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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

436739 - May City Rural Fiber
Broadband Grant Program - Empower Rural Iowa

Status: Submitted

Original Submitted Date: 11/22/2021 1:44 PM

Submitted By: Roxanne White

Last Submitted Date: 12/08/2021 10:03 AM

Last Submitted By: Roxanne White

Applicant Information

Primary Contact:

AnA User Id: roxanne.white@iowaid

First Name*: Roxanne
First Name Middle Name Last Name White

Title: CEO

Email*: rwhite@evertek.net

Address*: 216 N Main Street

City*: Everly Iowa 51338
City State/Province Postal Code/Zip

Phone*: 712-834-2255
Phone Ext.

Program Area of Interest*: Broadband Grant Program - Empower Rural Iowa

Fax:

Agency

Organization Information

Organization Name*: Evertek

Organization Type*: For-Profit ? Privately Held

DUNS: 60-233-4708

Organization Website: www.evertek.net

Address: 216 North Main St

City: Everly Iowa 51338
City State/Province Postal Code/Zip

Phone: 712-834-2255
 Ext.

Fax:

Cover Sheet-General Information

Authorized Official

Name* Roxanne White
Title* CEO
Organization* Evertek, Inc.
If you are an individual, please provide your First and Last Name.
Address* 216 North Main St

City/State/Zip* Everly Iowa 51338
City State Zip
Telephone Number* 712-834-2255
E-Mail* rwhite@evertekwireless.net

Fiscal Officer/Agent

Please enter the "Fiscal Officer" for your Organization.

If you are an individual, please provide your First and Last Name.

Name* Roxanne White
Title
Organization
Address

City/State/Zip
City State Zip
Telephone Number
E-Mail
County(ies) Participating, Involved, or Affected by this Proposal* Dickinson County, O'Brien County, Osceola 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* 1, 2
[Iowa Senate Map](#)
Iowa House District(s) Involved or Affected by this Proposal* 1, 2, 3
[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* Evertek, Inc.

Doing Business As:

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

Physical Address

Street * 216 North Main St
City* Everly
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* 51338

Mailing Address (used for warrants and/or payments)

Street or PO Box *

PO Box 270

City*

Everly

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*

51338

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 Entity Evertex.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*

602334708

Enter your organization's Federal Tax Identification Number.

Taxpayer Identification Number (TIN)*

42-1280600

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*

436739 - Evertex Inc - Demonstrated Experience.pdf

References

Name

Monica Thiel

Telephone Number

712-834-2221

Name

Sarah Dehrkoop

Telephone Number

712-346-8472

Name

Amanda Madsen

Telephone Number

712-346-8400

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* [436739 - Evertex - 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)* [436739-Evertex-Exhibit F.pdf](#)

Request for Confidentiality or Form 22 - Exhibit G

Form 22 (Public)* [436739-Evertex-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* [436739-Evertex-Exhibit L.pdf](#)

Executive Project Summary NOFA #007

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

Estimated Project Construction Start Date* 12/01/2022

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. * Fiber-to-prem with 100/100 and to Gig speeds. Unless matching funds are awarded, this cannot be upgraded.

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)	Town duct placement	\$0.00	\$32,500.00	\$32,500.00	60.0	\$19,500.00
Fiber/Copper (DC2)	Pull town fiber, drops, peds	\$0.00	\$7,100.00	\$7,100.00	60.0	\$4,260.00
OSP Engineering (DC3)	Contract/Project Mgt., Inspection	\$212,000.00	\$15,000.00	\$227,000.00	60.0	\$136,200.00
Design Engineering (DC4)	In OSP Engineering	\$0.00	\$0.00	\$0.00	0	\$0.00
Construction Mgmt. (DC5)	In OSP Engineering	\$0.00	\$0.00	\$0.00	0	\$0.00
Tower (DC6)	N/A	\$0.00	\$0.00	\$0.00	0	\$0.00
Antenna (DC7)	N/A	\$0.00	\$0.00	\$0.00	0	\$0.00
Boring (DC8)	In Conduit/Fiber/Knifing	\$0.00	\$0.00	\$0.00	0	\$0.00
Trenching (DC9)	In Knifing	\$0.00	\$0.00	\$0.00	0	\$0.00
Knifing (DC10)	Rural plowed fiber labor & material	\$995,200.00	\$15,800.00	\$1,011,000.00	60.0	\$606,600.00
Switching Equipment (DC11)	In Optical Equipment	\$0.00	\$0.00	\$0.00	0	\$0.00
Routing Equipment (DC12)	In Optical Equipment	\$0.00	\$0.00	\$0.00	0	\$0.00
Optical Equipment (DC13)	FTTP OLT Electronics & Install	\$0.00	\$67,100.00	\$67,100.00	60.0	\$40,260.00
Customer Premise Equipment (DC14)	FTTP ONT Electronics & Cutover	\$105,600.00	\$0.00	\$105,600.00	60.0	\$63,360.00
Other (DC15)	Bldg./Cab./Fiber Splice-Term-NID	\$78,000.00	\$0.00	\$78,000.00	60.0	\$46,800.00
Totals		\$1,390,800.00	\$137,500.00	\$1,528,300.00		\$916,980.00

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 May City rural fiber project will positively impact minority persons by enhancing broadband speeds in unserved areas of Dickinson, Osceola, and O'Brien counties.

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

According to the US Census Bureau, Dickinson County has a 9.0% minority population, Osceola County has a 4.1% minority population, and O'Brien County has a 3.8% minority population. These populations of individuals with the grant area will benefit as the result of the fiber broadband infrastructure. The proposed project will eliminate any disadvantage resulting from lack of access to reliable high speed braodband.

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

No

6 of 6
policy has a disproportionate or
unique **negative impact** on minority
persons? *

Control Number 436739

I hereby certify the information above is
complete and accurate to the best of my
knowledge.*

Yes

*

CEO

Title

Roxanne

First Name

White

Last Name

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