



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****436207 - NOFA007 MEH Neola/Tri****Broadband Grant Program - Empower Rural Iowa****Status:** Submitted**Submitted Date:** 11/22/2021 9:03 AM**Submitted By:** Rachel Hamilton**Applicant Information****Primary Contact:****AnA User Id**

MARNEELK@IOWAID

**First Name\***Rachel  
First NameMiddle NameHamilton  
Last Name**Title:****Email:\***

rachel@metcteam.com

**Address:\***

4242 Main St

**City\***Elk Horn  
CityIowa  
State/Province51531  
Postal Code/Zip**Phone:\***712-764-6161  
PhoneExt.**Program Area of Interest\***

Broadband Grant Program - Empower Rural Iowa

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

Marne &amp; Elk Horn Telephone Company

**Organization Type:\***

For-Profit – Privately Held

**DUNS:****Organization Website:**

www.metc.net

**Address:**

4242 Main St

**City**  
Elk Horn  
CityIowa  
State/Province51531  
Postal Code/Zip**Phone:** 712-764-6161Ext.**Fax:****Benefactor****Vendor Number**

## Cover Sheet-General Information

### Authorized Official

**Name\*** RACHEL HAMILTON  
**Title\*** CEO  
**Organization\*** MARNE & ELK HORN TELEPHONE COMPANY  
*If you are an individual, please provide your First and Last Name.*  
**Address\*** 4242 MAIN ST  
  
**City/State/Zip\*** ELK HORN Iowa 51531  
City State Zip  
**Telephone Number\*** 712-764-6161  
**E-Mail\*** [RACHEL@METCTEAM.COM](mailto:RACHEL@METCTEAM.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\*** DIANE SCHABEN  
**Title** ACCOUNTANT  
**Organization** MARNE & ELK HORN TELEPHONE COMPANY  
**Address** 4242 MAIN ST  
  
**City/State/Zip** ELK HORN Iowa 51531  
City State Zip  
**Telephone Number** 712-764-6161  
**E-Mail** [DIANE@METCTEAM.COM](mailto:DIANE@METCTEAM.COM)  
**County(ies) Participating, Involved, or Affected by this Proposal\*** Pottawattamie County  
**Congressional District(s) Involved or Affected by this Proposal\*** 3rd - Rep Cindy Axne  
[Congressional Map](#)  
**Iowa Senate District(s) Involved or Affected by this Proposal\*** 8, 11  
[District Map](#)  
**Iowa House District(s) Involved or Affected by this Proposal\*** 22  
[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\*** MARNE & ELK HORN TELEPHONE COMPANY

**Doing Business As:**

**Are you a local government, non-profit, and/or cooperative?\*** No

### Physical Address

**Street \*** 4242 MAIN STREET  
**City\*** ELK HORN  
**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\*** 51531

### Mailing Address (used for warrants and/or payments)

**Street or PO Box \*** 120  
**City\*** ELK HORN

State\* 3 of 5

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\* 51531

### 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\* 436207-Marne Elk Horn Telephone-sam.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\* 007787914

Enter your organization's Federal Tax Identification Number.

Taxpayer Identification Number (TIN)\* 42-0396090

### 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\* 436207-Marne Elk Horn Telephone Company -Demonstrated Experience.pdf

### References

Name	AHSTW SCHOOL DISTRICT - RYAN SMITH
Telephone Number	712-343-2624
Name	CLAY & JUDY JOHANNSEN NOFA 4 CONNECTED CUSTOMER
Telephone Number	402-981-0786 402-680-7086
Name	MUSEUM OF DANISH AMERICA - TERRI JOHNSON
Telephone Number	712-764-7001

### 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 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\* [436207-MEH Neola-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)\* [436207-MarneElk Horn Telephone Company-Exhibit F.pdf](#)

### Request for Confidentiality or Form 22 - Exhibit G

Form 22 (Public)\* [436207-MarneElk Horn Telephone -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\* [436207-MarneElk Horn Telephone-Exhibit L.pdf](#)

### Executive Project Summary NOFA #007

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

Estimated Project Construction Start Date\* 04/01/2024

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. \* We will build buried fiber to the premise utilizing Gigabit over fiber with point to point active E. This project will provide up to 1G speed with the ability to serve 3 schools. This location has been considered high cost to build until now.

By checking this box Applicant Yes

5 of 5  
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.\*

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)		\$88,704.00	\$26,240.00	\$114,944.00	50.0	\$57,472.00
OSP Engineering (DC3)		\$10,032.00	\$2,132.00	\$12,164.00	50.0	\$6,082.00
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)		\$329,472.00	\$64,616.00	\$394,088.00	50.0	\$197,044.00
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)		\$17,000.00	\$0.00	\$17,000.00	50.0	\$8,500.00
Customer Premise Equipment (DC14)		\$20,328.00	\$0.00	\$20,328.00	50.0	\$10,164.00
Other (DC15)		\$105,501.00	\$0.00	\$105,501.00	50.0	\$52,750.50
Totals		\$571,037.00	\$92,988.00	\$664,025.00		\$332,012.50

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

\*  
CEO Rachel Hamilton  
Title First Name Last Name

[Return to top](#)