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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

436781 - Collison

Broadband Grant Program - Empower Rural Iowa

Status: Submitted

Original Submitted Date: 11/19/2021 4:42 PM

Submitted By: Jenny Pekarek

Last Submitted Date: 11/22/2021 1:06 PM

Last Submitted By: Jenny Pekarek

Applicant Information

Primary Contact:

AnA User Id

JENNY.PEKAREK@IOWAID

First Name*

Jenny
First Name

Middle Name

Pekarek
Last Name

Title:

Email:*

jpekarek@heartofiowa.coop

Address:*

502 Main Street
PO Box 130

City*

Union
City

Iowa
State/Province

50258
Postal Code/Zip

Phone:*

641-486-2211
Phone

Ext.

Program Area of Interest*

Broadband Grant Program - Empower Rural Iowa

Fax:

Agency

Organization Information

Organization Name:*

Heart of Iowa Ventures, LLC

Organization Type:*

For-Profit ? Privately Held

DUNS:

Organization Website:

Address:

502 Main St
P.O. Box 130

Union
City

Iowa
State/Province

50258
Postal Code/Zip

Phone:

641-486-2211

Ext.

Fax:

641-486-2205

Cover Sheet-General Information

Authorized Official

Name* Bryan Amundson

Title* CEO

Organization* Heart of Iowa Ventures, LLC
If you are an individual, please provide your First and Last Name.

Address* 502 Main Street
PO Box 130

City/State/Zip* Union Iowa 50258
City State Zip

Telephone Number* 641-486-2211

E-Mail* executive@heartofiowa.coop

Fiscal Officer/Agent

Please enter the "Fiscal Officer" for your Organization.

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

Name* Bryan Amundson

Title

Organization

Address

City/State/Zip Union Iowa
City State Zip

Telephone Number

E-Mail

County(ies) Participating, Involved, or Affected by this Proposal* Marshall 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* 36
[District Map](#)

Iowa House District(s) Involved or Affected by this Proposal* 71
[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* Heart of Iowa Ventures, LLC

Doing Business As: Heart of Iowa Ventures, LLC

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

Physical Address

Street * 502 Main Street

City* Union

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* 50258

Mailing Address (used for warrants and/or payments)

Page 3 of 5
 Street or PO Box*

PO Box 130

City*

Union

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*

50258

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*

436781 - Heart of Iowa Ventures LLC - SAM.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*

026165280

Enter your organization's Federal Tax Identification Number.

Taxpayer Identification Number (TIN)*

26-1223027

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*

436781 - Heart of Iowa Ventures LLC - Demonstrated Experience.pdf

References

Name

Mike Teeples

Telephone Number

719-266-4334

Name

Mark Osmundson

Telephone Number

641-752-4122

Name

Paul Selken

Telephone Number

641-366-2640

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

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* [436781 - Heart of Iowa Ventures 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)* [436781 - Heart of Iowa Ventures LLC - Exhibit F.pdf](#)

Request for Confidentiality or Form 22 - Exhibit G

Form 22 (Public)* [436781 - Heart of Iowa Ventures 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* [436781 - Heart of Iowa Ventures LLC - Exhibit L.pdf](#)

Executive Project Summary NOFA #007

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

Estimated Project Construction Start Date* 03/03/2022

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

Estimated Project Completion Date* 08/01/2023

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. *

Project will build out fiber to the Collison area located in the rural area northeast of Marshalltown, Iowa. Residents will have the ability to subscribe to Internet

service starting at 100 Mbps download by 100 Mbps upload upon project completion.

Control Number 436781

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)		\$27,695.01	\$31,225.74	\$58,920.75	50.0	\$29,460.38
Fiber/Copper (DC2)		\$152,040.24	\$171,455.94	\$323,496.18	50.0	\$161,748.09
OSP Engineering (DC3)		\$0.00	\$0.00	\$0.00	0	\$0.00
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)		\$0.00	\$0.00	\$0.00	0	\$0.00
Customer Premise Equipment (DC14)		\$0.00	\$0.00	\$0.00	0	\$0.00
Other (DC15)		\$46,728.47	\$52,664.66	\$99,393.13	50.0	\$49,696.57
Totals		\$226,463.72	\$255,346.34	\$481,810.06		\$240,905.04

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

Title

Bryan

First Name

Amundson

Last Name

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