



**Connect Maryland: Home Stretch for Difficult to Serve
Properties
FY24 Grant Application Form**

(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 current IRS W-9 Form

Unique Entity ID (SAM.gov) Number: _____

Address:

Street: _____

City: _____

County: _____

State: _____ Zip: _____

Project Information

Requested Funding:

Applicant: _____

ISP: _____

State: _____

Other: _____

Project Total: _____



Difficult to Serve Premises:

Difficult to serve premises benefitting from the funding must be unserved with no locations receiving broadband service at 100Mbps download by 20Mbps upload speeds with latency at or below 50ms.

Grant Speed:

Minimum service speeds of 100 Mbps download by 100 Mbps upload speeds (with exceptions) with a maximum of 50ms latency must be available to all end users provided funding.

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: _____

Number of Difficult to Serve Premises expected to be served:

Premises: _____



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, FY24 Broadband for Difficult to Serve Premises 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, FY24 Broadband for Difficult to Serve Premises 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: _____