**Affirmation, Attestation, and Certification of Service or Lack of Service in Census Blocks**

**Broadband Grants Program Broadband Availability Map Challenge Process**

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| 1. **COMPANY INFORMATION (if submitted on behalf of an entity)** | | | | | |
| **Company Name:** |  | | | | |
| **Address:** |  | | | | |
| **City:** |  | **State:** |  | **Zip:** |  |

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| 1. **DESIGNATED CONTACT INFORMATION** | | | | | |
| **Contact Name** |  | **Phone #** | (\_\_\_) \_\_\_ - \_\_\_\_ | **Email:** |  |

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| 1. **CERTIFICATION/ATTESTATION/AFFIRMATION** |

In signing and submitting this form, the above-identified company, and its duly authorized representative signing on behalf thereof, hereby affirms, attests, and certifies under penalty of perjury that, as represented in its submission:

1. Company, consistent with the representations made in this form, and regardless of whether your company's prior reporting to the FCC and/or Connected Nation was correct or in error, either:
   1. Offered or Facilitated material Broadband service at or above twenty-five (25) megabits per second of download speed and three (3) megabits per second of upload speed (**“25/3 Broadband”**) in the identified census blocks as of July 31, 2020; or
   2. Did **NOT** offer or Facilitate 25/3 Broadband in the identified census blocks as of July 31, 2020;

**OR**

1. Another unaffiliated company, consistent with the representations made in this form, either:
   1. Offered or Facilitated material Broadband service at or above twenty-five (25) megabits per second of download speed and three (3) megabits per second of upload speed (**“25/3 Broadband”**) in the identified census blocks as of July 31, 2020; or
   2. Did **NOT** offer or Facilitate 25/3 Broadband in the identified census blocks as of July 31, 2020;

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| **Choose One**  [ ] Response Concerns Your Company or An Affiliated Company(#1 above)  **OR**  [ ] Response Concerns An Unaffiliated Company (#2 above) |

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| **CENSUS BLOCK ID IN WHICH 25/3 BROADBAND OFFERED OR FACILITATED (OR NOT) (please attach excel spreadsheet listing additional census blocks and making corresponding representations in columns to the right if necessary)** | **PRIOR REPORTING  to FCC or Connected Nation**  **In Error means data was reported incorrectly to FCC or Connected Nation**  **Correct means data was reported correctly to FCC or Connected Nation**  **No Response means data was not reported to FCC or Connected Nation**  **Unknown means data is incorrect for unknown reasons** | | | | **25/3 Broadband materially FACILITATED AS OF July 31, 2020**  **Yes means 25/3 broadband was available as of July 31, 2020**  **No means 25/3 broadband was not available as of July 31, 2020** |
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|
|  | [ ] In Error | [ ] Correct | [ ] No Response | [ ] Unknown | [ ] Yes [ ] No |
|  | [ ] In Error | [ ] Correct | [ ] No Response | [ ] Unknown | [ ] Yes [ ] No |
|  | [ ] In Error | [ ] Correct | [ ] No Response | [ ] Unknown | [ ] Yes [ ] No |
|  | [ ] In Error | [ ] Correct | [ ] No Response | [ ] Unknown | [ ] Yes [ ] No |
|  | [ ] In Error | [ ] Correct | [ ] No Response | [ ] Unknown | [ ] Yes [ ] No |
|  | [ ] In Error | [ ] Correct | [ ] No Response | [ ] Unknown | [ ] Yes [ ] No |

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| 1. **ADDITIONAL EXPLANATION** (To the extent you believe additional explanation is required to ensure that you are communicating full and accurate information, please use the below space to further explain, qualify, or substantiate your above certification/attestation/affirmation. To the extent necessary, please feel free to upload additional explanations/supporting documentation. **If you are a Communications Service Provider and indicated “In Error” or “No Response” in the “Prior Reporting to FCC” column for any census blocks above, please elaborate.**) |
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| 1. **SIGNATURE\*** | | | |
| **Authorized Signature:** |  | **Date:** |  |
| **Printed Name:** |  | | |
| **Title:** |  | | |

**\*PLEASE READ BEFORE SIGNING:** By signing and submitting this form, I, on my own behalf or as a representative of the company identified above, as applicable, expressly represent that I am authorized to make the above factual representation on behalf of said company and/or myself, as applicable, and under penalty of perjury as authorized by Iowa Code section 622.1 and pursuant to the laws of the state of Iowa, certify the following with respect to this form submitted on behalf of said company and/or myself: any statements, representations, warranties, certifications, or attestations made in this form, including any attachments or enclosures associated therewith, are true and accurate; I, on behalf of said company and/or myself, have not knowingly made any false statements or representations in this form. In addition to any criminal penalties authorized by Iowa Code section 720.2 that may result from any false statements of material fact made herein or any other remedies available at law, equity, or otherwise, if it is subsequently determined that I have made a statement, representation, warranty, certification, or attestation in this form, or any attachments or enclosures associated herewith, that is later proven untrue in any material respect, the company on which I submitted this form on behalf of may be disqualified from current incentive programs administered by the Office or may be ordered to repay the Office the entire amount of any funds previously distributed by the Office to said company in connection with any current incentive programs administered by the Office. OCIO makes no guarantees as to whether the information supplied by you will result in any change to the Broadband Availability Map V3 or the way any incentive decisions are reviewed, scored, or decided. This form, as completed, any attachments hereto, and any other information or materials submitted to the Office in connection with this form or related inquiry, shall be considered public records and shall be made available for public examination and/or disseminated upon request by third parties as required by Iowa Code chapter 22. The Office reserves the right to reject this form and relatedly consider any information communicated through this form as neither credible nor probative if this form is not fully and properly filled out.