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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

### 436224 - Windstream - Appanoose County Broadband Grant Program - Empower Rural Iowa

Status: Submitted

Original Submitted Date: 11/19/2021 3:42 PM Submitted By: Jason L Tompkins  
Last Submitted Date: 11/23/2021 8:17 AM Last Submitted By: Jason L Tompkins

### Applicant Information

#### Primary Contact:

AnA User Id

PAUL.JARVIS@IOWAID

First Name\*

Jason  
First NameL  
Middle NameTompkins  
Last Name

Title:

Email:\*

[jason.tompkins@windstream.com](mailto:jason.tompkins@windstream.com)

Address:\*

4001 North Rodney Parham Road  
Mailstop KINETIC #1207  
Little Rock, AR, 72212-2442

City\*

Little Rock  
CityArkansas  
State/Province72112  
Postal Code/Zip

Phone:\*

501-517-2341  
Phone

Ext.

Program Area of Interest\*

Broadband Grant Program - Empower Rural Iowa

Fax:

Agency

#### Organization Information

Organization Name:\*

Windstream Services, LLC

Organization Type:\*

For-Profit – Publicly Traded

DUNS:

Organization Website:

[www.windstream.com](http://www.windstream.com)

Address:

4001 North Rodney Parham Road  
Mailstop 1170-B3F04-41

Little Rock  
City

Arkansas  
State/Province

72212  
Postal Code/Zip

Phone: 501-748-3511

Ext.

Fax:

Vendor Number

**Cover Sheet-General Information****Authorized Official**

**Name\*** Jason Tompkins  
**Title\*** Principal - Kinetic - Government Programs  
**Organization\*** Windstream Services, LLC  
*If you are an individual, please provide your First and Last Name.*  
**Address\*** 4001 North Rodney Parham Road  
 Mailstop KINETIC #1207  
**City/State/Zip\*** Little Rock Arkansas 72112  
City State Zip  
**Telephone Number\*** 501-517-2341  
**E-Mail\*** [jason.tompkins@windstream.com](mailto:jason.tompkins@windstream.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\*** Tim Loken  
**Title** Director-Regulatory Reporting  
**Organization** Windstream Services, LLC  
**Address** 4001 N. Rodney Parham Rd.  
**City/State/Zip** Little Rock Arkansas 72212  
City State Zip  
**Telephone Number** 501-748-7442  
**E-Mail** [Tim.P.Loken@Windstream.com](mailto:Tim.P.Loken@Windstream.com)  
**County(ies) Participating, Involved, or Affected by this Proposal\*** Appanoose 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\*** 40  
[Iowa Senate Map](#)  
**Iowa House District(s) Involved or Affected by this Proposal\*** 80  
[Iowa House 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\*** Windstream Services, LLC  
**Doing Business As:** Windstream Services, LLC  
**Are you a local government, non-profit, and/or cooperative?\*** No

**Physical Address**

**Street \*** 4001 North Rodney Parham Road  
**City\*** Little Rock  
**State\*** AR

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

**Zip\*** 72112

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

Page 3 of 6  
Street or PO Box\*

4001 North Rodney Parham Road

City\*

Little Rock

State\*

AR

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

Zip Code\*

72112

### 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\*

[Windstream - Iowa SAMS - NOFA 007.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\*

614599566

Enter your organization's Federal Tax Identification Number.

Taxpayer Identification Number (TIN)\*

85-2049794

### 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\*

[Windstream - Demonstrated Experience - Appanoose - 436224.pdf](#)

### References

Name

Animal Health Centers

Telephone Number

641-856-3227

Name

Telephone Number

Name

Telephone Number

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

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Applicants must ensure 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\*

[Windstream - Broadband\\_Grants\\_Core\\_Application\\_NOFA007 - Appanoose County - 436224.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)\*

[Windstream-ExhibitF-CertificationLetterNOFA007.pdf](#)

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

Form 22 (Public)\*

[Windstream - Exhibit\\_G\\_Form-22\\_NOFA 007.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\*

[Windstream - Exhibit\\_L\\_NOFA 007.pdf](#)

### Executive Project Summary NOFA #007

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

Estimated Project Construction Start Date\*

02/01/2022

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

Estimated Project Completion Date\*

01/31/2024

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 deliver up to 1 gigabyte symmetrical speeds, over Fiber-to-the-Premise infrastructure, to 592 eligible locations in Appanoose County, IA.

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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)	Fiber materials and construction	\$2,548,622.47	\$541,945.92	\$3,090,568.39	60.0	\$1,854,341.03
OSP Engineering (DC3)	Engineering cost per foot	\$124,329.56	\$26,437.77	\$150,767.33	60.0	\$90,460.40
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)	FDHx 1, FDT x6, OLT x 12, CO Cabinet Equipment x 1; FDHx 4, FDT x 276, OLT x 0, CO Cabinet Equipment x 0	\$99,000.00	\$48,000.00	\$147,000.00	60.0	\$88,200.00
Customer Premise Equipment (DC14)	Drops, ONTs	\$335,877.10	\$0.00	\$335,877.10	60.0	\$201,526.26
Other (DC15)		\$0.00	\$0.00	\$0.00	0	\$0.00
<b>Totals</b>		<b>\$3,107,829.13</b>	<b>\$616,383.69</b>	<b>\$3,724,212.82</b>		<b>\$2,234,527.69</b>

### 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

\* Principal  
Title

Jason  
First Name

Tompkins  
Last Name

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