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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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427424 - Empower Rural Iowa, Coronavirus State and Local Fiscal Recovery Funds ("CSLFRF")-NOFA #007 - Final Application

433340 - Rural Lone Tree/ Riverside Broadband Grant Program - Empower Rural Iowa

Status: Submitted
Original Submitted Date: 11/19/2021 7:30 AM Submitted By: Scott Anthony Havel
Last Submitted Date: 11/22/2021 1:17 PM Last Submitted By: Scott Anthony Havel

Applicant Information

Primary Contact:

AnA User Id: SHARONTELEPHONE@IOWAID
First Name*: Scott First Name, Anthony Middle Name, Havel Last Name
Title: General Manager
Email*: sharontc@sharontc.net
Address*: 100 East Main St, PO Box 280
City*: Hills City, Iowa State/Province, 52235 Postal Code/Zip
Phone*: 319-679-2211 Phone, Ext.
Program Area of Interest*: Broadband Grant Program - Empower Rural Iowa
Fax: 319-679-2200
Agency:

Organization Information

Organization Name*: Sharon Telephone Company
Organization Type*: Public
DUNS: 00-583-3710
Organization Website: www.sharontc.com
Address: 100 East Main St, PO Box 280
City: Hills City, Iowa State/Province, 52235 Postal Code/Zip
Phone: 319-679-2211 Phone, Ext.
Fax: 319-679-2200

Vendor Number

Cover Sheet-General Information

Authorized Official

Name* Scott Havel
Title* CEO-General Manager
Organization* Sharon Telephone Complanly
If you are an individual, please provide your First and Last Name.
Address* 100 E Main Street

City/State/Zip* Hills Iowa 52235
City State Zip
Telephone Number* 319-679-2211
E-Mail* sharontc@sharontc.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* Ryan Boll
Title Accountant
Organization Sharon Telephone Company
Address 100 E. Main Street
 PO Box 280
City/State/Zip Hills Iowa 52235
City State Zip
Telephone Number 319-679-2211
E-Mail stc@sharontc.net
County(ies) Participating, Involved, or Affected by this Proposal* Johnson County, 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, 43
[District Map](#)
Iowa House District(s) Involved or Affected by this Proposal* 77, 86
[District Map](#)

Business Organization - NOFA #007

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* Sharon Telephone Complanly
Doing Business As: Sharon Telephone Complanly
Are you a local government, non-profit, and/or cooperative?* No

Physical Address

Street * 100 E. Main Street
City* Hills
State* IA

United States ZIP code (five digits) concentrated with the additional +4 digits where the vendor is physically located (e.g., 50312-5307)

Zip* 52235

Mailing Address (used for warrants and/or payments)

Street or PO Box* PO Box 280, 100 E Main Street
 City* Hills
 State* IA
 United States ZIP code (five digits) concentrated with the additional +4 digits where the vendor is physically located (e.g., 50312-5307)
 Zip Code* 52235

Applicant Business Structure and Eligibility

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

Are you the entity that will be performing the proposed work, or an entity with a substantial ownership interest in the entity that will be both performing the proposed work and offering/Facilitating last-mile connection to homes and businesses?* 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?* No

Coronavirus State and Local Fiscal Recovery Fund Requirements

All eligible applicants are also required to have an active registration with the System for Award Management (SAM) (<https://www.sam.gov>). Please upload a PDF of your organization's status.

SAM.gov* [SAM Entity Information Sharon TC.pdf](#)

A DUNS number is a unique nine-character number used to identify your organization. The federal government uses the DUNS number to track how federal money is allocated. Please visit this website for additional information:<https://www.grants.gov/applicants/organization-registration/step-1-obtain-duns-number.html>

DUNS Number* 005833710

Enter your organization's Federal Tax Identification Number.

Taxpayer Identification Number (TIN)* 72-0518820

Eligibility and Demonstrated Experience

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 #007; 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 #007.

Demonstrated Experience* [SharonTelephoneCompanyDemonstratedExperience.pdf](#)

References

- Name Kelly Schlitz, City of Hills, City Administrator
- Telephone Number 319-679-3197
- Name Mark Schneider, Mid Prairie Schools Superintendent
- Telephone Number 319-646-6093
- Name Doug Yoder, Eldon C Stutsman Inc, IT Administrator
- Telephone Number 319-679-2281

Broadband Grants Core Application - Exhibits B, C, D, and D.1

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 Applicants for 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 #007.

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 #007, the Office shall be relieved from any responsibility for maintaining the confidentiality of the application pursuant to 7.18.4 of the NOFA #007.

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 #007, 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_NOFA007_Sharon_11.11.21.xlsm](#)

Public Redacted Copy

Wireless projects must demonstrate infrastructure deployed as a function of the project contains adequate backhaul capabilities to support stated broadband delivery speeds to the entire coverage area listed in Exhibit B. See Exhibit I - Wireless Project Design.

Are you implementing a wireless project?* No

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)* [exhibit_f_-_certification_letter_nofa_007.pdf](#)

Request for Confidentiality or Form 22 - Exhibit G

Form 22 (Public)* [exhibit_g_-_request_for_confidentiality_-_form_22_nofa_007_1.pdf](#)

Product Pricing Form - Exhibit L

Please upload Exhibit L Product Pricing Form. The attachment should be a PDF (remember to sign) and be titled "Application Number - Applicant Name - Exhibit L.

Exhibit L Product Pricing Form* [exhibit_l_-_product_pricing_nofa_007.pdf](#)

Executive Project Summary NOFA #007

No costs may be incurred prior to March 3, 2021.

Estimated Project Construction Start Date* 03/01/2023

The project must be completed no later than September 30, 2026.

Estimated Project Completion Date* 08/31/2023

Has construction on the project begun?* No

By stating federal funds are necessary to proceed, the applicant is confirming that the project would not be built out to these eligible areas and completed by September 30, 2026 without this funding.

Are federal funds necessary for the project to proceed?* Yes

Are you applying for a project that will facilitate 100/20 Broadband?* No

Please include the technology type, facilitated speed and the project area. You may also include information regarding any middle-mile subcontractors that will be facilitating middle mile services.

Briefly describe your project. *

STC is working on ARPA funding with Johnson County (see Demonstrated Experience). STC is committed to the rural areas of Johnson and Washington

By checking this box Applicant certifies, to the best of it's knowledge, that neither Applicant nor any other known Communications Service Provider or other entity has been awarded federal funds for the construction of 25/3 wireline broadband or faster, which funds may include but are not limited to RDOF, ACAM, or other sources of federal funding, for previous or current Broadband infrastructure projects in the Eligible Area(s) forming this basis of Applicant's proposed Project. Notwithstanding the foregoing, this certification does not apply to projects that may have received other sources of American Rescue Plan Funding.*

Yes

Total Project costs are defined as the total costs/expenditures comprising a Project, and for which the Applicant/Grantee may seek reimbursement from the Office. Refer to Section 1.5.2 (Total Project Costs).

Does your total project cost exceed \$10 Million?*

No

Project Budget

Category	Description	Total Estimated Cost \$ (Exhibit D)	Total Estimated Cost \$ (Exhibit D1)	Total Estimated Project Budget (D+D1)	Requested Grant Support % (up to 60%)	Grant Request (Est. Cost * Request %)
Conduit (DC1)		\$0.00	\$0.00	\$0.00	0	\$0.00
Fiber/Copper (DC2)		\$4,734,000.00	\$641,000.00	\$5,375,000.00	60.0	\$3,225,000.00
OSP Engineering (DC3)		\$787,000.00	\$107,000.00	\$894,000.00	60.0	\$536,400.00
Design Engineering (DC4)		\$0.00	\$0.00	\$0.00	0	\$0.00
Construction Mgmt. (DC5)		\$0.00	\$0.00	\$0.00	0	\$0.00
Tower (DC6)		\$0.00	\$0.00	\$0.00	0	\$0.00
Antenna (DC7)		\$0.00	\$0.00	\$0.00	0	\$0.00
Boring (DC8)		\$0.00	\$0.00	\$0.00	0	\$0.00
Trenching (DC9)		\$0.00	\$0.00	\$0.00	0	\$0.00
Knifing (DC10)		\$0.00	\$0.00	\$0.00	0	\$0.00
Switching Equipment (DC11)		\$0.00	\$0.00	\$0.00	0	\$0.00
Routing Equipment (DC12)		\$0.00	\$0.00	\$0.00	0	\$0.00
Optical Equipment (DC13)		\$275,000.00	\$0.00	\$275,000.00	60.0	\$165,000.00
Customer Premise Equipment (DC14)		\$301,000.00	\$0.00	\$301,000.00	60.0	\$180,600.00
Other (DC15)		\$0.00	\$0.00	\$0.00	0	\$0.00
Totals		\$6,097,000.00	\$748,000.00	\$6,845,000.00		\$4,107,000.00

Minority Impact Statement

Does the proposed grant program or policy have a disproportionate or unique positive impact on minority persons? *

Yes

Describe the positive impact expected from this project.

The Rural Lone Tree Project will positively impact all minority populations by providing access to high-speed broadband.

Detail the rationale for the existence of the proposed program or policy.

According to the U.S. Census Bureau, Johnson County has a 17% minority population. These populations of individuals within the grant area will benefit as a result of the fiber broadband infrastructure. The proposed project will eliminate any disadvantage resulting from lack of access to reliable, high-speed broadband.

Indicate the group(s) positively impacted.

Women, Persons with a Disability, African Americans, Latinos, Asians or Pacific Islanders

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-General Manager

Title

Scott

First Name

Havel

Last Name

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