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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**

**384726 - Alpine Communications Rural Clayton County Nov 2020 NOFA #004**  
**Broadband Grant Program - Empower Rural Iowa**

<b>Status:</b>	Submitted	<b>Submitted Date:</b>	2020-11-17 02:07:57
<b>Signature:</b>	Chris Hopp	<b>Submitted By:</b>	Chris Hopp

**Applicant Information**

**Project Officer**

**AnA User Id** CHRIS.HOPP@IOWAID  
**First Name\*** Chris **Hopp**  
First Name Middle Name Last Name  
**Title:**  
**Email:\*** [chris@alpine-communications.com](mailto:chris@alpine-communications.com)  
**Address:\*** 923 Humphrey St

**Organization Information**

**Organization Name:\*** Alpine Communications, LC  
**Organization Type:\*** For-Profit – Privately Held  
**DUNS:**  
**Organization Website:** www.alpinecom.net  
**Address:** 923 Humphrey St

<b>City*</b>	Elkader Iowa 52043	<b>City</b>	Elkader Iowa 52043
<b>Phone:*</b>	563-245-4480	<b>Phone:</b>	563-245-4000
<b>Program Area of Interest*</b>	Broadband Deployment	<b>Fax:</b>	563-245-2887
<b>Fax:</b>	563-245-2887	<b>Benefactor Vendor Number</b>	

**Cover Sheet-General Information**

**Authorized Official**

**Name\*** Chris Hopp  
**Title\*** GM/COO  
**Organization\*** Alpine Communications, LC  
If you are an individual, please provide your First and Last Name.  
**Address\*** 923 Humphrey St  
  
**City/State/Zip\*** Elkader Iowa 52043  
City State Zip  
**Telephone Number\*** 563-245-4000  
**E-Mail\*** [chris@alpine-communications.com](mailto:chris@alpine-communications.com)

**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\*** Chris Hopp

**Title**

**Organization** Alpine Communications, LC

**Address** 923 Humphrey St

**City/State/Zip** Elkader Iowa 52043  
City State Zip

**Telephone Number** 563-245-4000

**E-Mail** [chris@alpine-communications.com](mailto:chris@alpine-communications.com)

**County(ies) Participating, Involved, or Affected by this Proposal\*** Clayton 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\*** Alpine Communications, LC

**Mailing Address**

**Street \*** 923 Humphrey St

**City\*** Elkader

**State\*** IA

**Zip\*** 52043

**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.

\* [Alpine NOFA 004 - Business Organization 2.2.2.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\*** [Project Summary - Alpine NOFA 004.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 384726

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

This project will proceed in some fashion, although the size and scope of the project will be greatly reduced if the grant is not awarded. In addition, if this grant is not approved other projects (plan to bring FTTH to all locations in the Alpine service area) planned to bring FTTH technology to the remainder of Alpine's rural service area will either be reduced or eliminated.

Alpine is committed to working toward overall community enhancement that includes residences, businesses and community anchor institutions with the rural service areas of Alpine's exchange area (urban locations are already being served by FTTH). Access to high speed broadband service should be available to every location regardless of whether they live in town or out in the rural areas. After reviewing the financial feasibility of the project, the locations included in Alpine's applications would be too costly to build without funding assistance. Due to the rural nature and relatively low population density, this project would be difficult to justify with the financial assistance from NOFA #004. Therefore, the project will likely be substantially modified without grant assistance.

## Project Status

Project Milestone	Estimated Completion date	Costs Incurred
Staking	06/30/2021	\$39,188.00
Permits	06/30/2021	\$5,000.00
Outside Plant Bidding and Contracts	07/31/2021	\$10,000.00
Distribution Fiber Construction	11/30/2021	\$840,032.00
Drop Construction	11/30/2021	\$150,023.00
Optical Equipment Installation and Turn-up	08/31/2021	\$50,400.00
Install CPE and Cutover	11/01/2022	\$16,800.00
Closeout, As-Builts, Construction Management	01/02/2023	\$112,875.00

## 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\* [OCIO Grant Section 2.2.4 Demonstrated Experience NOFA 4.pdf](#)

## References

Name	Andy Reimer
Telephone Number	563-252-2471
Reference Letter #1	<a href="#">Andy Reimer Letter 11-13-20.pdf</a>
Name	Russell Loven
Telephone Number	5632521310
Reference Letter #2	<a href="#">Russ Loven Letter 11-16-20.pdf</a>
Name	Forest Brown
Telephone Number	5632521714
Reference Letter #3	<a href="#">Browns Alpine Letter 11-20.pdf.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. However, 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\* [Alpine Broadband\\_Grants\\_Core\\_Application\\_NOFA 004 v2.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 [CCDG Alpine Communications Support Letter 2020.pdf](#)

Community Support Document 2 [CC-Supervisors-AplineLetterSupportnov2020.pdf](#)

Community Support Document 3 [Pasket Recommendation.pdf](#)

### Broadband Grants Program Grant Agreement - Exhibit E

Exceptions to Broadband Grants Program Grant Agreement\* [Alpine Comm Exhibit E - NOFA 004 Blank.docx](#)

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

Certification Letter (Public)\* [Alpine Comm NOFA 004 - Exhibit F.pdf](#)

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

Form 22 (Public)\* [Alpine Comm NOFA 004 - 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	Material	\$26,208.00	\$0.00	\$26,208.00	35.0	\$9,172.80
Fiber/Copper	Material	\$145,189.00	\$0.00	\$145,189.00	35.0	\$50,816.15
OSP Engineering	N/A	\$0.00	\$0.00	\$0.00	0	\$0.00
Design Engineering	Staking, General Coordination and Mapping for the project	\$39,188.00	\$0.00	\$39,188.00	35.0	\$13,715.80
Construction Mgmt.	Coordination, Schematics, Cutsheets, Permitting, Inspection, Const Management, AS builds and Mapping	\$127,875.00	\$0.00	\$127,875.00	35.0	\$44,756.25
Tower	N/A	\$0.00	\$0.00	\$0.00	0	\$0.00
Antenna	N/A	\$0.00	\$0.00	\$0.00	0	\$0.00
Boring	Labor	\$338,228.00	\$0.00	\$338,228.00	35.0	\$118,379.80
Trenching	N/A	\$0.00	\$0.00	\$0.00	0	\$0.00
Knifing	PLow Labor and ancillary equipment and labor	\$330,407.00	\$0.00	\$330,407.00	35.0	\$115,642.45
Aerial Deployment/Make Ready	N/A	\$0.00	\$0.00	\$0.00	0	\$0.00
Outside Plant	N/A	\$0.00	\$0.00	\$0.00	0	\$0.00
Switching Equipment	N/A	\$0.00	\$0.00	\$0.00	0	\$0.00
Routing Equipment	N/A	\$0.00	\$0.00	\$0.00	0	\$0.00
Optical Equipment	Fiber frames and terminations, fiber jumpers, CAlix e7-2 optics, cards and chassis	\$50,400.00	\$0.00	\$50,400.00	35.0	\$17,640.00
Customer Premise Equipment	Calix ONT's and powercords	\$16,800.00	\$0.00	\$16,800.00	35.0	\$5,880.00
Other	Fiber Drop, NID Shell, Grounding	\$150,023.00	\$0.00	\$150,023.00	35.0	\$52,508.05
<b>Totals</b>		<b>\$1,224,318.00</b>	<b>\$0.00</b>	<b>\$1,224,318.00</b>		<b>\$428,511.30</b>

### Minority Impact Statement

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

No

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.

Alpine Communications does not discriminate on gender, race, or disability when offering service. Alpine Communications offers Lifeline service to qualifying low income customers to allow them more affordable access to service.

**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. \*

Chris Hopp

Title of Person Submitting Certification\*

GM

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