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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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380273 - Broadband Grant Program - Empower Rural Iowa - NOFA #004

385898 - OCIO Broadband Grants Program NOFA #004

Broadband Grant Program - Empower Rural Iowa

Status: Submitted **Submitted Date:** 2020-11-20 05:52:12
Signature: Jeremy Carroll **Submitted By:** Jeremy Carroll

Applicant Information

Project Officer

AnA User Id MANNINGIA@IOWAID
First Name* Jeremy **Carroll**
First Name Middle Name Last Name
Title:
Email:* jeremy@manningia.com
Address:* 321 Center St.

City* Manning Iowa 51455
City State/Province Postal Code/Zip
Phone:* 712-655-3905
Phone Ext.

Program Area of Interest* Broadband Grant Program - Empower Rural Iowa
Fax: 712-655-3304
Agency

Organization Information

Organization Name:* Manning Municipal Utilities
Organization Type:* City Government
DUNS:
Organization Website: mmuia.com
Address: 321 Center St.
City Manning Iowa **51455**
City State/Province Postal Code/Zip
Phone: 712-655-3905
Ext.
Fax: 712-655-3304
Benefactor Vendor Number

Cover Sheet-General Information

Authorized Official

Name* Jeremy Carroll
Title* General Manager
Organization* Manning Municipal Utilities
If you are an individual, please provide your First and Last Name.
Address* 321 Center St.
City/State/Zip* Manning Iowa 51455
City State Zip
Telephone Number* 712-655-3905
E-Mail* jeremy@manningia.com

Fiscal Officer/Agent

*Please enter the "Fiscal Officer" for your Organization.
 If you are an individual, please provide your First and Last Name.*

2 of 5

Name* Jeremy Carroll

Title

Organization Manning Municipal Utilities

Address 321 Center St.

City/State/Zip Manning Iowa 51455
City State Zip

Telephone Number 712-655-3905

E-Mail jeremy@manningia.com

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

Congressional District(s) Involved or Affected by this Proposal* 4th - Rep Steve King (R)
[Congressional Map](#)

Iowa Senate District(s) Involved or Affected by this Proposal* 6
[District Map](#)

Iowa House District(s) Involved or Affected by this Proposal* 12
[District Map](#)

Business Organization - NOFA #004

Business Legal Name* Manning Municipal Utilities

Mailing Address

Street * 321 Center St.

City* Manning

State* IA

Zip* 51455

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

Alternate Street

Alternate City

Alternate State

Alternate Zip

Additional Information

Please name and upload file "Application Number - Applicant Name - Business Organization". File can be a PDF or Word Document.

* [App 385898 Manning Municipal Business Org.docx](#)

Public Redacted Broadband Additional Information

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

Executive Project Summary NOFA #004

This section requires an Applicant to summarize, at a high level, its proposed Project, including but not limited to the geographic area in which the Project will occur, the primary deployment model (e.g., wireline versus wireless), and a general overview of how Applicant has/will comply with the terms, conditions, and requirements of Iowa Code section 8B.11, Iowa Administrative Code rule 129—22, and this NOFA #004. Name and upload this file "Application Number - Applicant Name - Executive Project Summary". This can be a PDF or Word Document.

Executive Project Summary* [385898-Manning Municipal-Executive Summary.docx](#)

The section requires Applicant to affirm whether or not State funds are necessary for the Project to proceed.

Are State Funds Necessary for the Project to proceed?* Yes

This section requires an Applicant to describe how the Project will or will not proceed if State funds requested are not ultimately awarded. Control Number 385898

Describe how the Project will or will not proceed if State funds requested are not ultimately awarded.*

This rural project would likely not proceed without an award, or potentially some of the households to the south will need to be excluded due to financial constraints. Costs of labor and materials are rising each day, due to high demand, and a new timeline and milestones may need to be evaluated.

Project Status

Project Milestone	Estimated Completion date	Costs Incurred
Engineering and mapping	09/01/2021	\$20,000.00
North areas	11/30/2022	\$49,100.00
South areas	11/30/2023	\$257,844.00

Demonstrated Experience NOFA #004

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; number of years in business; number of years of experience providing the types of services sought by this NOFA #004; 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 #004; or any other information that would aid the Office in assessing whether Applicant is a Responsible Applicant.

Demonstrated Experience* [Manning NOFA 004 Applicant.docx](#)

References

Name	Manning Insurance Agency
Telephone Number	712-655-4076
Reference Letter #1	MMU Reference Letter MIA 00000003.pdf
Name	Manning News
Telephone Number	712-830-9798
Reference Letter #2	Manning News.pdf
Name	Mayor Joe Maas
Telephone Number	712-655-3905
Reference Letter #3	Manning Mayor.pdf

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 7.18 of the NOFA #004.

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 7.18.1.5 of the NOFA #004, the Office shall be relieved from any responsibility for maintaining the confidentiality of the application pursuant to 7.18.5 of the NOFA #004.

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 #004, 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* [385898-Manning Municipal Utilities - Core Application.xlsm](#)

Public Redacted Copy

This section allows the Applicant to optionally attach three (3) community support documents for the Project, including but not limited to testimonials or letters of support. Please send any additional community support documents to ociogrants@iowa.gov. See NOFA Exhibit C Section 2.6.

Community Support Document 1	385989 -Manning Community Support News October-2020.pdf
Community Support Document 2	385898 Manning News Community Support1.pdf
Community Support Document 3	385898 Manning Community support 2.pdf

Broadband Grants Program Grant Agreement - Exhibit E

Exceptions to Broadband Grants
Program Grant Agreement*

[385898-Manning Municipal Utilities exhibit_e_-_broadband_grants_program_grant_agreement_nofa004 1.docx](#)

Certification, Authorization, and Release of Information - Exhibit F

Certification Letter (Public)*

[385898-Manning Municipal Utilities-Exhibit F.pdf](#)

Request for Confidentiality or Form 22 - Exhibit G

Form 22 (Public)*

[385898-Manning Municipal Utilities Exhibit H.pdf](#)

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 35%)	Grant Request (Est. Cost * Request %)
Conduit		\$0.00	\$0.00	\$0.00	0	\$0.00
Fiber/Copper	Fiber Cable Cost	\$16,854.00	\$0.00	\$16,854.00	35.0	\$5,898.90
OSP Engineering	Engineering, staking, tabulation, as-built	\$7,950.00	\$0.00	\$7,950.00	35.0	\$2,782.50
Design Engineering	Oak Hill Consulting	\$20,000.00	\$0.00	\$20,000.00	35.0	\$7,000.00
Construction Mgmt.		\$0.00	\$0.00	\$0.00	0	\$0.00
Tower		\$0.00	\$0.00	\$0.00	0	\$0.00
Antenna		\$0.00	\$0.00	\$0.00	0	\$0.00
Boring	\$10/ft	\$20,000.00	\$0.00	\$20,000.00	35.0	\$7,000.00
Trenching		\$0.00	\$0.00	\$0.00	0	\$0.00
Knifing	installation of fiber cable	\$206,700.00	\$0.00	\$206,700.00	35.0	\$72,345.00
Aerial Deployment/Make Ready		\$0.00	\$0.00	\$0.00	0	\$0.00
Outside Plant		\$0.00	\$0.00	\$0.00	0	\$0.00
Switching Equipment		\$0.00	\$0.00	\$0.00	0	\$0.00
Routing Equipment		\$0.00	\$0.00	\$0.00	0	\$0.00
Optical Equipment	Optical line terminal (OLT)	\$10,020.00	\$0.00	\$10,020.00	35.0	\$3,507.00
Customer Premise Equipment	Optical network terminal (ONT), wiring @12	\$13,620.00	\$0.00	\$13,620.00	35.0	\$4,767.00
Other	Service Lines @12	\$31,800.00	\$0.00	\$31,800.00	35.0	\$11,130.00
Totals		\$326,944.00	\$0.00	\$326,944.00		\$114,430.40

Minority Impact Statement**Question # 1**

1. The proposed grant programs or policies could have a disproportionate or unique POSITIVE IMPACT on minority persons. *

Not Applicable

If YES, describe the positive impact expected from this project

Indicate the group(s) positively impacted.

Question # 2

2. The proposed grant project programs or policies could have a disproportionate or unique NEGATIVE IMPACT on minority persons. *

Not Applicable

If YES, describe the negative impact expected from this project.

If YES, present the rationale for the existence of the proposed program or policy.

If YES, provide evidence of consultation with representatives of the minority groups impacted.

Indicate the group(s) negatively impacted.

Question # 3

3. The proposed grant project programs or policies are NOT EXPECTED TO HAVE A DISPROPORTIONATE OR UNIQUE IMPACT on minority persons. *

Not Applicable

If YES, present the rationale for determining no impact.

Certification

I hereby certify that the information on this form is complete and accurate, to the best of my knowledge.*

Yes

Name of Person Submitting Certification.*

Jeremy Carroll

Title of Person Submitting Certification*

General Manager

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