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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

436464 - Mediacom Iowa NOFA007

Broadband Grant Program - Empower Rural Iowa

Status: Submitted

Submitted Date: 11/21/2021
10:29 AM

Submitted By: Christopher Miles
Lord

Applicant Information

Primary Contact:

AnA User Id

CHRISTOPHER.LORD@IOWAID

First Name*

Christopher
First Name

Miles

Middle Name

Lord

Last Name

Title:

Email:*

clord@mediacomcc.com

Address:*

1613 Nantahala Beach Rd.,

City*

Gulf Breeze
City

Florida

State/Province

32563

Postal Code/Zip

Phone:*

850-934-2551
Phone

Ext.

Program Area of Interest*

Broadband Grant Program - Empower Rural Iowa

Fax:

Agency

Organization Information

Organization Name:*

Mediacom LLC

Organization Type:*

Private

DUNS:

94-776-9360

Organization Website:

<https://mediacomcable.com/>

Address:

1 Mediacom Way

City

Chester
City

New York
State/Province

10918

Postal Code/Zip

Phone:

855-633-4226

Ext.

Fax:

Benefactor

Vendor Number

Cover Sheet-General Information**Authorized Official**

Name* Thomas Larsen

Title* SVP, Government and Public Relations

Organization* Mediacom Communications
If you are an individual, please provide your First and Last Name.

Address* 1 Mediacom Way

City/State/Zip* Mediacom Park New York 10918
City State Zip

Telephone Number* 845-443-2754

E-Mail* tlarsen@mediacomcc.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* Mark Stephan

Title Chief Financial Officer

Organization Mediacom Communications

Address 1 Mediacom Way

City/State/Zip Mediacom Park New York 10918
City State Zip

Telephone Number

E-Mail mstephan@mediacomcc.com

County(ies) Participating, Involved, or Affected by this Proposal* Buena Vista County, Franklin County, Guthrie County, Hamilton County, Humboldt County, Iowa County, Jasper County, Keokuk County, Mahaska County, Marshall County, Muscatine County, Poweshiek County, Tama County, Van Buren County

Congressional District(s) Involved or Affected by this Proposal* 1st - Rep. Ashley Hinson, 2nd - Rep. Marianne Miller-Meeks, 3rd - Rep. Cindy Axne, 4th - Rep. Randy Feenstra
[Congressional Map](#)

Iowa Senate District(s) Involved or Affected by this Proposal* 5, 6, 10, 14, 24, 27, 36, 38, 39, 40, 41, 46
[District Map](#)

Iowa House District(s) Involved or Affected by this Proposal* 10, 11, 20, 28, 48, 54, 72, 76, 78, 80, 82, 91
[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* Mediacom LLC

Doing Business As: Mediacom Communications

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

Physical Address

Street * 1 Mediacom Way

City* Chester

State* NY

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

Zip* 10918

Mailing Address (used for warrants and/or payments)

Street or PO Box * 1 Mediacom Way
City* Chester
State* NY
United States ZIP code (five digits) concentrated with the additional +4 digits where the vendor is physically located (e.g., 50312-5307)
Zip Code* 10918

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* [Mediacom LLC SAM.Gov Data.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* 947769360

Enter your organization's Federal Tax Identification Number.

Taxpayer Identification Number (TIN)* 06-1433421

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* [DemonstratedExperience-Mediacom-11.17.21.pdf](#)

References

Name Aaron Kennedy - Flynn Wright
Telephone Number 515-243-2845
Name City Clerk Deanne Kobliska - Evansdale, IA
Telephone Number 319-232-6683
Name Mark Takes - Senior Housing Companies
Telephone Number 319-363-6094

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* [436464 - Mediacom LLC - 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)* [436464 - Mediacom LLC - Exhibit F.pdf](#)

Request for Confidentiality or Form 22 - Exhibit G

Form 22 (Public)* [436464 - Mediacom LLC - 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* [436464 - Mediacom LLC - Exhibit L.pdf](#)

Executive Project Summary NOFA #007

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

Estimated Project Construction Start Date* 01/24/2022

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

Estimated Project Completion Date* 01/24/2024

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 is a Fiber to the Home broadband build that will bring speeds up to 2 Gbps download / 1 Gbps upload service to seventeen areas across the state of

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?*

Yes

For the relevant project all laborers and mechanics employed by contractors and subcontractors in the performance of such project are paid wages at rates not less than those prevailing, as determined by the U.S. Secretary of Labor in accordance with subchapter IV of the Chapter 31 of title 40, United States Code (commonly known as the Davis Bacon Act), for the corresponding classes of laborers and mechanics employed on projects of a character similar to the contract work in the civil subdivision of the State in which the work is to be performed, or by the appropriate State entity pursuant to the corollary State prevailing-wage-in construction law (commonly known as "baby Davis Bacon Acts")

I certify the project will conform the requirements listed above

Yes

I certify that this project includes a project labor agreement, meaning a pre-hire collective bargaining agreement consistent with section 8(f) of the National Labor Relations Act (29 U.S.C. 158(F)).

No

If the grantee does not have a project labor agreement, then they must provide a workforce continuity plan detailing: How the grantee will ensure the project has ready access to sufficient supply of appropriate skilled and unskilled labor to ensure high quality construction throughout the life of the project; how the grantee will minimize disruptions that would jeopardize timeliness and cost-effectiveness of the project; and how the grantee will provide a safe and healthy workplace and avoid delays associated with workplace illnesses, injuries, and fatalities; Whether workers on the project will receive wages and benefits that will secure an appropriately skilled workforce in the context of the local or regional labor market; and whether the project has completed a project labor agreement.

I elect to provide a project workforce continuity plan at the time of award.

Yes

A Community Benefits Agreement (CBA) is a project specific agreement between a developer and a broad community based coalition that details the project's contributions to the community and ensures community support for the project. The agreement gives the local government the power to enforce the community benefits terms.

Does your project have a Community Benefit Agreement?

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)		\$356,216.40	\$459,043.20	\$815,259.60	48.0	\$391,324.61
Fiber/Copper (DC2)	Fiber, Taps, Vaults, Pedestals, Power Supplies	\$866,793.24	\$1,117,005.12	\$1,983,798.36	48.0	\$952,223.21
OSP Engineering (DC3)	Permits	\$65,306.34	\$84,157.92	\$149,464.26	48.0	\$71,742.84
Design Engineering (DC4)	Walkout/Design	\$59,921.14	\$62,366.83	\$122,287.97	48.0	\$58,698.23
Construction Mgmt. (DC5)	Project oversight (fixed per mile)	\$253,000.35	\$263,326.62	\$516,326.97	48.0	\$247,836.95
Tower (DC6)		\$0.00	\$0.00	\$0.00	0	\$0.00
Antenna (DC7)		\$0.00	\$0.00	\$0.00	0	\$0.00
Boring (DC8)	Underground Placement	\$3,116,893.50	\$4,016,628.00	\$7,133,521.50	48.0	\$3,424,090.32
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)	FTTH Ports	\$185,079.00	\$0.00	\$185,079.00	48.0	\$88,837.92
Routing Equipment (DC12)		\$0.00	\$0.00	\$0.00	0	\$0.00
Optical Equipment (DC13)	Optics per Home	\$346,000.00	\$0.00	\$346,000.00	48.0	\$166,080.00
Customer Premise Equipment (DC14)	CPE, Drop Materials and Install Labor	\$583,000.00	\$0.00	\$583,000.00	48.0	\$279,840.00
Other (DC15)	Cabinet/Power	\$537,839.54	\$0.00	\$537,839.54	48.0	\$258,162.98
Totals		\$6,370,049.51	\$6,002,527.69	\$12,372,577.20		\$5,938,837.06

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

*

Director, Gov. Partnership

Title

Christopher

First Name

Lord

Last Name

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