**Martin County Broadband**

**Partnership Program**

**Grant Application**

## **Application Cover Sheet Template**

##### **Project Name:**

##### **Applicant Organization Name:**

##### **Applicant Organization’s Mailing Address:**

##### **Applicant’s Primary Contact:**

*-Name, Title, Telephone Number, Email Address*

**Application Main Body Template Executive Summary:** [2-page maximum] *Part I – Key Project Data*

##### **Project Name:**

##### **Applicant Organization Name:**

##### **Applicant Organization’s Mailing Address:**

##### **Key Contacts:**

* + - **Primary Contact:** *(name, title, telephone number, email address)*
    - **Project Manager:** *(name, title, telephone number, email address)*
    - **Application Author:** *(name, title, telephone number, email address)*

##### **Map and Description of Project Area:**

##### **Applicant Eligibility:**

**1.7 Single Paragraph Summary Description of Project:** *(for use on departmental website)*

#### *Part II – Broadband Improvements: Unserved/Underserved Documentation*

##### **Anticipated Broadband Improvements:**

##### **Using the “Anticipated Improvements” table (see below), please provide the number of households, businesses, farms, and community anchor institutions that will be able to receive improved broadband services as a result of the proposed project.**

##### **Anticipated Improvements in Broadband Service Based on this Application Project**

| **# of Passings** | **Speed Now:** | **0/0** | **≤10/1** | **0/0** | **≤10/1** | **25/3** | **0/0** | **≤25/3** | **<100/20** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Speed After Build:** | **25/3** | **25/3** | **100/20** | **100/20** | **100/20** | **1G/1G** | **1G/1G** | **1G/1G** |
| **Households** |  |  |  |  |  |  |  |  |  |
| **Businesses** |  |  |  |  |  |  |  |  |  |
| **Farms** |  |  |  |  |  |  |  |  |  |
| **Anchors** |  |  |  |  |  |  |  |  |  |
| **TOTAL** |  |  |  |  |  |  |  |  |  |

##### **2.2 Unserved and Underserved Documentation**

#### *Part III – Project Funding Request and Community Participation*

##### **How much money from Martin County is being requested for this application? What percent of total eligible project cost does the funding request represent?**

##### **How much in total matching funds from the Applicant – including any funding partners, if applicable – is being proposed? What percentage of the total eligible project cost does the Applicant’s matching funds represent?**

##### **Please list in detail all confirmed matching fund commitments by each project funding partner.**

| **Matching Funds Sources:** | **Funding $ Commitment** | **Proof of Match Attached** |
| --- | --- | --- |
| *Applicant Name:* |  |  |
|  |  |  |
| *Funding Partner(s):* |  |  |
|  |  |  |
| **Total Matching Funds** | $ |  |

##### **Provide complete contact information for each application funding partner identified in Item**

##### **3.3 above.**

* 1. **Provide evidence of community support for the project**. **[If separately attached, label as Appendix 3.5]**

#### *Part IV – Project Readiness*

*Project Budget – Sources and Uses of Funds*

* 1. **What are the total eligible project costs? $**
  2. **Please provide a list or schedule of all eligible elements to be purchased or utilized for the proposed project [if separately attached, label as Appendix 4.2]**
  3. **Utilizing total eligible expenses from 4.1, provide the following “Sources of Funding” summary detail for Applicant, and if applicable, for each additional funding partner:**

| ***Sources of Funding*** | ***$ Amount*** | ***% of Total Funding*** |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |
| **Total** |  | **100.00%** |

##### **By each identified budget category, provide the following “Use of Funds” detail for both Applicant and proposed funds:**

| ***Use of Funds*** | ***$ Amount*** | ***Source of Fund*** | ***Date Funds Committed*** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Total** |  |  |  |

##### **Will additional costs related to this proposed project that are not eligible costs be incurred in order to deploy broadband to this area?**

*Project Broadband Infrastructure*

##### **Please provide all budgetary engineering designs, diagrams, and maps that demonstrate the viability of the proposed project. [If separately attached, label as Appendix 4.6]**

##### **Demonstrate that the installed broadband infrastructure is scalable to speeds of at least 500 MBPS download and 500 MBPS upload.**

##### **Identify the type of broadband construction for the proposed project.**

##### **This application is for last mile components only, or a combination of last mile and middle mile components. [Choose one]**

*Project Preconstruction Permits and Approvals*

##### **Have all required municipal/city/township/county/state approvals necessary for this project to begin construction from area planning commission/zoning authority/road authority/railroad crossing entity, etc. been identified and included in the project schedule?**

##### **Have all state environmental review requirements necessary for this project to begin construction been identified, if applicable?**

##### **Due to its location, will the proposed project potentially impact local/state/federal historic architectural or archeological resources?**

*Project Implementation*

##### **Will the Applicant offer the broadband services for a minimum five-year period?**

##### **Provide the proposed pricing structure [by associated download and upload speeds] for all broadband services to be offered in association with this project.**

##### **Please also provide the proposed stand-alone pricing for unbundled internet-only service at 25 Mbps download and 3 Mbps upload, for 100 Mbps download and 20 Mbps upload [if applicable], and for 1 Gbps download and 1 Gbps upload [if applicable].**

##### **Will any additional equipment be required – or any separately chargeable service installation elements apply – to activation or turn-up of individual customer locations?**

##### **Describe what initiatives the Applicant will undertake to communicate its proposed marketing plan to its prospective broadband services customer base.**

*Project Schedule*

* 1. **Provide the proposed project schedule which must reflect all key planning, procurement, construction, installation, testing, and service activation milestones.**

##### **SAMPLE PROJECT SCHEDULE**

| **Name of Applicant:** |  |  |
| --- | --- | --- |
| **Name of Project:** |  |  |
| **Overall Timeline for Project:**  *(example)* | **Start Date:**  *May 2021* | **Complete:**  *June 2023* |
|  |  |  |
| **Individual Milestones for Project:**  Include all planning, procurement, construction, installation, testing and customer turn-up activities | **Est. Start Date** (month/year) | **Est.Complete Date** (month/year) |
|  |  |  |
| *Activity A* | *May 2021* | *Oct 2021* |
| *Activity B* | *July 2021* | *Nov 2021* |
| *Activity C* | *Sept 2021* | *Dec 2021* |
|  |  |  |
| *[continue as needed to completion]* |  |  |

*Project Financials*

##### **Provide a five-year stand-alone financial plan for the proposed project, including a description of how the costs and anticipated revenue will result in the financial viability of the project over time.**

##### **Describe why the proposed project would not be feasible without the award of the requested broadband funds.**

##### **Is the Applicant leveraging all funding sources that may apply to the proposed project area?**

#### *Part V – Project Sustainability Instructions*

##### **Provide technical expertise statement**

##### **Provide organizational support evidence**

##### **Provide audited financial statements**

#### *Part VI – Payment Information*

##### **State of Minnesota Vendor Number:**

* + - **Financial Contact:** *(name, telephone number, email address)*

##### **Tax Identification Numbers**

* + - **State of Minnesota Tax Identification Number**
    - **Federal Employer Identification Number**

#### *Part VII – Economic Development and Community Impact*

7.1 **Provide a listing of businesses in the proposed project area that will benefit from the broadband project**.

7.2 **Provide a listing of farms and agricultural use customers in the proposed project area that will benefit from the broadband project.**

**7.3 Provide a listing of community institutions that will benefit from the broadband project.**

**7.4 Provide a listing of any educational locations that will benefit from the broadband project.**

**7.5 Provide specific evidence of how health and public safety locations will benefit from the broadband project.**

#### ***Part VIII – Broadband Adoption Assistance***

**8.1 Broadband Adoption Activities Planned for Project.**

**8.2 Broadband Technical Support or Training Associated with Project.**

#### *Part IX– Application Affadavit*

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##### **9.1 The primary Applicant must provide a signed, dated, and witnessed affidavit or resolution that shows official Applicant support for and approval of the application as well as a commitment to provide the Applicant’s matching funding.**

##### **SAMPLE – APPLICANT AFFIDAVIT OR LOCAL GOVERNMENT RESOLUTION**

##### **RESOLUTION OF APPLICANT**

BE IT RESOLVED that act as the legal sponsor for project(s)

(*Applicant*)

contained in the Martin County Broadband Partnership Program to be submitted on

(*Date*)

and that is hereby authorized to apply to the Martin County (*Title of Authorized Official*

for funding of this project on behalf of .

(*Applicant*)

BE IT FURTHER RESOLVED that has the legal authority to

(*Applicant*)

apply for financial assistance, and the institutional, managerial, and financial capability to ensure adequate project administration.

BE IT FURTHER RESOLVED that the sources and amounts of the local match identified in the application are committed to the project identified.

BE IT FURTHER RESOLVED that has not violated any

(*Applicant*)

#### Federal, State or local laws pertaining to fraud, bribery, graft, kickbacks, collusion, conflict of interest or other unlawful or corrupt practices

#### 

**Attachment A: Duplication of Benefits Policy**

**DUPLICATION OF BENEFITS POLICY**

Martin County must certify that program funds follow all duplication of benefits requirements from the U.S. Department of Housing and Urban Development (HUD). MartinCounty is required to ensure that the County prevent any duplication of benefits when it is providing financial assistance with American Rescue Plan (ARPA) funds.

**PURPOSE OF POLICY**

The purpose of the Policy on Duplication of Benefits is to ensure that Martin County is not providing grant funds to pay for particular costs where there is another source of financial assistance that is available to pay for that same cost and to identify specific processes that will assist in ensuring this.

**APPLICABILITY**

This policy pertains to the funds provided by the American Rescue Plan Act signed into law on March 21, 2021, as well as other federal, state, philanthropic, and local government sources, and all of the county’s processes related to the acceptance, prioritization and spending of these funds.

A duplication of benefits occurs when a person, household, business, government, or other entity receives financial assistance from multiple sources for the same purpose, and the total assistance received for that purpose is more than the total need for assistance.

**PROCEDURES**

At the award and acceptance of funds from ARPA, Martin County will ensure the funds are not duplicative for any activity by completing the following steps:

1. Review the award notice and information that identifies the purpose of the funds. 2. Analyze other sources that have been received, anticipated, or that are available and determine if they could be used for the same sources.

3. Calculate the total unmet need and compare this to the maximum award.

4. Use the list created by HUD, last updated on July 10, 2020, and included in this policy as Attachment A, to determine the potential for a Duplication of Benefit to occur. This will be evaluated prior to the award of each ARPA grant.

For the purposes of this policy, Martin County does not consider private loans to be a form of assistance and should not be considered when calculating duplication of benefits. However, subsidized loans from SBA or FEMA should be included in the duplication of benefits analysis unless one of the three exceptions is met:

1. Short-term subsidized loans (e.g. bridge loans) for costs later reimbursed with ARPA funds

2. Declined or cancelled subsidized loans

3. Loan assistance is used toward a loss suffered as a result of a major disaster or emergency

**CONFIRMATION OF DUPLICATION OF BENEFITS**

In instances where a potential/actual duplication of benefits is identified after the award of funds and the execution of an agreement, Martin County will terminate the agreement and engage in no further disbursement of funds for the duplicated activities. Martin County will then explore whether funding needs to be returned. The County may update this policy as additional guidance is received by HUD

**Attachment B:**

**Duplication of Benefits Worksheet**

**Duplication of Benefits Review Worksheet**

**Grantee:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reviewer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grant #\_\_\_\_\_\_\_\_\_\_\_\_ Total # of Beneficiaries: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ #Reviewed to Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ # Reviewed this FY \_\_\_\_\_\_\_\_\_\_\_\_\_**

Instructions: A sufficient sample of case files should be reviewed to determine whether programs have identified and acted upon duplication of benefits in compliance with the Stafford Act. Attach comments/explanation(s) to describe sampling method and support responses and conclusions.

| 1)  Responsible Org | 2)  Recipient / Beneficiary (Name/Address) | 3)  Amount of  Assistance  from ARPA ($) | 4)  Amount of Assistance from Sources Identified in Application and Support Documents? | | | | | 5)  Are  allowable  costs  identified  that can be excluded  from the  calculation? | 6)  Duplication of Benefit  Identified? | 7)  Grant  Amount  Reduced  or Gap  Obtained? (Yes/No) | 8)  Subrogation Agreement for Future  Proceeds in Place?  (Yes/No) |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Insurance | FEMA | SBA | Other | Other |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
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