



Governor's Office of Rural Broadband

Broadband Grant Application Form *(this form is the start of your application, see the application guide for additional application requirements)*

Project Name: _____

Applicant Information

Primary Applicant Legal Name (must match W9 and DUNS Number):

Federal EIN Number: _____ DUNS Number: _____

Attach a copy of your IRS Form W-9

Address:

Street: _____

City: _____

County: _____

State: _____ Zip: _____

Applicant Type (may be for profit or non-profit):

- A local jurisdiction;
- Incorporated organization recognized as a partner by the local jurisdiction;
- Cooperative legally formed in Maryland and recognized as a partner by the local jurisdiction;
- Limited Liability Company recognized as a partner by the local jurisdiction;
- Other _____

Partnerships and sole proprietors are not eligible applicants

Contact Information

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

Name: _____ Title: _____

Email: _____ Phone: _____



Governor's Office of Rural Broadband

Project Information

- Applicant is requesting an exception to the cash match requirement based on an application for Federal funding. Applicant understands that no State funds will be disbursed until the Federal funding is approved.
- Applicant is requesting a reduction in required Match from 50% to 25% of the eligible project capital construction costs due to the PFSA having 20% of the total project households and businesses being located in Sustainable Communities and/or Priority Funding Areas.

Estimated Funding:

Applicant: _____

Local Jurisdiction: _____

State: _____

Other: _____

Project Total: _____

Technology used to serve the subscriber:

Check all that apply

- Fiber Optics to the Premise
- Unlicensed Fixed Wireless Frequency Band: _____
- Licensed Fixed Wireless Frequency Band: _____
- Other: _____

Proposed Funded Service Area (PFSA):

PFSA must be unserved with no locations receiving broadband service at 25 Mbps download by 3 Mbps upload speeds.

Local Jurisdiction(s) where project is proposing to provide service: _____

A .shp or .kml/.kmz file map showing the proposed service area including finite boundaries for each area must be attached to the application.



Unserved Households and Businesses passed:

This would be your projected subscriber base

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 (wired): _____

Average Number of homes and businesses per tower (wireless): _____

To the best of my knowledge and belief, the information contained in this application package is true and correct and I have the authority to sign this document.

Authorized Representative Name: _____

Title: _____

Signature

Date: _____