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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**

**385891 - Proposed Rural Sac County Fiber Project**  
**Broadband Grant Program - Empower Rural Iowa**

**Status:** Submitted  
**Signature:** Lee Wuebker  
**Submitted Date:** 2020-11-20 04:10:41  
**Submitted By:** Emily Swensen

**Applicant Information**

**Project Officer**

**AnA User Id** LARRY.NEPPL@IOWAID  
**First Name\*** Emily Swensen  
First Name Middle Name Last Name  
**Title:**  
**Email:\*** [cbtelco@netins.net](mailto:cbtelco@netins.net)  
**Address:\*** 108 Main Street  
 PO Box 445  
  
**City\*** Wall Lake Iowa 51466  
City State/Province Postal Code/Zip  
**Phone:\*** 712-664-2221  
Phone Ext.  
**Program Area of Interest\*** Broadband Grant Program - Empower Rural Iowa  
**Fax:**  
**Agency**

**Organization Information**

**Organization Name:\*** Corn Belt Telephone Company, Inc.  
**Organization Type:\*** Private  
**DUNS:** 04-527-3240  
**Organization Website:** www.cornbelttelephone.com  
**Address:** 108 MAIN ST  
 PO BOX 445  
 108 MAIN ST, PO BOX 445  
 Wall Lake Iowa 51466  
City State/Province Postal Code/Zip  
**Phone:** 712-664-2221  
Ext.  
**Fax:**  
**Benefactor Vendor Number**

**Cover Sheet-General Information**

**Authorized Official**

**Name\*** Lee Wuebker  
**Title\*** General Manager  
**Organization\*** Corn Belt Telephone  
If you are an individual, please provide your First and Last Name.  
**Address\*** 108 MAIN ST, PO BOX 445  
  
**City/State/Zip\*** Wall Lake Iowa 51466  
City State Zip  
**Telephone Number\*** 712-664-2221  
**E-Mail\*** [cornbelt@netins.net](mailto:cornbelt@netins.net)

**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\*** Emily Swensen  
**Title** Office Manager  
**Organization** Corn Belt Telephone  
**Address** 108 MAIN ST, PO BOX 445

**City/State/Zip** Wall Lake Iowa 51466  
City State Zip

**Telephone Number** 712-664-2221  
**E-Mail** [cornbelt\\_acct@netins.net](mailto:cornbelt_acct@netins.net)

**County(ies) Participating, Involved, or Affected by this Proposal\*** Sac 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\*** 11  
[District Map](#)

### Business Organization - NOFA #004

**Business Legal Name\*** Corn Belt Telephone Company

#### Mailing Address

**Street \*** PO Box 445  
**City\*** Wall Lake  
**State\*** IA  
**Zip\*** 51466

#### 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.

\* [385891 - Corn Belt 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\*** [385891 - Corn Belt 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.

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

This is a very rural area. The cost to provide service in the rural areas is expensive and restricts access to these areas. It is not financially feasible to provide fiber optics access to these rural areas without funding assistance.

## Project Status

Project Milestone	Estimated Completion date	Costs Incurred
Planning/Engineering	01/31/2021	\$2,000.00
Construction (pending materials availability)	11/01/2021	\$0.00
Project Complete	09/01/2022	\$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\* [385891- Corn Belt Telephone Company - Demonstrated Experience.pdf](#)

## References

Name

Telephone Number

Reference Letter #1

Name

Telephone Number

Reference Letter #2

Name

Telephone Number

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\* [385891 - Corn Belt Telephone Company - Core Application.xlsm](#)

Public Redacted Copy [385891 - Corn Belt Telephone Company - Core Application REDACTED.pdf](#)

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 [385891 - Corn Belt Telephone Company - Community Support 1.pdf](#)

Community Support Document 2

Community Support Document 3

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

Exceptions to Broadband Grants Program Grant Agreement\* [385891 - Corn Belt Telephone Company - Exhibit E.pdf](#)

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

Certification Letter (Public)\* [385891 - Corn Belt Telephone Company - Exhibit F.pdf](#)

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

Form 22 (Public)\* [385891 - Corn Belt 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					0	
Fiber/Copper	Fiber Cables				35.0	
OSP Engineering	Design, Staking, Contracts, Tabbing, As-builts				35.0	
Design Engineering					0	
Construction Mgmt.					0	
Tower					0	
Antenna					0	
Boring					0	
Trenching					0	
Knifing	Installation of Fiber Routes				35.0	
Aerial Deployment/Make Ready					0	
Outside Plant					0	
Switching Equipment					0	
Routing Equipment					0	
Optical Equipment	Optical Line Terminal (OLT)				35.0	
Customer Premise Equipment	Optical Network Terminal (ONT), Service Line, Wiring				35.0	
Other					0	
<b>Totals</b>		<b>\$1,289,345.00</b>	<b>\$501,840.00</b>	<b>\$1,791,185.00</b>		<b>\$626,914.75</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 None

Indicate the group(s) positively impacted. None

**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. None

**Question # 3**

3. The proposed grant project programs or policies are NOT EXPECTED TO HAVE A DISPROPORTIONATE OR UNIQUE IMPACT on minority persons. \* No

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.\* Emily Swensen

Title of Person Submitting Certification\* Office Manager

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