



*Governor's Office of Rural Broadband*

## **FY21 Grant Application Form for Expansion of Existing Broadband Networks Funding Program**

*(additional information required – see RFA for all application requirements)*

Project Name: \_\_\_\_\_  
\_\_\_\_\_

### Applicant Information

Jurisdictional Legal Name (must match W9):

\_\_\_\_\_

Federal EIN Number: \_\_\_\_\_

*Attach a copy of your most current IRS W-9 Form*

Address:

Street: \_\_\_\_\_

City: \_\_\_\_\_

County: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Project Information

Estimated Funding:

Applicant: \_\_\_\_\_

ISP: \_\_\_\_\_

State: \_\_\_\_\_

Other: \_\_\_\_\_

Project Total: \_\_\_\_\_



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Proposed Funded Service Area (PFSA):

**PFSA must be unserved with no locations receiving broadband service at 25 Mbps download by 3 Mbps upload speeds with a latency at or below 50ms. The PFSA should be shown on an attached graphical map.**

Grant Speed:

**Service speeds of 25 Mbps download by 3 Mbps upload speeds with a maximum of 50ms latency must be available to all end users within the PFSA.**

Technology used to serve the subscriber:

*Check all that apply*

- Fiber Optics to the Premise
- Coax to the Premise
- Unlicensed Fixed Wireless      Frequency Band: \_\_\_\_\_
- Licensed Fixed Wireless      Frequency Band: \_\_\_\_\_
- Other: \_\_\_\_\_

Unserved Households and Businesses passed:

Households: \_\_\_\_\_

Businesses: \_\_\_\_\_

Other: \_\_\_\_\_

Describe the methodology used to determine the unserved locations (e.g. field review, survey results, etc.) \_\_\_\_\_

\_\_\_\_\_

Average Number of homes and businesses per mile or per tower: \_\_\_\_\_



## LOCAL JURISDICTIONAL APPLICANT CERTIFICATION OF GRANT APPLICATION REVIEW

I hereby certify that to the best of my knowledge and belief, the information provided in this Application is true and correct. I further certify that I have reviewed the Request for Applications, FY2021 Expansion of Existing Broadband Networks Funding Program documentation including eligibility of costs and expansion areas and have discussed these requirements with our ISP partner.

\_\_\_\_\_  
*Signed*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Typed Name*

\_\_\_\_\_  
*Title*

### Contact Information

*This should be the primary contact for the person coordinating all elements of this application for the Applicant. This is the person the Office will contact with any questions regarding the application.*

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_



## LOCAL JURISDICTIONAL ISP PARTNER CERTIFICATION OF GRANT APPLICATION REVIEW

I hereby certify that I am partnering with the Local Jurisdictional Applicant to provide the service outlined in the Application and have reviewed the Request for Applications, FY2021 Expansion of Existing Broadband Networks Funding Program documentation including eligibility of costs and expansion areas and have discussed these requirements with our Local Jurisdictional Partner. I further certify that I have reviewed the project capital budget, proposed project area, network design and construction and project schedule proposed in the Application and am in agreement with them.

\_\_\_\_\_  
*Signed*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Typed Name*

\_\_\_\_\_  
*Title*

### Contact Information

*This should be the primary contact for the person coordinating all elements of this application for the ISP Partner. This is the person the Office will contact with any questions regarding the application.*

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_