



**Status\*:** Approved  
**Name\*:** Citizens Mutual Telephone Cooperative  
**Organization Type\*:** Other  
**DUNS:** ##-###-####  
**Tax Id:**  
**Unique Entity Identifier (UEI):**  
**Organization Website:** http://www.mycmtech.com  
**Address\*:** 114 West Jefferson Street  
  
114 West Jefferson Street  
Bloomfield Iowa 52537  
City State/Province Postal Code/Zip  
**Phone\*:** (641) 664-2074 Ext.  
###-###-####  
**Fax:** (641) 664-1122  
###-###-####

**Benefactor:**

**Vendor Number / ID:**

## Cover Sheet-General Information

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### *Cover Sheet-General Information*

#### Authorized Official

**Name\*:** Vince Tyson  
**Title\*:** General Manager  
**Organization\*:** Citizens Mutual Telephone Cooperative  
**If you are an individual, please provide your First and Last Name.**  
**Address\*:** 114 W Jefferson St  
  
**City/State/Zip\*:** Bloomfield Iowa 52537  
City State Zip  
**Telephone Number\*:** 641-664-2074  
**E-Mail\*:** vtyson@mycmtech.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\*:** Lindsay Smith

**Title:****Organization:****Address:****City/State/Zip:** City **Iowa** Zip  
State**Telephone Number:****E-Mail:** **lsmith@mycmtech.com****County(ies) Participating,  
Involved, or Affected by this  
Proposal\*:****Jefferson County,Appanoose County,Davis County,Keokuk County,Monroe County,Van Buren  
County,Wapello County**

To find your district, click on the "Congressional Map" link. On the left hand side of the page, click on the drop-down list and click on "State of Iowa". Then, enter an address for the county/ies you serve in the Search bar. Click "Enter." This will provide you with your Congressional District, Iowa Senate District and Iowa House District.

**Congressional District(s)** **1st - Rep. Mariannette Miller-Meeks,3rd - Rep Zach Nunn**  
**Involved or Affected by this** Congressional Map  
**Proposal\*:****Iowa Senate District(s) Involved** **13,44**  
**or Affected by this Proposal\*:** Iowa Senate Map**Iowa House District(s) Involved** **25,26,87,88**  
**or Affected by this Proposal\*:** Iowa House Map

## **Business Organization NOFA #008**

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### ***Business Organization - NOFA #008***

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\*:** **Citizens Mutual Telephone Cooperative****Doing Business As:****Are you a local government,  
non-profit, and/or cooperative?** **Yes**  
\*:**Identify your organization as a** **Cooperative**  
**local government, non-profit, or**  
**cooperative :**

### **Physical Address**

**Street \*:** **114 W Jefferson St****City\*:** **Bloomfield****State\*:** **Iowa**

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

**Zip Code\*:** **52537**

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

**Street or PO Box \*:** **PO Box 130**

**City\*:** **Bloomfield**

**State\*:** **Iowa**

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

**Zip Code\*:** **52537**

## ***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**

Upload a PDF document that describes the relationship between all parent companies to one another and the subsidiary and a visualization of the relationship. Please name and upload file "Application Number - Applicant Name - Business Organization".

## **Business Organization Chart:**

## ***Capital Projects Fund Requirements***

All eligible applicants are 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\*:** **EntityInformation-20230717-093032.pdf**

A Unique Entity Identifier (UEI) is a unique 12-digit number used to identify your organization (this has replaced the DUNS number). The federal government uses the UEI to track how federal money is allocated. Please visit this website for additional information: <https://www.sam.gov>

**Unique Entity Identifier\*:** **EZA3GDKQSWD7**

Enter your organization's Federal Tax Identification Number.

**Taxpayer Identification Number (TIN)\*:** **42-0181770**

Enter your organization's FCC FRN number.

**FCC\_FRN\*:** **0003733029**

Enter your organization's FCC-assigned Provider ID. Follow the link below to a list of these ID's by provider. The ID is listed in the column labeled "HOCONUM" or Holding Company Number.

**FCC Provider ID\*:** **130259**  
FCC Provider ID Table

## Executive Project Summary NOFA #008

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### *Executive Project Summary NOFA #008*

No costs may be incurred prior to March 15, 2021.

**Estimated Project Construction Start Date\*:** **10/01/2023**

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 100/100 Broadband or greater?\*** **Yes**

**Are you applying for a project that will facilitate less than 100/100 but greater than 100/20 Broadband?:**

**Will your project be scalable to a minimum of 100/100 Broadband within three years of project completion?:**

**Explain why you are not deploying a minimum of 100/100 and provide the plan as to how you intend to reach a minimum of 100/100 speed from both a technology and deployment perspective, to occur within 36 months.:**

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 project will cover three Broadband Intervention Zones in Wapello/Van Buren/Davis/Jefferson/Monroe counties and the rural areas between the BIZs using a XG-PON FTTP network delivering symmetrical 1 gbps broadband services.**

**By checking this box, Applicant Yes certifies, to the best of its knowledge, that neither Applicant nor any other known Communications Service Provider or other entity has been awarded federal funds for the construction of 100/20 fixed terrestrial 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. \*:**

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).

**Is your project requesting \$5 million or more in grant funds?\*: Yes**

For the relevant project all laborers and mechanics employed by contractors and subcontractors in the performance of such project are paid wages at rates not less than those prevailing, as determined by the U.S. Secretary of Labor in accordance with subchapter IV of the Chapter 31 of title 40, United States Code (commonly known as the Davis Bacon Act), for the corresponding classes of laborers and mechanics employed on projects of a character similar to the contract work in the civil subdivision of the State in which the work is to be performed, or by the appropriate State entity pursuant to the corollary State prevailing-wage-in construction law (commonly known as "baby Davis Bacon Acts")

**I certify the project will conform No the requirements listed above:**

If your project will not conform to the requirements identified by the Department of Treasury consistent with the Davis Bacon Act, your organization may elect to provide project employment and local impact reports detailing the number of employees of the contractors and sub-contractors working on the project; the wages and benefits of the workers and the project classification; and whether those wages are at rates less than those prevailing. Grantees must maintain sufficient records to the substantiate this information upon request.

**I elect to provide project Yes employment and local impact reporting instead of complying with requirements established by the Department of Treasury consistent with the Davis Bacon Act for this project.:**

**I certify that this project includes a project labor agreement, meaning a pre-hire collective bargaining agreement consistent with section 8(f) of the National Labor Relations Act (29 U.S.C. 158(F)).:** **No**

If the grantee does not have a project labor agreement, then they must provide a workforce continuity plan detailing: How the grantee will ensure the project has ready access to sufficient supply of appropriate skilled and unskilled labor to ensure high quality construction throughout the life of the project; how the grantee will minimize disruptions that would jeopardize timeliness and cost-effectiveness of the project; and how the grantee will provide a safe and healthy workplace and avoid delays associated with workplace illnesses, injuries, and fatalities; Whether workers on the project will receive wages and benefits that will secure an appropriately skilled workforce in the context of the local or regional labor market; and whether the project has completed a project labor agreement.

**I elect to provide a project workforce continuity plan at the time of award.:** **Yes**

If the Applicant proposes to Facilitate Broadband service within a Broadband Intervention Zone, provide a description of how any Community Broadband Capital offered by a Community Applicant through the Invitation to Qualify may be used (Refer to the corresponding Broadband Intervention Zone documentation at <https://ocio.iowa.gov>).

#### **Community Broadband Capital:**

**Citizens Mutual will work with Wapello County to permit and build the project in a manner that reduces the cost of the project while increases the productivity of the construction contracts. This will increase the efficiency of the funding used while ensuring the project can be completed in a timely manner.**

A Community Benefits Agreement (CBA) is a project specific agreement between a developer and a broad community based coalition that details the project's contributions to the community and ensures community support for the project. The agreement gives the local government the power to enforce the community benefits terms.

**Does your project have a Community Benefit Agreement?** **No**

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## **Demonstrated Experience NOFA #008**

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### ***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 #008; 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 #008.

**Demonstrated Experience\*:** **CMTC Demonstrated Experience.pdf**

### ***References***

**Name:** **Christopher Hickie**

Telephone Number: 641-664-7085  
Name: Megan Clyman  
Telephone Number: 641-664-2321  
Name: Andrew Woodard  
Telephone Number: 641-684-4377

## Minority Impact Statement

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### *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 Northeast Wapello County Fiber to the Premises Project will positively impact minority persons by enhancing speeds in the unserved areas of Wapello, Davis, Van Buren, Jefferson, Monroe and Appanoose Counties.

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

According to the U.S. Census Bureau, the counties in which the project is located have a combined minority population of approximately 6,693 residents for a 7.7% minority rate with Wapello County leading all other counties at 13.3%. These populations of individuals within the grant area will benefit as a result of the fiber broadband infrastructure. The proposed project will eliminate any disadvantage resulting from lack of access to reliable, high-speed broadband.

Indicate the group(s) positively impacted.:

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

Could the proposed grant program or policy have a disproportionate or unique negative impact on minority persons? \*: No

Describe the negative impact expected from this project.:

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

**Indicate the group(s) negatively impacted.:**

**Explain how you provided consultation with representatives of the minority groups impacted.:**

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

**Yes**

**General Manager**

Title

**Vince**

First Name

**Tyson**

Last Name

## **Budget NOFA #008**

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***Project Budget***

Category	Description	Total Estimated Cost \$ (from Exhibit D)	Requested	
			Grant Support % (from Exhibit D)	Grant Request (Est. Cost * Request %)
Conduit		\$0.00	0.00	\$0.00
Fiber/Copper	Mainline and Drop Fiber - Materials & Installation (527 Mainline Miles)	\$23,100,000.00	70.75	\$16,343,250.00
OSP Engineering	OSP Design and construction management costs	\$3,458,500.00	70.75	\$2,446,888.75
Design Engineering		\$0.00	0.00	\$0.00
Construction Mgmt.	Project management costs	\$300,000.00	70.75	\$212,250.00
Tower		\$0.00	0.00	\$0.00
Antenna		\$0.00	0.00	\$0.00
Boring		\$0.00	0.00	\$0.00
Trenching		\$0.00	0.00	\$0.00
Knifing		\$0.00	0.00	\$0.00
Switching Equipment		\$0.00	0.00	\$0.00
Routing Equipment	Middle mile layer 3 routing equipment costs	\$450,000.00	70.75	\$318,375.00
Optical Equipment	Cabinet and Optical Line Terminal (OLT) Equipment Costs	\$1,025,000.00	70.75	\$725,187.50
Customer Premise Equipment	Optical Network Terminal (ONT), WiFi Router and other customer costs	\$614,800.00	70.75	\$434,971.00
Other		\$0.00	0.00	\$0.00
<b>Total</b>		<b>\$28,948,300.00</b>		<b>\$20,480,922.25</b>

## Central Forms NOFA #008

### ***Broadband Grants Core Application - Exhibits B, C, and D***

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 #008.

**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 #008, the Office shall be relieved from any responsibility for maintaining the the confidentiality of the application pursuant to 7.18.4 of the NOFA #008.**

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 #008, 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 (XLSM)\*:**

**Broadband\_Grants\_Core\_Application\_NOFA008 - CORE DOUDS ALBIA.xlsm**

Core Application NOFA#008

**Public Redacted Copy (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**

Please upload in PDF format and title as "Application Number - Applicant Name - Exhibit I"

**Please Upload a Completed Exhibit I :** Exhibit I - Wireless Design Worksheet

***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**  
Exhibit E - Grant Agreement NOFA#008

**Exceptions to Broadband Program Grant Agreement:**

***Certification, Authorization, and Release of Information - Exhibit F***

Please ensure Exhibit F is signed, in PDF format for upload, and titled "Application Number - Applicant Name - Exhibit F".

**Exhibit F - Certification Letter (Public)\*:** **Exhibit F - Certification Letter NOFA 8 - Executed .pdf**  
Exhibit F - Certification Letter

***Request for Confidentiality or Form 22 - Exhibit G***

Please ensure Exhibit G is signed, in PDF format for upload, and titled "Application Number - Applicant Name - Exhibit G".

**Exhibit G - Request for Confidentiality - Form 22 (Public)\*:** **Exhibit G - Request for Confidentiality - Form 22 NOFA 8 - Executed .pdf**  
Exhibit G - Request for Confidentiality

## **Product Pricing Form NOFA #008**

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***Pricing for Covered Speed Package***

Select the Covered Speed Package. (NOFA 3.1.7.3)

**Covered Speed Package\*:** **100/100**

Applicants must provide a price for a product with the applicable Covered Speed proposed in their Project, meaning the Applicant must state a price for a service package offering 100 megabits per second download and 100 megabits per second upload (or 100 megabits per second download and 20 megabits per second upload as applicable). (NOFA 3.1.7.3)

**Monthly Non-Promotional Price of the Covered Speed Package\*:** **\$70.00**

**Pricing for Highest Speed Package Offered**

Enter the maximum download speed (in mb/s) offered to locations within your project area.

**Maximum Download Speed**                    **10000**

**Offered\*:**

Enter the maximum upload speed (in mb/s) offered to locations within your project area.

**Maximum Upload Speed**                    **10000**

**Offered\*:**

Enter the monthly price of the maximum speed package offered to locations in your project area.

**Monthly Non-Promotional Price**        **\$1,350.00**

**of the Maximum Speed**

**Package\*:**

**Low-Cost Option**

Enter the download speed (in mb/s) of the low-cost option offered to locations within this project area.

**Low-Cost Option Download**                **100**

**Speed (in mb/s)\*:**

Enter the upload speed (in mb/s) of the low-cost option offered to locations within this project area.

**Low-Cost Option Upload Speed**        **100**

**(in mb/s)\*:**

Enter the monthly price of the low cost option offered to locations within this project area.

**Monthly Non-Promotional Price**        **\$40.00**

**of the Low-Cost Option\*:**

**Speed Tiers and Pricing**

<b>Speed Tier</b>	<b>Download Speed (mb/s)</b>	<b>Upload Speed (mb/s)</b>	<b>Monthly Non-Promotional Pricing (including fees)</b>
Tier 1	1000	1000	\$90.00
Tier 2	500	500	\$80.00
Tier 3	100	100	\$70.00
Tier 4	10000	10000	\$1,350.00

**Community Support Letter**

Convert the Community Support Letter to PDF format and upload file here.

**Community Support Letter\*:**                **Wapello County Support and Affordability Letter.pdf**