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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.

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

385817 - FCTC NOFA#4

Broadband Grant Program - Empower Rural Iowa

Status:	Submitted	Submitted Date:	2020-11-22 04:43:44
Signature:	Shelly Franzenburg	Submitted By:	Shelly Lynne Franzenburg

Applicant Information

Project Officer

AnA User Id SHELLYFRANZENBURG@IOWAID
First Name* Shelly Lynne Franzenburg
First Name Middle Name Last Name
Title:
Email:* SFRANZENBURG@FCTC.COOP
Address:* 206 4th Street
 PO Box 384

City* Van Horne Iowa 52346
City State/Province Postal Code/Zip
Phone:* 319-476-7800
Phone Ext.
Program Area of Interest* Broadband Grant Program - Empower Rural Iowa
Fax:
Agency

Organization Information

Organization Name:* FARMERS COOPERATIVE TELEPHONE
Organization Type:* Other
DUNS: 07-807-7088
Organization Website: www.fctc.coop
Address: 332 MAIN ST
 PO BOX 280

City DYSART Iowa 52224
City State/Province Postal Code/Zip
Phone: 319-476-7800
Ext.
Fax:
Benefactor Vendor Number

Cover Sheet-General Information

Authorized Official

Name* Shelly Franzenburg
Title* General Manager
Organization* Farmers Cooperative Telephone Company
If you are an individual, please provide your First and Last Name.
Address* 332 Main St
 PO Box 280

City/State/Zip* Dysart Iowa 52224
City State Zip
Telephone Number* 319-476-7800
E-Mail* sfranzenburg@fctc.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* Shelly Franzenburg

Title General Manager

Organization Farmers Cooperative Telephone Company

Address 332 Main St
PO Box 280

City/State/Zip Dysart Iowa 52224
City State Zip

Telephone Number 319-476-7800

E-Mail sfranzenburg@fctc.coop

County(ies) Participating, Involved, or Affected by this Proposal* Benton County, Tama 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* 33, 36
[District Map](#)

Iowa House District(s) Involved or Affected by this Proposal* 72, 75
[District Map](#)

Business Organization - NOFA #004

Business Legal Name* Farmers Cooperative Telephone Company

Mailing Address

Street * PO BOX 280

City* Dysart

State* IA

Zip* 52224

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.

* [385817 - Farmers Cooperative Telephone Company - Business Organization.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* [385817 - Farmers Cooperative Telephone Company - Executive Project Summary.pdf](#)

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 385817

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

FCTC will require outside funding in order to move forward with a project of this size.

Project Status

Project Milestone	Estimated Completion date	Costs Incurred
No work has taken place on this project	11/01/2025	\$0.00

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* [385817 - Farmers Cooperative Telephone Company - Demonstrated Experience.docx](#)

References

Name	Tama Benton Cooperative / Ben Schemmel
Telephone Number	319-476-3666
Reference Letter #1	385817 - Farmers Cooperative Telephone Company - Reference Letter 1.pdf
Name	Mandy Brown
Telephone Number	319-240-2984
Reference Letter #2	385817 - Farmers Cooperative Telephone Company - Reference Letter 2.pdf
Name	Pipho & Gingrich Family Dentistry /Taylor Gingrich
Telephone Number	319-476-4110
Reference Letter #3	385817 - Farmers Cooperative Telephone Company - Reference Letter 3.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* [385817 - Farmers Cooperative Telephone Company - 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	385817 - Farmers Cooperative Telephone Company - Support Doc 1.pdf
Community Support Document 2	385817 - Farmers Cooperative Telephone Company - Support Doc 2.pdf
Community Support Document 3	385817 - Farmers Cooperative Telephone Company - Support Doc 3.pdf

Broadband Grants Program Grant Agreement - Exhibit E

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 Exceptions to Broadband Grants
 Program Grant Agreement*

[385817 - Farmers Cooperative Telephone Company - Exhibit E.pdf](#)

Certification, Authorization, and Release of Information - Exhibit F

Certification Letter (Public)*

[385817 - Farmers Cooperative Telephone Company - Exhibit F.pdf](#)

Request for Confidentiality or Form 22 - Exhibit G

Form 22 (Public)*

[385817 - Farmers Cooperative Telephone Company - Exhibit G.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	\$7,920.00	\$7,920.00	\$15,840.00	35.0	\$5,544.00
Fiber/Copper	Fiber	\$446,676.20	\$4,466.76	\$451,142.96	35.0	\$157,900.04
OSP Engineering	Stacking to CAD	\$402,008.58	\$804.02	\$402,812.60	35.0	\$140,984.41
Design Engineering		\$672,570.40	\$1,345.14	\$673,915.54	35.0	\$235,870.44
Construction Mgmt.	Contracts, Inspections and As-Built	\$1,118,176.11	\$4,472.70	\$1,122,648.81	35.0	\$392,927.08
Tower		\$0.00	\$0.00	\$0.00	0	\$0.00
Antenna		\$0.00	\$0.00	\$0.00	0	\$0.00
Boring	Boring	\$475,200.00	\$4,752.00	\$479,952.00	35.0	\$167,983.20
Trenching		\$0.00	\$0.00	\$0.00	0	\$0.00
Knifing	Plow mainline & drops	\$1,536,063.20	\$0.00	\$1,536,063.20	35.0	\$537,622.12
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	Switching Equipment	\$79,025.27	\$0.00	\$79,025.27	35.0	\$27,658.84
Routing Equipment	Routing Equipment & Cutover	\$93,996.37	\$0.00	\$93,996.37	35.0	\$32,898.73
Optical Equipment	SFP's	\$17,184.00	\$0.00	\$17,184.00	35.0	\$6,014.40
Customer Premise Equipment	NID	\$262,850.00	\$0.00	\$262,850.00	35.0	\$91,997.50
Other	Drops, ONT, Peds, Cutover	\$1,291,471.21	\$1,291.47	\$1,292,762.68	35.0	\$452,466.94
Totals		\$6,403,141.34	\$25,052.09	\$6,428,193.43		\$2,249,867.70

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.*

Shelly Franzenburg

Title of Person Submitting Certification*

General Manager

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