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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

385587 - Rural North Waukon

Broadband Grant Program - Empower Rural Iowa

**Status:** Submitted  
**Signature:** Hollee McCormick  
**Submitted Date:** 2020-11-19 09:51:32  
**Submitted By:** David Decker

### Applicant Information

#### Project Officer

**AnA User Id** ALLAMAKEE-CLAYTONELECTRIC2017@IOWAID  
**First Name\*** David Decker  
First Name Middle Name Last Name  
**Title:**  
**Email:\*** ddecker@acrec.coop  
**Address:\*** 229 State Highway 51

**City\*** Postville Iowa 52162  
City State/Province Postal Code/Zip  
**Phone:\*** 563-864-7611  
Phone Ext.

**Program Area of Interest\*** Broadband Grant Program - Empower Rural Iowa  
**Fax:** 563-864-7820  
**Agency**

#### Organization Information

**Organization Name:\*** Allamakee-Clayton Electric Cooperative, Inc.  
**Organization Type:\*** Non-Profit Organization  
**DUNS:** 00-694-2056  
**Organization Website:** acrec@acrec.coop  
**Address:** 229 State Highway 51

**City** Postville Iowa 52162  
City State/Province Postal Code/Zip  
**Phone:** 563-864-7611  
Ext.

**Fax:** 563-867-7820  
**Benefactor Vendor Number**

### Cover Sheet-General Information

#### Authorized Official

**Name\*** Hollee McCormick  
**Title\*** General Manager  
**Organization\*** Allamakee Clayton Rural Electric Cooperative  
If you are an individual, please provide your First and Last Name.  
**Address\*** 229 Highway 51, PO Box 51

**City/State/Zip\*** Postville Iowa 52162  
City State Zip

**Telephone Number\*** 563-864-7611

**E-Mail\*** hmcormick@acrec.coop

#### 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\*** David Decker  
**Title** Director of Finance and Administrative Services  
**Organization** Allamakee Clayton Rural Electric Cooperative  
**Address** 229 Highway 51  
  
**City/State/Zip** Postville Iowa 52162  
City State Zip  
**Telephone Number** 563-864-7611  
**E-Mail** [ddecker@acrec.coop](mailto:ddecker@acrec.coop)  
**County(ies) Participating, Involved, or Affected by this Proposal\*** Allamakee County  
**Congressional District(s) Involved or Affected by this Proposal\*** 1st - Rep. Abby Finkenauer (D)  
[Congressional Map](#)  
**Iowa Senate District(s) Involved or Affected by this Proposal\*** 28  
[District Map](#)  
**Iowa House District(s) Involved or Affected by this Proposal\*** 56  
[District Map](#)

### Business Organization - NOFA #004

**Business Legal Name\*** Allamakee Clayton Rural Electric Cooperative

#### Mailing Address

**Street \*** 229 Highway 51, PO Box 51  
**City\*** Postville  
**State\*** IA  
**Zip\*** 52162

#### 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.

\* [REC history.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\*** [380273 - Rural North Waukon - 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 385587

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

The proposed project would not happen without Empower Rural Iowa/OCIO funds. REC would like to get into more rural settings with their fiber optics to provide the best possible technology to their customers to ensure for quality distance learning, work-from-home capacity and tele-health care. The pandemic has dictated the need for such fiber. Normally rural build outs are approximately triple the costs of urban builds due to terrain and density.

## Project Status

Project Milestone	Estimated Completion date	Costs Incurred
Engineering Work Completed	07/01/2021	\$11,757.00
Construction completed	12/31/2021	\$133,733.00

## 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\* [REC history.docx](#)

## References

Name	Ardie Kuhse
Telephone Number	5635682624
Reference Letter #1	<a href="#">Support letter North Rural Waukon - WEDC.pdf</a>
Name	Val Reinke
Telephone Number	5634190908
Reference Letter #2	<a href="#">Letter of Support Waukon Fiber - ACED.docx</a>
Name	Michael Coyle
Telephone Number	5635683411
Reference Letter #3	<a href="#">2020-11 Referral Letter OCIO - Veterans Mem.pdf</a>

## 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\* [Broadband\\_Grants\\_Core\\_Application\\_Rural North Waukon 1.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](mailto:ociogrants@iowa.gov). See NOFA Exhibit C Section 2.6.

Community Support Document 1	<a href="#">Standard Article regarding Phase 1 Fiber.pdf</a>
Community Support Document 2	<a href="#">Support Letter.pdf</a>
Community Support Document 3	<a href="#">NRECA ACEC Broadband Case Study.pdf</a>

**Broadband Grants Program Grant Agreement - Exhibit E**

Exceptions to Broadband Grants Program Grant Agreement\* [Exhibit E.pdf](#)

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

Certification Letter (Public)\* [Exhibit f.pdf](#)

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

Form 22 (Public)\* [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 Optic Cable, SJSA, Loose Tube, Single mode	\$30,581.00	\$0.00	\$30,581.00	35.0	\$10,703.35
OSP Engineering	Plant Design, Project Management, Permitting, Mapping	\$9,757.00	\$0.00	\$9,757.00	35.0	\$3,414.95
Design Engineering		\$0.00	\$0.00	\$0.00	0	\$0.00
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	Directional Drilling of 1.25" conduit	\$15,272.00	\$0.00	\$15,272.00	35.0	\$5,345.20
Trenching		\$0.00	\$0.00	\$0.00	0	\$0.00
Knifing	Vibratory Plow of Fiber Cable with Warning Tape	\$43,680.00	\$0.00	\$43,680.00	35.0	\$15,288.00
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 equipment	\$4,000.00	\$0.00	\$4,000.00	35.0	\$1,400.00
Customer Premise Equipment	customer premise equipment	\$25,200.00	\$0.00	\$25,200.00	35.0	\$8,820.00
Other	administrative costs and contingency reserve	\$17,000.00	\$0.00	\$17,000.00	35.0	\$5,950.00
<b>Totals</b>		<b>\$145,490.00</b>	<b>\$0.00</b>	<b>\$145,490.00</b>		<b>\$50,921.50</b>

**Minority Impact Statement**

**Question # 1**

1. The proposed grant programs or policies could have a disproportionate or unique POSITIVE IMPACT on minority persons. \* No

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 No

disproportionate or unique **NEGATIVE IMPACT** on minority persons. \*

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. \*

Yes

If YES, present the rationale for determining no impact.

The proposed area will be all residential properties along Highway 76 North of Waukon, including 3.0 miles.

**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. \*

Hollee McCormick

Title of Person Submitting Certification\*

General Manager

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