



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

436733 - Rural Mason City FTTH

Broadband Grant Program - Empower Rural Iowa

Status: Submitted

Original Submitted Date: 11/22/2021 1:45 PM Submitted By: Thomas A Lovell

Last Submitted Date: 12/03/2021 1:51 PM Last Submitted By: Thomas A Lovell

Applicant Information

Primary Contact:

AnA User Id

CLTEL.ACCOUNTING@IOWAID

First Name*

Thomas
First Name

A
Middle Name

Lovell
Last Name

Title:

Email:*

tomlovell@ctel.com

Address:*

107 N 4th Street
PO Box 66

City*

Clear Lake
City

Iowa
State/Province

50428
Postal Code/Zip

Phone:*

641-357-2111
Phone

Ext.

Program Area of Interest*

Broadband Grant Program - Empower Rural Iowa

Fax:

641-357-8800

Agency

Organization Information

Organization Name:*

Clear Lake Independent Telephone Company

Organization Type:*

For-Profit – Privately Held

DUNS:

00-479-5647

Organization Website:

www.ctel.com

Address:

107 N 4th Street
PO Box 66

Phone:

641-357-2111

Iowa
State/Province

50428
Postal Code/Zip

Ext.

Fax:

641-357-8800

Benefactor

Vendor Number

Cover Sheet-General Information

Authorized Official

Name*

Thomas Lovell

Title* CEO/VP

Organization* Clear Lake Independent Telephone Company
If you are an individual, please provide your First and Last Name.

Address* 107 N. 4th Street

City/State/Zip* Clear Lake Iowa 50428
City State Zip

Telephone Number* 641-357-2111

E-Mail* TomLovell@cltel.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* Thomas Lovell

Title

Organization

Address

City/State/Zip Iowa
City State Zip

Telephone Number

E-Mail

County(ies) Participating, Involved, or Affected by this Proposal* Cerro Gordo County, Hancock County

Congressional District(s) Involved or Affected by this Proposal* 4th - Rep Randy Feenstra
[Congressional Map](#)

Iowa Senate District(s) Involved or Affected by this Proposal* 4, 26, 27
[Iowa Senate Map](#)

Iowa House District(s) Involved or Affected by this Proposal* 8, 52, 53, 54
[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* Clear Lake Independent Telephone Company

Doing Business As: CLTel

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

Physical Address

Street * 107 N. 4th Street

City* Clear Lake

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* 50428

Mailing Address (used for warrants and/or payments)

Street or PO Box * 107 N. 4th Street

City* Clear Lake

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* 50428

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 Yes

ownership interest in the entity that will be both performing the proposed work and offering/facilitating last-mile connection to homes and businesses?*

Control Number 436733

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* [436733 - CLTel SAM registration.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* 004795647

Enter your organization's Federal Tax Identification Number.

Taxpayer Identification Number (TIN)* 42-0185540

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* [436733 - NOFA007 CLTel Broadband operations experience 111821.pdf](#)

References

Name	Matt Ritter
Telephone Number	641-357-7121
Name	Scott Hermanson
Telephone Number	641-425-9995
Name	Jason Christianson
Telephone Number	641-357-2181

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* [436733-CLTelwestVenturasouthClearLakeS_E_NMasonCityFTTHBroadband_Grants_Core_Application_NOFA007withoutcombiningformulasinExhDandD.1.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)* [436733 - Exhibit F NOFA007 CLTel.pdf](#)

Request for Confidentiality or Form 22 - Exhibit G

Form 22 (Public)* [436733 - Exhibit G NOFA007 CLTel.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* [436733 - Exhibit L NOFA007 CLTel.pdf](#)

Executive Project Summary NOFA #007

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

Estimated Project Construction Start Date* 05/01/2021

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

Estimated Project Completion Date* 09/30/2026

Has construction on the project begun?* Yes

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. *

Construction FTTH to areas south, east and north of Mason City: south of Clear Lake; and west of Ventura. Speeds up to 1 G / 1 G will be offered.

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 Rec (Est. C Reque:
Conduit (DC1)	1.25" SDR 13.5 HDPE Orange Innerduct Material Only	\$35,366.40	\$30,392.64	\$65,759.04	60.0	\$39,45
Fiber/Copper (DC2)	Fiber optic cable cost & Associated other OSP material cost	\$291,226.26	\$94,065.84	\$385,292.10	60.0	\$231,17
OSP Engineering (DC3)	OSP Design, Permit, Environmental & Contract work	\$114,724.58	\$69,066.38	\$183,790.96	60.0	\$110,27
Design Engineering (DC4)	ISP Design for FTTx equipment at CO & Customer Premise	\$7,150.00	\$0.00	\$7,150.00	60.0	\$4,29
Construction Mgmt. (DC5)	OSP & ISP installation inspection, As Built and Testing review, includes onsite field staff	\$171,440.00	\$71,680.00	\$243,120.00	60.0	\$145,87
Tower (DC6)		\$0.00	\$0.00	\$0.00	0	\$
Antenna (DC7)		\$0.00	\$0.00	\$0.00	0	\$
Boring (DC8)	Labor for Directional boring of Conduit	\$540,320.00	\$464,332.00	\$1,004,652.00	60.0	\$602,79

Trenching (DC9)		\$0.00	\$0.00	Control Number 436733	0	\$
Knifing (DC10)	Labor for Plowing of Mainline/Drop facilities & Installation of miscellaneous materials	\$708,473.72	\$550,859.00	\$1,259,332.72	60.0	\$755,59
Switching Equipment (DC11)		\$0.00	\$0.00	\$0.00	0	\$
Routing Equipment (DC12)	new router	\$0.00	\$88,338.62	\$88,338.62	60.0	\$53,00
Optical Equipment (DC13)	Fiber Optic Shelves, Cards, SFP's, Relay Rack, Fiber Panel	\$142,410.00	\$68,822.54	\$211,232.54	60.0	\$126,73
Customer Premise Equipment (DC14)	ONT, Battery & Customer Install	\$74,025.00	\$0.00	\$74,025.00	60.0	\$44,41
Other (DC15)	(1) passive splitter cabinet with one 1x32 splitter for Clear Lake South @ \$7,500 and (1) hut or building serving Mason City S, E and N @ \$450,000	\$7,500.00	\$458,820.00	\$466,320.00	60.0	\$279,79
Totals		\$2,092,635.96	\$1,896,377.02	\$3,989,012.98		\$2,393,40

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/VP

Thomas

Lovell

Title

First Name

Last Name

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