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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

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409811 - Broadband Grant Program - Empower Rural Iowa - NOFA #006 - Final Application

418208 - Empower Rural Iowa Broadband Grant Program #006 - Merle Hibbs Project Broadband Grant Program - Empower Rural Iowa

| | | | | | |
|----------------|-----------|---------------------------------|---------------------|---------------------------|---------------|
| Status: | Submitted | Original Submitted Date: | 07/27/2021 1:15 PM | Submitted By: | Jenny Pekarek |
| | | Last Submitted Date: | 07/28/2021 10:15 AM | Last Submitted By: | Jenny Pekarek |

Applicant Information

Primary Contact:

AnA User Id

JENNY.PEKAREK@IOWAID

First Name*

Jenny

First Name

Middle Name

Pekarek

Last Name

Title:

Email:*

jpekarek@heartofiowa.coop

Address:*

502 Main Street
PO Box 130

City*

Union
City

Iowa

State/Province

50258

Postal Code/Zip

Phone:*

641-486-2211
Phone

Ext.

Program Area of Interest*

Broadband Grant Program - Empower Rural Iowa

Fax:

Agency

Organization Information

Organization Name:*

Heart of Iowa Ventures, LLC

Organization Type:*

For-Profit ? Privately Held

DUNS:

Organization Website:

Address:

502 Main St
P.O. Box 130

City

Union
City

Iowa

State/Province

50258

Postal Code/Zip

Phone:

641-486-2211

Ext.

Fax:

641-486-2205

Benefactor

Cover Sheet-General Information

Authorized Official

Name* Bryan Amundson

Title* CEO

Organization* Heart of Iowa Ventures, LLC
If you are an individual, please provide your First and Last Name.

Address* 502 Main Street
PO Box 130

City/State/Zip* Union Iowa 50258
City State Zip

Telephone Number* 641-486-2211

E-Mail* executive@heartofiowa.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* Bryan Amundson

Title

Organization

Address

City/State/Zip City State Zip

Telephone Number

E-Mail

County(ies) Participating, Involved, or Affected by this Proposal* Marshall 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* 36
[District Map](#)

Iowa House District(s) Involved or Affected by this Proposal* 71
[District Map](#)

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* Heart of Iowa Ventures, LLC

Doing Business As: Heart of Iowa Ventures, LLC

Physical Address

Street * 502 Main Street, PO Box 130

City* Union

State* IA

Zip* 50258

Mailing Address (used for warrants and/or payments)

Street or PO Box * PO Box 130

City* Union

State* IA

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 Information418208 - Heart of Iowa Ventures LLC - Business Organization.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.* If funds are not awarded, only a portion of this project would be possible as funds are not available to complete to all locations identified in this application.

Has construction on the project begun?* No

Project Status

| Project Milestone | Estimated Completion date | Costs Incurred |
|---|---------------------------|----------------|
| Construction is hoped to be completed by 12/31/22 | | \$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*418208 - Heart of Iowa Ventures LLC - Demonstrated Experience.pdf

References

- Name
- Telephone Number
- Name
- Telephone Number
- Name
- Telephone Number

Community Support Letter

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

*

CEO

Bryan

Amundson

Title

First Name

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*

[418208 - Heart of Iowa Ventures 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)*

[418208 - Heart of Iowa Ventures LLC - Exhibit F.PDF](#)**Request for Confidentiality or Form 22 - Exhibit G**

Form 22 (Public)*

[418208 - Heart of Iowa Ventures 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 5 of 5 | \$21,374.01 | \$0.00 | \$21,374.01 | Control Number 418208 | \$10,687.00 |
| Fiber/Copper | \$445,796.22 | \$0.00 | \$445,796.22 | 50.0 | \$222,898.11 |
| 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 | \$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 | \$0.00 | \$0.00 | \$0.00 | 0 | \$0.00 |
| Customer Premise Equipment | \$0.00 | \$0.00 | \$0.00 | 0 | \$0.00 |
| Other | \$74,552.24 | \$0.00 | \$74,552.24 | 50.0 | \$37,276.12 |
| Totals | \$541,722.47 | \$0.00 | \$541,722.47 | | \$270,861.23 |

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