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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

418813 - CBRS - Iowa Falls

Broadband Grant Program - Empower Rural Iowa

Status: Submitted

Submitted Date: 07/28/2021 1:29 PM Submitted By: Alessandro Pugliese

Applicant Information

Primary Contact:

AnA User Id

CHRISTOPHER.LORD@IOWAID

First Name*

Christopher
First Name

Miles

Middle Name

Lord

Last Name

Title:

Email:*

clord@mediacomcc.com

Address:*

1613 Nantahala Beach Rd.,

City*

Gulf Breeze
City

Florida

State/Province

32563

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:

Chester
City

New York
State/Province

10918

Postal Code/Zip

855-633-4226

Ext.

Fax:

Benefactor

Vendor Number

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

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* Hardin County
Congressional District(s) Involved or Affected by this Proposal* 4th - Rep Randy Feenstra
[Congressional Map](#)
Iowa Senate District(s) Involved or Affected by this Proposal* 25
[District Map](#)
Iowa House District(s) Involved or Affected by this Proposal* 50
[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* 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
Zip Code* 10918

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 [MCCChartCurrent-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	09/17/2023	\$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
Telephone Number

Community Support Letter

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

*	Director, Gov. Partnership	Christopher	Lord
	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* [418813 - 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)* [418813 - Mediacom LLC - Exhibit F.pdf](#)

Request for Confidentiality or Form 22 - Exhibit G

Form 22 (Public)* [418813 - 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		\$0.00	\$0.00	\$0.00	50.0	\$0.00
Fiber/Copper		\$0.00	\$0.00	\$0.00	50.0	\$0.00
OSP Engineering		\$0.00	\$0.00	\$0.00	50.0	\$0.00
Design Engineering		\$0.00	\$0.00	\$0.00	50.0	\$0.00
Construction Mgmt.		\$0.00	\$0.00	\$0.00	50.0	\$0.00
Tower	Tower Site Prep and Cabinet Placement	\$0.00	\$5,500.00	\$5,500.00	50.0	\$2,750.00
Antenna	Antenna Installation at Existing Tower	\$0.00	\$93,500.00	\$93,500.00	50.0	\$46,750.00
Boring		\$0.00	\$0.00	\$0.00	50.0	\$0.00
Trenching		\$0.00	\$0.00	\$0.00	50.0	\$0.00
Knifing		\$0.00	\$0.00	\$0.00	50.0	\$0.00
Switching Equipment	Backhaul Equipment	\$0.00	\$2,200.00	\$2,200.00	50.0	\$1,100.00
Routing Equipment		\$0.00	\$0.00	\$0.00	50.0	\$0.00
Optical Equipment		\$0.00	\$0.00	\$0.00	50.0	\$0.00
Customer Premise Equipment	CPE, Drop Materials and Install Labor	\$0.00	\$0.00	\$0.00	50.0	\$0.00
Other	Estimated Permit Fees	\$0.00	\$2,500.00	\$2,500.00	50.0	\$1,250.00
Totals		\$0.00	\$103,700.00	\$103,700.00		\$51,850.00

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