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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

436925 - NOFA#7 Huxcomm Polk County East of I35 FTTH
Broadband Grant Program - Empower Rural Iowa

Status: Submitted

Submitted Date: 11/22/2021 12:47 PM Submitted By: Levi Bappe

Applicant Information

Primary Contact:

AnA User Id

LEVI.B@IOWAID

First Name*

Levi

First Name

Middle Name

Bappe

Last Name

Title:

Email:*

levi@huxleycommunications.net

Address:*

102 N Main Ave

City*

Huxley

City

Iowa

State/Province

50124

Postal Code/Zip

Phone:*

515-597-2281

Phone

Ext.

Program Area of Interest*

Broadband Grant Program - Empower Rural Iowa

Fax:

Agency

Organization Information

Organization Name:*

Huxley Communications Cooperative

Organization Type:*

Private

DUNS:

Organization Website:

www.huxcomm.net

Address:

102 N Main Ave

City*

Huxley

City

Iowa

State/Province

50124

Postal Code/Zip

Phone:

515-597-2281

Ext.

Fax:

Benefactor

Vendor Number

Cover Sheet-General Information**Authorized Official**

Name* Levi Bappe

Title* General Manager

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

Address* 102 N Main Ave

City/State/Zip* Huxley Iowa 50124
City State Zip

Telephone Number* 515-597-2281

E-Mail* levi@huxleycommunications.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* Levi Bappe

Title

Organization

Address

City/State/Zip Iowa
City State Zip

Telephone Number

E-Mail

County(ies) Participating, Involved, or Affected by this Proposal* Polk County

Congressional District(s) Involved or Affected by this Proposal* 3rd - Rep Cindy Axne
[Congressional Map](#)

Iowa Senate District(s) Involved or Affected by this Proposal* 15, 19
[District Map](#)

Iowa House District(s) Involved or Affected by this Proposal* 30, 37, 38
[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* Huxley Communications Cooperative

Doing Business As:

Are you a local government, non-profit, and/or cooperative?* Yes

Identify your organization as a local government, non-profit, or cooperative cooperative

Physical Address

Street * 102 N Main Ave

City* Huxley

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* 50124

Mailing Address (used for warrants and/or payments)

Street or P.O. Box *

PO Box 36

Control Number 436925

City*

Huxley

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*

50124

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?*

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*

[HuxComm SAM Status.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*

004827747

Enter your organization's Federal Tax Identification Number.

Taxpayer Identification Number (TIN)*

42-0325440

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*

[NOFA7 Demonstrated Experience.pdf](#)

References

Name

Telephone Number

Name

Telephone Number

Name

Telephone Number

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

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* [Broadband_Grants_Core_Application_NOFA007 - Polk County-E.xlsm](#)

Public Redacted Copy [Redact_NOFA007 Polk County - E.pdf](#)

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)* [exhibit_f_-_certification_letter_nofa_007.docx](#)

Request for Confidentiality or Form 22 - Exhibit G

Form 22 (Public)* [exhibit_g_-_request_for_confidentiality_-_form_22_nofa_007_1.docx](#)

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* [exhibit_l_-_product_pricing_nofa_007.docx](#)

Executive Project Summary NOFA #007

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

Estimated Project Construction Start Date* 03/01/2022

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

Estimated Project Completion Date* 09/29/2026

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. *

Underground fiber buildout to approx 528 total locations (72 Businesses) that is a network expansion to our SE boundaries in NE Polk County.

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) | Conduit and Vaults | | | | 60.0 | |
| Fiber/Copper (DC2) | Fiber and Splice Cases | | | | 60.0 | |
| OSP Engineering (DC3) | | | | | 0 | |
| Design Engineering (DC4) | | | | | 0 | |
| Construction Mgmt. (DC5) | | | | | 0 | |
| Tower (DC6) | | | | | 0 | |
| Antenna (DC7) | | | | | 0 | |
| Boring (DC8) | Approx 20% of total pathway footages and fiber blowing | | | | 60.0 | |
| Trenching (DC9) | | | | | 0 | |
| Knifing (DC10) | Approx 80% of total pathway footages and fiber blowing | | | | 60.0 | |
| Switching Equipment (DC11) | | | | | 0 | |
| Routing Equipment (DC12) | | | | | 0 | |
| Optical Equipment (DC13) | OLT Electronics, 6 PON Ports needed with 8 per card | | | | 60.0 | |
| Customer Premise Equipment (DC14) | Customer ONT and UPS | | | | 60.0 | |
| Other (DC15) | Internal labor (fiber splicing and installs) | | | | 60.0 | |
| Totals | | \$4,789,201.64 | \$286,735.09 | \$5,075,936.73 | | \$3,045,562.04 |

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

* General Manager Levi Bappe
 Title First Name Last Name

