


[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

434214 - Midway Expansion Project Broadband Grant Program - Empower Rural Iowa

Status: Submitted

Original Submitted Date: 11/19/2021 12:19 PM Submitted By: Curtis Eldred

Last Submitted Date: 11/23/2021 1:56 PM Last Submitted By: Curtis Eldred

Applicant Information

Primary Contact:

AnA User Id

CURTISELDRED@IOWAID

First Name*

Curtis

First Name

Middle Name

Eldred

Last Name

Title:

Email:*

celdred@usacomm.coop

Address:*

124 Main Street

124 Main Street

124 Main Street, 124 Main Street

City*

Shellsburg

City

Iowa

State/Province

52332-9727

Postal Code/Zip

Phone:*

319-436-2224

Phone

Ext.

Program Area of Interest*

Broadband Grant Program - Empower Rural Iowa

Fax:

Agency

Organization Information

Organization Name:*

Shellsburg Cablevision, Inc.

Organization Type:*

Private

DUNS:

Organization Website:

Address:

124 Main St

Phone:

319-436-2224

Ext.

Fax:

319-436-2228

Benefactor

Shellsburg

City

Iowa

State/Province

52332-9727

Postal Code/Zip

Vendor Number

Cover Sheet-General Information**Authorized Official**

Name* Curtis Eldred
Title* General Manager
Organization* USA Communications
If you are an individual, please provide your First and Last Name.
Address* 124 Main St E SW

City/State/Zip* Shellsburg Iowa 52332
City State Zip
Telephone Number* 319-436-2224
E-Mail* CEldred@usacomm.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* Curtis Eldred
Title General Manager
Organization USA Communications
Address 124 Main St E SW

City/State/Zip Shellsburg Iowa 52332
City State Zip
Telephone Number 319-436-2224
E-Mail CEldred@usacomm.coop
County(ies) Participating, Involved, or Affected by this Proposal* Linn 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* 48
[District Map](#)
Iowa House District(s) Involved or Affected by this Proposal* 95
[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* Shellsburg Cablevision, Inc.
Doing Business As: USA Communications
Are you a local government, non-profit, and/or cooperative?* No

Physical Address

Street * 124 Main St E SW
City* Shellsburg
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* 52332

Mailing Address (used for warrants and/or payments)

Street or PO Box * 124 Main St E SW
 City* Shellsburg
 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* 52332

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?* Yes

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 gov.JPG

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* 060395246

Enter your organization's Federal Tax Identification Number.

Taxpayer Identification Number (TIN)* 42-1273355

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* NOFA 007 - USA Communications - Demonstrated Experience - Midway.pdf

References

Name Mayor Paula Freeman-Brown
 Telephone Number 319-849-1508
 Name Superintendent Dr. Dani Trimble
 Telephone Number 319-842-2266
 Name
 Telephone Number

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* [NOFA 007 - USA Communications - Core Application - Midway.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)* [NOFA 007 - USA Communications - Exhibit F.pdf](#)

Request for Confidentiality or Form 22 - Exhibit G

Form 22 (Public)* [NOFA 007 - USA Communications - 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* [NOFA 007 - USA Communications - Exhibit L.pdf](#)

Executive Project Summary NOFA #007

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

Estimated Project Construction Start Date* 01/01/2022

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. *

USA Communications determined the total eligible infrastructure costs to be \$488,500 for the Midway Expansion Project. The proposed project will cover Linn

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)	Mainline and Drop Fiber - Materials and Installation	\$263,000.00	\$109,000.00	\$372,000.00	50.0	\$186,000.00
OSP Engineering (DC3)	Engineering	\$45,500.00	\$19,000.00	\$64,500.00	50.0	\$32,250.00
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)	FTTP Electronics	\$22,000.00	\$0.00	\$22,000.00	50.0	\$11,000.00
Customer Premise Equipment (DC14)	ONTs and Installation	\$30,000.00	\$0.00	\$30,000.00	50.0	\$15,000.00
Other (DC15)		\$0.00	\$0.00	\$0.00	0	\$0.00
Totals		\$360,500.00	\$128,000.00	\$488,500.00		\$244,250.00

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 proposed Midway Expansion Project will positively impact minority persons by enhancing broadband speeds in unserved areas of Linn County.

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

According to the U.S. Census Bureau, Linn County has a minority population of 11.9%. 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, American Indians, Alaskan Native Americans

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

Curtis

First Name

Eldred

Last Name

[Return to top](#)