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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

436776 - Rural Howard FTTP

Broadband Grant Program - Empower Rural Iowa

Status: Submitted Submitted Date: 11/22/2021 3:39 PM Submitted By: Jill Huffman

Applicant Information

Primary Contact:

AnA User Id

JILL.HUFFMAN@IOWAID

First Name*

Jill

First Name

Middle Name

Huffman

Last Name

Title:

Email:*

jill@harmonytel.com

Address:*

336 5th Ave SE

City*

Harmony

City

Minnesota

State/Province

55939

Postal Code/Zip

Phone:*

507-886-4644

Phone

Ext.

Program Area of Interest*

Broadband Grant Program - Empower Rural Iowa

Fax:

Agency

Organization Information

Organization Name:*

Harmony Telephone Company

Organization Type:*

For-Profit – Privately Held

DUNS:

00-978-0826

Organization Website:

www.harmonytel.com

Address:

35 First Ave NE

PO Box 308

City

Harmony

Minnesota

State/Province

55939

Postal Code/Zip

Phone:

507-886-2525

Ext.

Fax:

507-886-2500

Benefactor

Vendor Number

Cover Sheet-General Information**Authorized Official**

Name* Jill Huffman
Title* Chief Operating Officer
Organization* Harmony Telephone Company
If you are an individual, please provide your First and Last Name.
Address* 35 First Ave NE
PO Box 308
City/State/Zip* Harmony Minnesota 55939
City State Zip
Telephone Number* 507-886-2525
E-Mail* jill@harmonytel.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* Marsha LaFreniere
Title Accounting Manager
Organization Harmony Telephone Company
Address 35 First Ave NE
PO Box 308
City/State/Zip Harmony Minnesota 55939
City State Zip
Telephone Number 507-886-2525
E-Mail marsha@harmonytel.com
County(ies) Participating, Involved, or Affected by this Proposal* Howard County
Congressional District(s) Involved or Affected by this Proposal* 1st - Rep. Ashley Hinson
[Congressional Map](#)
Iowa Senate District(s) Involved or Affected by this Proposal* 26
[District Map](#)
Iowa House District(s) Involved or Affected by this Proposal* 51
[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* Harmony Telephone Company

Doing Business As:

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

Physical Address

Street * 35 First Avenue NE
City* Harmony
State* MN

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

Zip* 55939

Mailing Address (used for warrants and/or payments)

Street or PO Box * P.O. Box 308
City* Harmony

State* MN

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

Zip Code* 55939

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* [436776 - HTC - SAM.gov.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* 009780826

Enter your organization's Federal Tax Identification Number.

Taxpayer Identification Number (TIN)* 41-1657658

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* [436776 - HTC - Demonstrated Experience.pdf](#)

References

Name Mark Lane, Superintendent of Schools, Decorah

Telephone Number Cell (563) 380-5847 Office (563) 382-4208

Name Adam Weiss

Telephone Number (563) 419-8866

Name Harrington Enterprise - Chad or Camri

Telephone Number (507) 561-2282

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* [436776 - HTC - 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)* [436776 - HTC - Exhibit F.pdf](#)

Request for Confidentiality or Form 22 - Exhibit G

Form 22 (Public)* [436776 - HTC - 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* [436776 - HTC - Exhibit L.pdf](#)

Executive Project Summary NOFA #007

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

Estimated Project Construction Start Date* 09/01/2023

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

Estimated Project Completion Date* 09/01/2026

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. *

The proposed system is a FTTP system capable of delivering 1 Gbps. It can be configured to deliver 10 Gbps.

This project leverages facilities that will be placed in service in the 2022-2023 season as part of previous federal/state awards.

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)	N/A	\$0.00	\$0.00	\$0.00	0	\$0.00
Fiber/Copper (DC2)	Cable Material Cost (mainline average per mile)	\$299,844.85	\$274.47	\$300,119.32	60.0	\$180,071.59
OSP Engineering (DC3)	Included Below	\$0.00	\$0.00	\$0.00	0	\$0.00
Design Engineering (DC4)	Included Below	\$0.00	\$0.00	\$0.00	0	\$0.00
Construction Mgmt. (DC5)	All Engineering Estimated at 14% of Project Cost	\$375,983.00	\$0.00	\$375,983.00	60.0	\$225,589.80
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)	Traditional and Rock Boring	\$747,781.18	\$272.31	\$748,053.49	60.0	\$448,832.09
Trenching (DC9)	N/A	\$0.00	\$0.00	\$0.00	0	\$0.00
Knifing (DC10)	Cable Plowing (Mainline Average Per Mile)	\$625,716.74	\$926.35	\$626,643.09	60.0	\$375,985.85
Switching Equipment (DC11)	N/A	\$0.00	\$0.00	\$0.00	0	\$0.00
Routing Equipment (DC12)	N/A	\$0.00	\$0.00	\$0.00	0	\$0.00
Optical Equipment (DC13)	Calix OLT Equipment, Fiber Management (Avg/Sub)	\$105,750.00	\$0.00	\$105,750.00	60.0	\$63,450.00
Customer Premise Equipment (DC14)	ONT, Drops, NIDS, Customer Equipment, Cutover (Avg/Sub)	\$418,028.34	\$0.00	\$418,028.34	60.0	\$250,817.00
Other (DC15)	Spicing, Peds, Grounding, Misc OSP Assembly Units (Avg/Sub)	\$485,551.70	\$1,455.84	\$487,007.54	60.0	\$292,204.52
Totals		\$3,058,655.81	\$2,928.97	\$3,061,584.78		\$1,836,950.85

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.

Those listed as minority persons, who have not had the ability to subscribe to high speed broadband service will now have the option to do so.

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

Harmony Telephone Company will ensure that households and businesses are capable of performing multiple tasks for remote work, telehealth, and distance learning.

Indicate the group(s) positively impacted.

Women, Persons with a Disability, African Americans, Latinos, Asians or Pacific Islanders, American Indians

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

*

Chief Operating Officer

Title

Jill

First Name

Huffman

Last Name

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