



OFFICE OF STATEWIDE BROADBAND

Connected Communities Grant Program FY22 Grant Application Form

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

Applicant Information

Applicant's Legal Name (nust match W9):
Federal EIN Number:	DUNS Number:
	st current IRS W-9 Form & Certificate of Good Standing from rtment of Assessments and Taxation.
Address:	
Street:	
City:	
County:	
State:	Zip:
Contact Information	
this application for	rimary contact for the person coordinating all elements of the Applicant. This is the person the Office will contact with ding the application.
Name:	Title:
Email:	Phone:





Project Information

Estimated Funding	
Applicant:	(funding provided by applicant)
Local Jurisdiction:	(funding provided by local jurisdiction)
State:	(funding requested from OSB)
Other:	(funding provided by any other source)
Project Total:	
Proposed Project Area:	
is to include lack of acces	aving a need for additional broadband investment. This so to a connection that reliably meets or exceeds nload and upload speeds, lack of affordable access to reliable broadband.
Required Speed:	
Projects must be able to pr down and 100 Mbps up, with	ovide a minimum internet connectivity of 100 Mbps exceptions.
Identify the Project Use Broadban	d Delivery Method (check all that apply):
☐ Gap Network – Delivery M	lethod
☐ Community Network – De	livery Method
□ Other	
Please briefly describe what the fi	unding will be used for:
Other Required Information	

- 1. Project Summary
- 2. Project budget
- 3. Federal Form W-9 & Certificate of Good Standing

The following should be attached to your application:





CERTIFICATION OF GRANT APPLICATION REVIEW