



**OFFICE OF STATEWIDE BROADBAND**  
**Home Stretch Public Housing Grant Program**  
**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: \_\_\_\_\_ SAM.gov UEI 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: \_\_\_\_\_

Partner/Other: \_\_\_\_\_

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



Proposed Funded Service Location:

**Location(s) must be publicly owned affordable housing units identified as having a need for additional broadband investment. This is to include lack of access to a connection that reliably meets or exceeds 100 Mbps download and 20Mbps upload speeds, lack of affordable access to broadband service, or lack of reliable broadband.**

Project Location Address

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

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

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

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

# of Units in Location: \_\_\_\_\_ # of Residents at Location: \_\_\_\_\_

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 within the PFSA.**

Technology used to serve the subscriber:

*Check all that apply*

Fiber Optics to the Premise

Coax to the Premise

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

Please describe how this location was identified for this project

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## 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 Public Housing 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: \_\_\_\_\_