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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](#)**409811 - Broadband Grant Program - Empower Rural Iowa - NOFA #006 - Final Application****418101 - Correctionville, Iowa****Broadband Grant Program - Empower Rural Iowa****Status:** Submitted**Original Submitted Date:** 07/27/2021 3:22 PM**Submitted By:** Christopher Miles Lord**Last Submitted Date:** 07/27/2021 5:36 PM**Last Submitted By:** Christopher Miles Lord**Applicant Information****Primary Contact:****AnA User Id**

CHRISTOPHER.LORD@IOWAID

**First Name\***

Christopher

**Miles****Lord**

First Name

Middle Name

Last Name

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

clord@mediacomcc.com

**Address:\***

1613 Nantahala Beach Rd.,

**City\***

Gulf Breeze

**Florida****32563**

City

State/Province

Postal Code/Zip

**Phone:\***

850-934-2551

Phone

Ext.

**Program Area of Interest\***

Broadband Grant Program - Empower Rural Iowa

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

Mediacom LLC

**Organization Type:\***

Private

**DUNS:**

94-776-9360

**Organization Website:**

https://mediacomcable.com/

**Address:**

1 Mediacom Way

**Phone:**

855-633-4226

Chester  
CityNew York  
State/Province10918  
Postal Code/Zip

Ext.

**Fax:****Benefactor**

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

**Name\*** Thomas Larsen  
**Title\*** SVP, Government and Public Relations  
**Organization\*** Mediacom Communications  
*If you are an individual, please provide your First and Last Name.*  
**Address\*** 1 Mediacom Way  
  
**City/State/Zip\*** Mediacom Park New York 10918  
City State Zip  
**Telephone Number\*** 845-443-2754  
**E-Mail\*** [tlarsen@mediacomcc.com](mailto:tlarsen@mediacomcc.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\*** Mark Stephan  
**Title**  
**Organization** Mediacom Communications  
**Address** 1 Mediacom Way  
  
**City/State/Zip** Mediacom Park New York 10918  
City State Zip  
**Telephone Number**  
**E-Mail**  
**County(ies) Participating, Involved, or Affected by this Proposal\*** Woodbury County  
**Congressional District(s) Involved or Affected by this Proposal\*** 4th - Rep Randy Feenstra  
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**Business Organization - NOFA #006**

*Please list the business legal name as it is used by federal and state taxing agencies, banks, and for other legal purposes.*

**Business Legal Name\*** Mediacom LLC

**Doing Business As:**

**Physical Address**

**Street \*** 1 Mediacom Way  
**City\*** Chester  
**State\*** NY  
**Zip\*** 10918

**Mailing Address (used for warrants and/or payments)**

**Street or PO Box \*** 1 Mediacom Way  
**City\*** Chester  
**State\*** NY

## Applicant Business Structure

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

Identification of whether the Applicant is a subsidiary of one or more parent companies.

Are you a subsidiary of one or more parent companies?\* Yes

For Applicants who are a subsidiary, an uploaded document describing the relationship between a parent and subsidiary is required.

Public Redacted Broadband Additional Information [MCC Chart Current - 07.12.2021.pdf](#)

## Executive Project Summary NOFA #006

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

Are state 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 state funds requested are not ultimately awarded.\*

The funds being requested for the project significantly improve Applicant's opportunity to make a return on investment in the community that falls within the TSA and provide Applicant with the incentive to contribute its own funds to the Project. Without the State funds, Applicant would not move forward with this Project as the sparse population and home densities within the TSA create return on investment challenges for the Applicant. Those challenges are significantly mitigated with the grant being offered.

Has construction on the project begun? \* No

## Project Status

Project Milestone	Estimated Completion date	Costs Incurred
Engineering & Design	11/12/2021	\$0.00
Construction	09/01/2023	\$0.00
Project Completion & Customer Installations	10/01/2023	\$0.00

## Demonstrated Experience NOFA #006

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; history of organization; number of years in business; number of years of experience providing the types of services sought by this NOFA #006; 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 #006.

Demonstrated Experience\* [Demonstrated Experience - Mediacom - 7.23.21.pdf](#)

## References

Name

Telephone Number

Name

Telephone Number

Name

**Community Support Letter**

Community Support Letter

[Correctionville - Letter of Support.pdf](#)**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

\*

Director, Gov. Partnership

Title

Christopher

First Name

Lord

Last Name

**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 2.2.6.6. and 7.18 of the NOFA #006.

**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 7.18.1 of the NOFA #006, the Office shall be relieved from any responsibility for maintaining the confidentiality of the application pursuant to 7.18.4 of the NOFA #006.

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 #006, 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\*

[418101 - Mediacom LLC - Core Application.xlsm](#)

Public Redacted Copy

Optional Upload: A letter from a professional engineer certifying that the proposed Project design will be capable of simultaneously Facilitating 100/100 Broadband or 100/20 Broadband, as applicable, to the Total Broadband Units Facilitated as represented in Applicant's proposed Project.

Professional Engineer Project  
Certification Letter

**Broadband Grants Program Grant Agreement - Exhibit E**

Have you read and do you accept the terms and conditions set forth in the grant agreement (Exhibit E)?\*

Yes

**Certification, Authorization, and Release of Information - Exhibit F**

Certification Letter (Public)\*

[418101 - Mediacom LLC - Exhibit F.pdf](#)**Request for Confidentiality or Form 22 - Exhibit G**

Form 22 (Public)\*

[418101 - Mediacom LLC - Exhibit G.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		\$55,933.55	\$0.00	\$55,933.55	35.0	\$19,576.74
Fiber/Copper	Fiber, Taps, Vaults, Pedestals, Power Supplies	\$136,104.96	\$0.00	\$136,104.96	35.0	\$47,636.74
OSP Engineering	Permits	\$10,254.48	\$0.00	\$10,254.48	35.0	\$3,589.07
Design Engineering	Walkout/Design	\$8,390.03	\$0.00	\$8,390.03	35.0	\$2,936.51
Construction Mgmt.	Project Oversight (Fixed per/FT)	\$35,424.58	\$0.00	\$35,424.58	35.0	\$12,398.60
Tower		\$0.00	\$0.00	\$0.00	35.0	\$0.00
Antenna		\$0.00	\$0.00	\$0.00	35.0	\$0.00
Boring	Underground Placement	\$489,418.54	\$0.00	\$489,418.54	35.0	\$171,296.49
Trenching		\$0.00	\$0.00	\$0.00	35.0	\$0.00
Knifing		\$0.00	\$0.00	\$0.00	35.0	\$0.00
Switching Equipment	FTTH Ports	\$9,230.62	\$0.00	\$9,230.62	35.0	\$3,230.72
Routing Equipment		\$0.00	\$0.00	\$0.00	35.0	\$0.00
Optical Equipment	Optics per Home	\$67,643.00	\$0.00	\$67,643.00	35.0	\$23,675.05
Customer Premise Equipment	CPE, Drop Materials and Install Labor	\$113,976.50	\$0.00	\$113,976.50	35.0	\$39,891.78
Other	Cabinet/Power	\$31,637.62	\$0.00	\$31,637.62	35.0	\$11,073.17
<b>Totals</b>		<b>\$958,013.88</b>	<b>\$0.00</b>	<b>\$958,013.88</b>		<b>\$335,304.87</b>

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