

 **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](#)**427424 - Empower Rural Iowa, Coronavirus State and Local Fiscal Recovery Funds ("CSLFRF")-NOFA #007 - Final Application****433385 - SW Rural Allamakee****Broadband Grant Program - Empower Rural Iowa****Status:** Submitted**Original Submitted Date:** 11/12/2021 10:51 AM**Submitted By:** David Decker**Last Submitted Date:** 11/29/2021 12:54 PM**Last Submitted By:** David Decker**Applicant Information****Primary Contact:****AnA User Id**

ALLAMAKEE-CLAYTONELECTRIC2017@IOWAID

First Name*

David

First Name

Middle Name

Decker

Last Name

Title:**Email:***

ddecker@acrec.coop

Address:*

229 State Highway 51

City*

Postville

City

Iowa

State/Province

52162

Postal Code/Zip

Phone:*

563-864-7611

Phone

Ext.

Program Area of Interest*

Broadband Grant Program - Empower Rural Iowa

Fax:

563-864-7820

Agency**Organization Information****Organization Name:***

Allamakee-Clayton Electric Cooperative, Inc.

Organization Type:*

Non-Profit Organization

DUNS:

00-694-2056

Organization Website:

acrec@acrec.coop

Address:

229 State Highway 51

Phone:

563-864-7611

Iowa

State/Province

52162

Postal Code/Zip

Ext.

Fax:

563-867-7820

Benefactor
Vendor Number

Cover Sheet-General Information

Authorized Official

Name* Hollee McCormick
Title* General Manager
Organization* Allamakee Clayton Rural Electric Cooperative
If you are an individual, please provide your First and Last Name.
Address* 229 Highway 51, PO Box 51

City/State/Zip* Postville Iowa 52162
City State Zip
Telephone Number* 563-864-7611
E-Mail* hmccormick@acrec.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* David Decker
Title Director of Finance and Administrative Services
Organization Allamakee Clayton Rural Electric Cooperative
Address 229 Highway 51, PO Box 51

City/State/Zip Postville Iowa 52162
City State Zip
Telephone Number 563-864-7611
E-Mail ddecker@acrec.coop
County(ies) Participating, Involved, or Affected by this Proposal* Allamakee 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* 28
[District Map](#)
Iowa House District(s) Involved or Affected by this Proposal* 56
[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* Allamakee Clayton Rural Electric Cooperative
Doing Business As: Allamakee Clayton Rural Electric Cooperative
Are you a local government, non-profit, and/or cooperative?* Yes
Identify your organization as a local government, non-profit, or cooperative Allamakee Clayton Rural Electric Cooperative

Physical Address

Street * 229 State Highway 51
City* Postville
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* 52162

Mailing Address (used for warrants and/or payments)

Street or PO Box * PO Box 51

City* Postville

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* 52162

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* [ACEC - SAM Information.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* 006942056

Enter your organization's Federal Tax Identification Number.

Taxpayer Identification Number (TIN)* 42-0110380

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* [433385 - SW Rural Waukon - Demostrated Experience.docx](#)

References

Name Pam Kruger/Empty Nest

Telephone Number 563-568-2758

Name Randy Kruger/Pioneer Dealer

Telephone Number 563-568-7595

Name Carolyn Clark/Dianne R/Forest Mills Quilt Shop

Telephone Number 563-568-3807

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 #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* [BroadbandGrantsCoreApplication_NOFA007-433385-SW-Rural - Allamakee.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)* [433385 - SW Rural Allamakee Exhibit F.pdf](#)

Request for Confidentiality or Form 22 - Exhibit G

Form 22 (Public)* [433385 -SW Rural Allamakee - exhibit G.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* [433385 - SW Rural Allamakee - Exhibit L.pdf](#)

Executive Project Summary NOFA #007

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

Estimated Project Construction Start Date* 03/03/2022

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

Estimated Project Completion Date* 09/30/2026

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. *

Technology will be fiber to the home. Facilitated speed is 100 Meg up/down and 100 Meg up and greater. Project area is SW rural Allamakee County, including some or all of the townships Union Prairie, Makee, Ludlow, Jefferson, Post, Franklin.

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)	installation of fiber optic cable	\$3,545,451.00	\$0.00	\$3,545,451.00	60.0	\$2,127,270.60
OSP Engineering (DC3)	plant design, project management, mapping	\$698,960.00	\$0.00	\$698,960.00	60.0	\$419,376.00
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)	directional drilling of conduit	\$1,714,826.00	\$0.00	\$1,714,826.00	60.0	\$1,028,895.60
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)	fiber management router/equipment	\$40,000.00	\$0.00	\$40,000.00	60.0	\$24,000.00
Optical Equipment (DC13)	calix equipment, CO office	\$100,000.00	\$0.00	\$100,000.00	60.0	\$60,000.00
Customer Premise Equipment (DC14)	customer service fiber drop	\$699,475.00	\$0.00	\$699,475.00	60.0	\$419,685.00
Other (DC15)	contingency reserve, administrative costs	\$200,000.00	\$0.00	\$200,000.00	60.0	\$120,000.00
Totals		\$6,998,712.00	\$0.00	\$6,998,712.00		\$4,199,227.20

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

Hollee

First Name

McCormick

Last Name

