



IowaGrants.gov

[Menu](#) | [Help](#) | [Log Out](#)[Back](#) | [Print](#) | [Add](#) | [Delete](#) | [Edit](#) | [Save](#) **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****433833 - Highway 92 Ainsworth
Broadband Grant Program - Empower Rural Iowa****Status:** Submitted **Submitted Date:** 11/19/2021 8:47 AM **Submitted By:** Casey Peck**Applicant Information****Primary Contact:****AnA User Id**

CASEY.PECK@IOWAID

First Name*Casey
First NameMiddle NamePeck
Last Name**Title:****Email:***

casey.peck@kctc.net

Address:*

PO Box 1208

City*Kalona
CityIowa
State/Province52247
Postal Code/Zip**Phone:***319-656-3668
PhoneExt.**Program Area of Interest***

Broadband Grant Program - Empower Rural Iowa

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

Kalona Cooperative Telephone Co

Organization Type:*

Public

DUNS:**Organization Website:**

kctc.net

Address:PO Box 1208
510 B Avenue**Phone:** Kalona
CityIowa
State/Province52247
Postal Code/Zip

319-656-3668

Ext.**Fax:****Benefactor****Vendor Number**

Cover Sheet-General Information

Authorized Official

Name* Casey Peck
Title* CFO and G.M.
Organization* Kalona Cooperative Telephone Company
If you are an individual, please provide your First and Last Name.
Address* 510 B Ave

City/State/Zip* Kalona Iowa 52247
City State Zip
Telephone Number* 319-656-3668
E-Mail* casey.peck@kctc.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* Casey Peck
Title CFO and G.M.
Organization Kalona Cooperative Telephone Company
Address 510 B Ave

City/State/Zip Kalona Iowa 52247
City State Zip
Telephone Number 319-656-3668
E-Mail casey.peck@kctc.net
County(ies) Participating, Involved, or Affected by this Proposal* Washington County
Congressional District(s) Involved or Affected by this Proposal* 2nd - Rep Marianette Miller-Meeks
[Congressional Map](#)
Iowa Senate District(s) Involved or Affected by this Proposal* 39
[District Map](#)
Iowa House District(s) Involved or Affected by this Proposal* 78
[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* Kalona Cooperative Telephone Company
Doing Business As: KCTC
Are you a local government, non-profit, and/or cooperative?* Yes
Identify your organization as a local government, non-profit, or cooperative cooperative

Physical Address

Street * 510 B Ave
City* Kalona
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* 52247

Mailing Address (used for warrants and/or payments)

Street or PO Box * PO Box 1208
 City* Kalona
 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* 52247

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* [433833-Kalona Coop Tel Co-SAM.gov.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* 091381673

Enter your organization's Federal Tax Identification Number.

Taxpayer Identification Number (TIN)* 42-0650488

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* [433833-Kalona Coop Telephone-Demonstrated Experience.pdf](#)

References

Name	Ainsworth Four Corner Restaurant and Fuel Stop
Telephone Number	319-657-3200
Name	Washington County Conservation - Zach Rozmus
Telephone Number	319-657-2400
Name	JW Vittetoe Pork - Heidi Vittetoe
Telephone Number	319-653-4933

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* [433833-Kalona Cooperative Tel Co-Core Application.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)* [433833-Kalona Coop Tele Co-Exhibit F.pdf](#)

Request for Confidentiality or Form 22 - Exhibit G

Form 22 (Public)* [433833-Kalona Coop Tele Co-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* [433833-Kalona Coop Tele Co-Exhibit L.pdf](#)

Executive Project Summary NOFA #007

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

Estimated Project Construction Start Date* 09/01/2022

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. *

This project will be fiber-to-the-home for rural blocks. The facilitated speeds will include 100/100 and up to 1 Gig service, where requested.

5 of 6

By checking this box Applicant certifies, to the best of its 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)		\$440,000.01	\$0.00	\$440,000.01	60.0	\$264,000.01
OSP Engineering (DC3)		\$0.00	\$0.00	\$0.00	0	\$0.00
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)		\$52,000.00	\$0.00	\$52,000.00	60.0	\$31,200.00
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)		\$18,000.00	\$0.00	\$18,000.00	60.0	\$10,800.00
Customer Premise Equipment (DC14)		\$19,000.00	\$0.00	\$19,000.00	60.0	\$11,400.00
Other (DC15)		\$0.00	\$0.00	\$0.00	0	\$0.00
Totals		\$529,000.01	\$0.00	\$529,000.01		\$317,400.01

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.

This proposed fiber project for rural Washington County may have a unique impact on minority persons as the county has approximately 7% population in this category. The high-speed broadband will bring equal access to all non-minority and minority groups for work from home and independent learning, where needed.

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

While we have no specific policy, the impact should bring equalization to the county for all rural customers whether minority or non-minority.

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

Yes

knowledge			
6 of 6			
*	CFO and G.M.	Casey	Peck
	Title	First Name	Last Name
Return to top			