if the funds are not received from this grant.

Project Status

Project Milestone	Estimated Completion date	Costs Incurred
Construction Costs complete	08/31/2021	\$212,282.25
Project completion date	11/30/2021	\$248,241.66

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* [Community Involvement _ KCTC.pdf](#)

References

Name	Chad & Jenny Gillam
Telephone Number	319-936-4290
Reference Letter #1	Gilliam letter of support.docx
Name	Jan Dallmeyer
Telephone Number	319-863-3016
Reference Letter #2	Dallmeyer Letter.docx
Name	Various potential customers - Tim Trotman
Telephone Number	319-653-6317
Reference Letter #3	grant forms.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* [KCTC Broadband_Grants_Core_Application_NOFA0051.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

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 Letter (Public)* [Exhibit F.pdf](#)

Request for Confidentiality or Form 22 - Exhibit G

Form 22 (Public)* [Exhibit G.pdf](#)

Federal Identification Documentation

DUNS Number* 91381673

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

SAM Registration Upload* [SAMS login.docx](#)

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	96 Fiber & Drops	\$69,049.00	\$0.00	\$69,049.00	75.0	\$51,786.75
OSP Engineering	Staking to CAD	\$40,048.42	\$0.00	\$40,048.42	75.0	\$30,036.31
Design Engineering	Design & Layout	\$2,400.00	\$0.00	\$2,400.00	75.0	\$1,800.00
Construction Mgmt.	Contracts, inspection and as-built	\$1,000.00	\$0.00	\$1,000.00	75.0	\$750.00
Tower		\$0.00	\$0.00	\$0.00	0	\$0.00
Antenna		\$0.00	\$0.00	\$0.00	0	\$0.00
Boring	Rural Boring	\$103,570.00	\$0.00	\$103,570.00	75.0	\$77,677.50
Trenching		\$0.00	\$0.00	\$0.00	0	\$0.00

Knifing	Rural mainline and drops	\$176,073.00	\$0.00	\$176,073.00	75.0	\$132,054.75
Switching Equipment	Electronics	\$25,416.00	\$0.00	\$25,416.00	75.0	\$19,062.00
Routing Equipment		\$0.00	\$0.00	\$0.00	0	\$0.00
Optical Equipment	SFP & CSFP	\$5,030.48	\$0.00	\$5,030.48	75.0	\$3,772.86
Customer Premise Equipment	Network Interface Device	\$20,280.00	\$0.00	\$20,280.00	75.0	\$15,210.00
Other	Ped, Cut-over, handholes	\$171,164.97	\$0.00	\$171,164.97	75.0	\$128,373.73
Totals		\$614,031.87	\$0.00	\$614,031.87		\$460,523.90

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

*

CFO/GM

Casey

Peck

Title

First Name

Last Name

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