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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

### 436994 - Jefferson/Henry County 500/300 Application Broadband Grant Program - Empower Rural Iowa

Status: Submitted Submitted Date: 11/22/2021 2:33 PM Submitted By: Michael J Schill

### Applicant Information

#### Primary Contact:

AnA User Id

MICHAEL.SCHILL@IOWAID

First Name\*

Michael  
First NameJ  
Middle NameSchill  
Last Name

Title:

President

Email:\*

mike@natel.net

Address:\*

904 E Burlington

City\*

Fairfield  
CityIowa  
State/Province52556  
Postal Code/Zip

Phone:\*

641-469-6220  
Phone108  
Ext.

Program Area of Interest\*

Broadband Deployment

Fax:

Agency

#### Organization Information

Organization Name:\*

Natel

Organization Type:\*

For-Profit ? Privately Held

DUNS:

Organization Website:

https://natel.net/

Address:

907 W. Burlington Ave

City: Fairfield  
State/Province: Iowa  
Postal Code/Zip: 52556  
Phone: 641-469-6220  
Ext.:

Fax:

Benefactor

Vendor Number

**Cover Sheet-General Information****Authorized Official**

**Name\*** Michael J Schill  
**Title\*** President  
**Organization\*** Natel, Inc.  
*If you are an individual, please provide your First and Last Name.*  
**Address\*** 907 W Burlington Ave  
  
**City/State/Zip\*** Fairfield Iowa 52556  
City State Zip  
**Telephone Number\*** 641-469-6220  
**E-Mail\*** [mike@natel.net](mailto:mike@natel.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\*** Michael J Schill  
**Title** President  
**Organization** Natel, Inc.  
**Address** 907 W Burlington Ave  
  
**City/State/Zip** Fairfield Iowa 52556  
City State Zip  
**Telephone Number** 641-469-6220  
**E-Mail** [mike@natel.net](mailto:mike@natel.net)  
**County(ies) Participating, Involved, or Affected by this Proposal\*** Henry County, Jefferson County  
**Congressional District(s) Involved or Affected by this Proposal\*** 2nd - Rep Marianne Miller-Meeks  
[Congressional Map](#)  
**Iowa Senate District(s) Involved or Affected by this Proposal\*** 39, 41, 42, 44  
[District Map](#)  
**Iowa House District(s) Involved or Affected by this Proposal\*** 78, 81, 82, 84  
[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\*** Natel, Inc.

**Doing Business As:**

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

**Physical Address**

**Street \*** 907 W Burlington Ave  
**City\*** Fairfield  
**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\*** 52556

**Mailing Address (used for warrants and/or payments)**

**Street or PO Box \*** 907 W Burlington Ave  
**City\*** Fairfield

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

Zip Code\* 52556

## 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\* 427424 Natel Inc. - SAM.gov 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\* 157084901

Enter your organization's Federal Tax Identification Number.

Taxpayer Identification Number (TIN)\* 474829602

## 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\* 427424 Natel Inc. - Demonstrated Experience.pdf

## References

Name	Mike Matthes
Telephone Number	6418563388
Name	Jack Hedgecock
Telephone Number	3199318785
Name	Joshua Laraby
Telephone Number	9203090126

## 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

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\* [436994 Natel Inc.. Jeff-Henry - Broadband\\_Grants\\_Core\\_Application\\_NOFA007.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?\* Yes

Please Upload a Completed Exhibit I [436994 Natel Inc. - exhibit\\_i\\_-\\_wireless\\_project\\_design\\_worksheet vs 2.pdf](#)

## 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)\* [436994 Natel Inc. - Exhibit F.pdf](#)

## Request for Confidentiality or Form 22 - Exhibit G

Form 22 (Public)\* [436994 NatelInc.-exhibit\\_g\\_-\\_request\\_for\\_confidentiality\\_-\\_form\\_22\\_nofa\\_007\\_1-signed copy.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\* [436994 Natel Inc. - exhibit\\_l\\_-\\_product\\_pricing\\_nofa\\_007-signed.pdf](#)

## Executive Project Summary NOFA #007

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

Estimated Project Construction Start Date\* 04/01/2022

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

Estimated Project Completion Date\* 09/30/2023

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 provides 100x100 Mbps Internet service, covers all census blocks in the project area with fiber fed wireless towers. We are using wireless tech. that overcomes interference and is able to connect NLOS sites and has fiber like reliability.

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)		\$0.00	\$0.00	\$0.00	0	\$0.00
Fiber/Copper (DC2)	Turn Key installed fiber - Conduit and blown single mode fiberoptic cable buried via vibratory plow or boring machine, and/or aerial on poles as the conditions demand	\$1,740,641.76	\$1,176,780.84	\$2,917,422.60	60.0	\$1,750,453.56
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)	Hardware & Installation on existing leased tower, 4 - 90 degree self contained radio/antenna arrays 28" x 16", 1 - Complete 11Ghz 1.4Gbps backhaul link with 3' dish antenna's at each end back to Core	\$378,864.00	\$852,444.00	\$1,231,308.00	60.0	\$738,784.80
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)	Remote Node - All in one Radio with internal antenna array, Includes all mounting hardware & Installation	\$1,636,301.00	\$0.00	\$1,636,301.00	60.0	\$981,780.60
Other (DC15)		\$0.00	\$0.00	\$0.00	0	\$0.00
<b>Totals</b>		<b>\$3,755,806.76</b>	<b>\$2,029,224.84</b>	<b>\$5,785,031.60</b>		<b>\$3,471,018.96</b>

### 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

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complete and accurate to the best of my knowledge.\*

Yes

Control Number 436994

\*

President

Michael

Schill

Title

First Name

Last Name

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