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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

[Print to PDF](#) | [Release for Review](#) | [Negotiation](#) | [Annotations\(0\)](#) | [Versions](#) | [Feedback](#) | [Withdraw](#)

390478 - Empower Rural Iowa Emergency Broadband Expansion Program (NOFA # 005) - Final Application

397332 - Rural Fiber Development

Broadband Grant Program - Empower Rural Iowa

Status: Submitted

Original Submitted Date: 02/23/2021 1:17 PM

Submitted By: jim Nelson

Last Submitted Date: 02/24/2021 7:52 AM

Last Submitted By: jim Nelson

Applicant Information

Primary Contact:

AnA User Id

COONVALLEY1@IOWAID

First Name*

jim

First Name

Middle Name

Nelson

Last Name

Title:

Email:*

jnelson@coonvalleytelco.com

Address:*

2245 wagonroad po box 374

City*

panora

City

Iowa

State/Province

50216

Postal Code/Zip

Phone:*

641-524-2111

Phone

Ext.

Program Area of Interest*

State Emergency Grants

Fax:

641-524-2112

Agency

Organization Information

Organization Name:*

coon valley cooperative telephone association inc.

Organization Type:*

Other

DUNS:

00-281-9464

Organization Website:

www.coonvalleytelco.com

Address:

516 sherman st.

516 sherman st.

Menlo

City

Iowa

State/Province

50164

Postal Code/Zip

Phone:

641-524-2111

Ext.

Fax:

641-524-2112

Benefactor

Vendor Number

Cover Sheet-General Information**Authorized Official**

Name* Jim Nelson
Title* General Manager
Organization* Coon Valley Coop Telephone Association INC.
If you are an individual, please provide your First and Last Name.
Address* 516 sherman st. P.O. Box 108

City/State/Zip* Menlo Iowa 50164
City State Zip
Telephone Number* 641-524-2111
E-Mail* jnelson@coonvalleytelco.com

Fiscal Officer/Agent*Please enter the "Fiscal Officer" for your Organization.**If you are an individual, please provide your First and Last Name.*

Name* Jim Nelson
Title General Manager
Organization Coon Valley Coop Telephone Association INC.
Address 516 sherman st. P.O. Box 108

City/State/Zip Menlo Iowa 50164
City State Zip
Telephone Number 641-524-2111
E-Mail jnelson@coonvalleytelco.com
County(ies) Participating, Involved, or Affected by this Proposal* Adair County, Adams County
Congressional District(s) Involved or Affected by this Proposal* 3rd - Rep Cindy Axne
[Congressional Map](#)
Iowa Senate District(s) Involved or Affected by this Proposal* 10, 11
[District Map](#)
Iowa House District(s) Involved or Affected by this Proposal* 20, 21
[District Map](#)

Business Organization - NOFA #005**Business Legal Name*** Coon Valley Coop Telephone Association INC.**Mailing Address**

Street * 516 sherman st. P.O. Box 108
City* Menlo
State* IA
Zip* 50164

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.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* [Executive Project 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.* We would not do the project; Coon Valley doesn't have the funds to proceed with the project. Cost sharing this project makes it very favorable.

Project Status

Project Milestone	Estimated Completion date	Costs Incurred
Engineering In-house	04/21/2021	\$0.00
Ordering	04/23/2021	\$0.00
Construction	10/01/2021	\$56,861.77
Customer Premise Installation	11/10/2021	\$0.00
Completion Date	12/01/2021	\$0.00

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* [Demonstrated Experience.docx](#)

References

Name	Jesse and Tammy Riley
Telephone Number	641-340-2482
Reference Letter #1	Letter of Support from Jesse and Tammy Riley.pdf
Name	Debra Schrader
Telephone Number	641-344-2250
Reference Letter #2	Letter of Support from Debra Schrader.pdf
Name	Clint & Anna Crill

Telephone Number

641-344-0504

Reference Letter #3

[Letter of Support from Clint and Anna Crill.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*

[Broadband_Grants_Core_Application_NOFA005 Rural Fiber Development 2-23-21 003.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 EExceptions to Broadband Grants
Program Grant Agreement*[Exhibit E - NOFA 005.pdf](#)**Certification, Authorization, and Release of Information - Exhibit F**

Certification Letter (Public)*

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

Form 22 (Public)*

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

DUNS Number*

2819464

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

SAM Registration Upload*

[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		\$1,080.00	\$0.00	\$1,080.00	75.0	\$810.00
Fiber/Copper		\$6,787.12	\$0.00	\$6,787.12	75.0	\$5,090.34
OSP Engineering		\$0.00	\$0.00	\$0.00	0	\$0.00
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		\$19,200.00	\$0.00	\$19,200.00	75.0	\$14,400.00
Trenching		\$0.00	\$0.00	\$0.00	0	\$0.00
Knifing		\$16,718.40	\$0.00	\$16,718.40	75.0	\$12,538.80
Switching Equipment	Coon Valley will Supply needed equipment at company expense	\$0.00	\$0.00	\$0.00	0	\$0.00
Routing Equipment	Coon Valley will Supply needed equipment at company expense	\$0.00	\$0.00	\$0.00	0	\$0.00
Optical Equipment	Coon Valley will utilize existing equipment	\$0.00	\$0.00	\$0.00	0	\$0.00
Customer Premise Equipment	Coon Valley will deploy Calix Technology and assume all cost	\$0.00	\$0.00	\$0.00	0	\$0.00
Other	Hand Holes - materials, installation, and signage	\$13,076.25	\$0.00	\$13,076.25	75.0	\$9,807.19
Totals		\$56,861.77	\$0.00	\$56,861.77		\$42,646.33

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

Jim

First Name

Nelson

Last Name

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