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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

385687 - Riverside to Washington

Broadband Grant Program - Empower Rural Iowa

Status:	Submitted	Submitted Date:	2020-11-20 12:16:56
Signature:	Casey Peck	Submitted By:	Casey Peck

Applicant Information

Project Officer

AnA User Id CASEY.PECK@IOWAID
First Name* Casey Peck
First Name Middle Name Last Name
Title:
Email:* casey.peck@kctc.net
Address:* PO Box 1208

City* Kalona Iowa 52247
City State/Province Postal Code/Zip
Phone:* 319-656-3668
Phone Ext.

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

Organization Information

Organization Name:* Kalona Cooperative Telephone Co
Organization Type:* Public
DUNS:
Organization Website: kctc.net
Address: PO Box 1208
 510 B Avenue
 Kalona Iowa 52247
City State/Province Postal Code/Zip
Phone: 319-656-3668
Ext.

Fax:
Benefactor Vendor Number

Cover Sheet-General Information

Authorized Official

Name* Casey Peck
Title* CFO/GM
Organization* Kalona Cooperative Telephone Co
If you are an individual, please provide your First and Last Name.
Address* 510 B Avenue
 P.O. Box 1208
City/State/Zip* Kalona Iowa 52247
City State Zip
Telephone Number* 319-656-3668
E-Mail* casey.peck@kctc.net

Fiscal Officer/Agent

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

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Name* Kalona Cooperative Telephone C

Title

Organization

Address PO Box 1208

City/State/Zip Kalona Iowa 52247
City State Zip

Telephone Number

E-Mail casey.peck@kctc.net

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

Congressional District(s) Involved or Affected by this Proposal* 2nd - Rep David Loebsack (D)
[Congressional Map](#)

Iowa Senate District(s) Involved or Affected by this Proposal* 39
[District Map](#)

Iowa House District(s) Involved or Affected by this Proposal* 78
[District Map](#)

Business Organization - NOFA #004

Business Legal Name* Kalona Cooperative Telephone Co

Mailing Address

Street * 510 B Avenue, P.O. Box 1208

City* Kalona

State* IA

Zip* 52247

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.

* [History of KCTC.pdf](#)

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* [Executive Summary November 2020.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 385687

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

The project will not progress at full build for the area if we do not receive the grant funding. The project is too large for the quantity of customers therefore not making it to a break even point without a grant.

Project Status

Project Milestone	Estimated Completion date	Costs Incurred
Engineering	12/31/2021	\$928,083.00
Central Office Equipment	12/31/2022	\$65,236.17
Buried Plan & Conduit	12/31/2023	\$2,148,274.20
Splicing and OSP Equipment Installed	12/31/2024	\$1,577,046.00
Drops and installation of drops	12/31/2025	\$849,855.00

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* [Executive Summary.pdf](#)

References

Name	Deb Krotz-Dieleman
Telephone Number	319-653-1720
Reference Letter #1	2020 Deb Krotz-Dieleman Testimonial.pdf
Name	Dave Hochstetler
Telephone Number	319-656-5804
Reference Letter #2	Community Involvement _ KCTC.pdf
Name	Doug Yotty
Telephone Number	319-656-5432
Reference Letter #3	

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* [Revision 4 Broadband_Grants_Core_Application_NOFA004.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	2020 Amanda Humphrey.pdf
Community Support Document 2	Miranda Malichky Support Letter.docx
Community Support Document 3	2020 November Grant support.pdf

Broadband Grants Program Grant Agreement - Exhibit EExceptions to Broadband Grants
Program Grant Agreement*[2020 November Grant Agreement Signed.pdf](#)**Certification, Authorization, and Release of Information - Exhibit F**

Certification Letter (Public)*

[2020 Exhibit F - November 2020.pdf](#)**Request for Confidentiality or Form 22 - Exhibit G**

Form 22 (Public)*

[2020 Exhibit G - November 2020.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	Conduit Plant	\$195,083.42	\$0.00	\$195,083.42	35.0	\$68,279.20
Fiber/Copper	Fiber and boring	\$1,883,508.00	\$0.00	\$1,883,508.00	35.0	\$659,227.80
OSP Engineering		\$0.00	\$0.00	\$0.00	0	\$0.00
Design Engineering		\$928,083.00	\$0.00	\$928,083.00	35.0	\$324,829.05
Construction Mgmt.	Misc OSP	\$1,434,291.00	\$0.00	\$1,434,291.00	35.0	\$502,001.85
Tower		\$0.00	\$0.00	\$0.00	0	\$0.00
Antenna		\$0.00	\$0.00	\$0.00	0	\$0.00
Boring	Drops	\$573,247.50	\$0.00	\$573,247.50	35.0	\$200,636.62
Trenching		\$0.00	\$0.00	\$0.00	0	\$0.00
Knifing		\$0.00	\$0.00	\$0.00	0	\$0.00
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	NIDS	\$107,450.00	\$0.00	\$107,450.00	35.0	\$37,607.50
Routing Equipment	Splitter Cabinets	\$69,420.00	\$0.00	\$69,420.00	35.0	\$24,297.00
Optical Equipment		\$65,236.17	\$0.00	\$65,236.17	35.0	\$22,832.66
Customer Premise Equipment	ONTs	\$169,157.00	\$0.00	\$169,157.00	35.0	\$59,204.95
Other	Splicing	\$142,755.00	\$0.00	\$142,755.00	35.0	\$49,964.25
	Totals	\$5,568,231.09	\$0.00	\$5,568,231.09		\$1,948,880.88

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.

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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.*

Casey Peck

Title of Person Submitting Certification*

CFO/GM

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