



STATE OF MICHIGAN

GRETCHEN WHITMER  
GOVERNOR

DEPARTMENT OF TECHNOLOGY, MANAGEMENT & BUDGET  
LANSING

TRICIA L. FOSTER  
DIRECTOR

## Connecting Michigan Communities Grant Application

**Please read through the entire Connecting Michigan Communities Grant Information and Application – 2019 package before you begin to respond to the application questions. This will help ensure you understand the full scope of the application as well as the details you will need to provide to complete the application.**

**Application Deadline:** All grant applications are due by 4:00PM EST, Friday, August 30, 2019.

**Submission Guidelines:** Completed application and supporting documentation must be received by the Department of Technology, Management, and Budget (DTMB), Center for Shared Solutions by 4:00 p.m. on Friday, August 30, 2019, to be considered for funding. Applicants should email their applications and all attachments in PDF format to [DTMB-CMICGrant@michigan.gov](mailto:DTMB-CMICGrant@michigan.gov). Applicants will receive an email confirmation of their submission within 48 business hours. Please fill out the entire application and clearly label any attachments with the question/statement number from the application form. Award decisions are estimated to be made in the fourth quarter of 2019.

**Questions and Contact:** If you have questions after reviewing the application and supporting documentation, please see the Frequently Asked Questions (FAQ) document available on the grant website at: [www.michigan.gov/CMICGrant](http://www.michigan.gov/CMICGrant). The FAQ will be updated throughout the application process. Questions and comments can also be submitted via email to: [DTMB-CMICGrant@michigan.gov](mailto:DTMB-CMICGrant@michigan.gov).

## Application Checklist

This checklist is part of your application and should be returned along with your completed application and attachments.

### Application Submission Checklist:

- Read the entire application package.
- Public application is complete and file name meets the standards.
- Non-Public application is complete and file name meets the standards.
- Confidential Treatment Form is complete.
- Attachments have been gathered and file names meet the standards.
  - Attachment 1: Map of proposed service area in PDF format (including both last mile coverage and middle mile routes)
  - Attachment 2: GIS-compatible file of the proposed service area (including both last mile coverage and middle mile routes)
  - Attachment 3: Spreadsheet of census blocks that are part of the proposed service area
  - Attachment 4: Match commitment letters or evidence
  - Attachment 5: Applicant organizational chart
  - Attachment 6: Resumes of key officers, management personnel, and proposed project management team
  - Attachment 7: Audited financial statements.
  - Attachment 8: Evidence of network scalability
  - Attachment 9: Five year, stand-alone project financial plan/forecast
  - Attachment 10: Affidavit of commitment to offer the proposed service and cost in the proposed service area for a minimum of five years after project completion
  - Attachment 11: Budgetary engineering designs, diagrams, and maps that show the proposed project
  - Attachment 12: Letters of support
  - Attachment 13: Demonstration of customer interest in the proposed project
  - Attachment 14: Statements of impact/support from CAls (if applicable)
  - Attachment 15: Evidence of application for a SPIN (if applicable)
  - Attachment 16: Statements of impact/support from businesses (if applicable)

NOTE: Attachments must be submitted following the designated naming structure. Applicants are to use the name of their organization followed by the attachment number and file type (e.g. ABCTelecom\_Attachment\_1.xlsx).

## Application

### Applicant and Project Information, Contact Information, and Summary

1. Project Name:
  
2. Applicant Name:  
  
DBA (if applicable):  
  
Mailing Address:
  
3. Primary Grant Contact:  
  
Primary Contact Organization (if not part of the applicant's organization):  
  
Primary Contact Phone Number:  
  
Primary Contact Email Address:
  
4. Application Author Name:  
  
Application Author Email:
  
5. Eligibility Status: Please select the means by which the applicant is eligible to apply for the grant:  
 Licensed under the Michigan Telecommunications Act (1991 PA 179, MCL 484.2101 to 484.2603)  
 Franchise holder under the Uniform Video Services Local Franchise Act (2006 PA 480, MCL 484.3301 to 484.3315)  
 Broadband service provider currently providing service in Michigan
  
6. Are you registered with the [Michigan Public Service Commission's Intrastate Telecommunications Service Providers Registry \(ITSP\)](#)?  
Yes   No   Unsure
  
7. Have you provided broadband coverage data to Connect Michigan in the last five years?  
Yes   No   Unsure
  
8. Applicant Identification Numbers: Please provide the following identification numbers for the applicant (if available):  
  
Federal Employer Identification Number (EIN):  
  
Michigan Tax Identification Number:  
  
Michigan Vendor Identification Number:  
  
Federal Communications Commission Registration Number (FRN):

Service Provider Identification Number (SPIN):

9. Project Summary (250 words max.):

**Locations Passed and Proposed Service:**

*Attachment 1: Map of proposed service area in PDF format (including both last mile coverage and middle mile routes)*

Name of Attachment 1:

*Attachment 2: GIS-compatible file of the proposed service area (including both last mile coverage and middle mile routes)*

Name of Attachment 2:

*Attachment 3: Spreadsheet of census blocks that are part of the proposed service area.*

Name of Attachment 3:

10. Please provide a brief description of the proposed service area (250 words max.):

11. Does the project include a middle mile component:

Yes No

12. Locations Passed: Please indicate the total number of locations by type that will be able to receive improved broadband services as a result of the proposed project:

Households:

Businesses:

Community Anchor Institutions:

13. Are any vacant lots included in the total number of locations passed listed above?

Yes No

If yes, these vacant lots should be anticipated for growth in the next five years according to a local, county, or regional master plan or economic development plan. Please list the name of the relevant plan and the jurisdiction implementing the plan.

Plan Name:

Jurisdiction:

14. Please list the jurisdictions impacted by the proposed service area:

City(ies)/Village(s):

Township(s):

County(ies):

State House District(s):

State Senate District(s):

15. Please provide a brief description of the broadband service to be provided including, but not limited to, the technology to be used, will bandwidth be dedicated or shared, etc. (250 words max.):

**Project Costs and Budget**

16. Total eligible project cost:

17. Total grant request:

*Attachment 4: Match commitment letters or evidence*

Name of Attachment 4:

18. Total matching funds: Please complete the table below summarizing the source, amount, and type of matching funds contributed to the project. Applicants should also indicate if the match is secured or not. Attach additional sheets if necessary.

Source	Amount	Type	Secured?
		<input type="checkbox"/> Cash <input type="checkbox"/> In-Kind	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Cash <input type="checkbox"/> In-Kind	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Cash <input type="checkbox"/> In-Kind	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Cash <input type="checkbox"/> In-Kind	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Cash <input type="checkbox"/> In-Kind	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Cash <input type="checkbox"/> In-Kind	<input type="checkbox"/> Yes <input type="checkbox"/> No

19. If matching funds or in-kind contributions listed above are not yet secured, please describe the process remaining to secure the funds and the anticipated timeline to do so, (250 words max.):

20. Project Budget: Please use the following table to provide a budget for the proposed project. Please use the recommended categories in the table where possible, creating other categories where anticipated expenses do not fall within one of the recommended categories.

Use of Funds	Match Amount	Grant Amount	Total
Buildings and Labor			
Last Mile Construction Labor			
Middle Mile Construction Labor			
Construction Material			
Customer Premise Equipment			
Customer Premise Installation			
Electronics			
Permits			
Professional Services and Engineering			
Other:			
Other:			
Other:			
Other:			
Other:			
<b>Total</b>			

21. Please briefly describe why this project needs funding from the CMIC Grant program and why the project could not proceed without this funding, (250 words max.):

**Experience and Financial Wherewithal**

*Attachment 5: Applicant organizational chart*

Name of Attachment 5:

*Attachment 6: Resumes of key officers, management personnel, and proposed project management team*

Name of Attachment 6:

22. Please provide a brief history of your organization including experience relevant to the proposed project, (250 words max.):

*Attachment 7: Audited financial statements*

Name of Attachment 7:



23. Please provide a brief statement to accompany your attached audited financial statements and documentation, (250 words max.):

**Long-Term Viability and Scalability**

*Attachment 8: Evidence of network scalability*

Name of Attachment 8:

24. Please provide a description and evidence that the proposed infrastructure is scalable to meet the anticipated future connectivity demands of the proposed service area. Please indicate the end-user connection speed to which the proposed network is designed to scale. This information must be certified by the equipment manufacturer or a professional engineer, (250 words max.):

*Attachment 9: Five-year, stand-alone project financial plan/forecast*

Name of Attachment 9:

*Attachment 10: Affidavit of commitment to offer the proposed service and cost in the proposed service area for a minimum of five years after project completion.*

Name of Attachment 10:

25. Please provide a brief narrative to accompany your attached five-year stand-alone project financial plan/forecast, (400 words max.):

**Readiness**

*Attachment 11: Budgetary engineering designs, diagrams, and maps that show the proposed project. Design documents must clearly demonstrate the applicant's complete understanding of the project and ability to provide the proposed solution. This information must be certified by a Professional Engineer registered in Michigan.*

Name of Attachment 11:

26. Please provide a brief statement to accompany your attached engineering designs, diagrams, and maps indicating your readiness to build, manage, and operate the proposed network, (250 words max.):

27. Please use the table below to complete a project schedule outlining individual tasks and their timing by quarter and year. All projects must be complete by September 30, 2023.

Task	2020			2021				2022				2023		
	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3

28. Please indicate the anticipated date upon which service to the last location in the proposed project area will be turned on:

29. Please list any factors that would change or delay the proposed schedule:

30. Have all the required local/city/county/state approvals necessary for this project to proceed been obtained?  
Yes No

If not, what remains to be done and what is required for completing the process of obtaining approvals? Include this information in the project schedule.

31. Have state environmental review requirements been met, if applicable?  
Yes No

If not, what remains to be done and what is required for completing the process of obtaining approvals? Include this information in the project schedule.

32. Does this project affect/is the project located in or near local, state, or federal historic or potentially historic, architectural, or archeological resources?  
Yes No

If not, what remains to be done and what is required for completing the process of obtaining approvals? Include this information in the project schedule.

33. Please briefly describe how the proposed project will leverage existing broadband networks, where practical, or be built in conjunction with other broadband infrastructure project(s), (250 words max.):

**Community and Economic Development**

*Attachment 12: Community letters of support*

Name of Attachment 12:

*Attachment 13: Demonstration of customer interest in the proposed project*

Name of Attachment 13:

34. Please provide a brief statement to accompany the demonstration of customer interest you have attached to this application. This description should include the method used for gauging customer interest and the results, (250 words max.):

*Attachment 14: Statements of impact/support from CAIs (if applicable)*  
Name of Attachment 14:

35. In the table below, please list the specific community anchor institutions (CAIs) to be served by the proposed project, (attach additional sheets if necessary). Please also attach statements or evidence from these CAIs regarding the benefits of the proposed connectivity solution and how it will impact the organizations.

CAI Name	Address	Type (e.g. healthcare, library, school, etc.)

*Attachment 15: Evidence of application for a SPIN (if applicable)*  
Name of Attachment 15:

36. If the proposed project includes connections to schools or libraries, please provide your SPIN or evidence of application for a SPIN from the FCC/Universal Service Administrative Company (USAC) and demonstration of your knowledge of E-rate and working with the FCC/USAC, (250 words max.):

37. Please briefly summarize how the proposed service will impact the following sectors in the community:

Public safety:

Healthcare:

Education:

Government entities:

Libraries:

*Attachment 16: Statements of impact/support from businesses (if applicable)*

Name of Attachment 16:

38. Please provide a brief description of businesses needing improved broadband service in the proposed project area and the level of improvement needed. Please also attach statements or evidence from any impacted businesses regarding the benefits of the proposed connectivity solution and how it will impact the business, (250 words max.):

39. If the proposed service area has a significant agricultural presence, please briefly describe how the proposed service will impact farmers and the agriculture community, (250 words max.):

40. Is broadband included in a local, county, or regional economic development plan, master plan, or similar up-to-date planning document, or does the community in which the proposed service is to be deployed have a specific broadband/technology plan in place?

Yes No

If yes, please list the name of the relevant plan and the jurisdiction implementing the plan.

Plan Name:

Jurisdiction:

**Affordability and Service Limitations**

41. Using the table below, please indicate the download and upload speeds of the services to be offered in the proposed service area offered over the initial five years of the project (attach additional sheets if necessary). The non-discounted/rack rate monthly pricing of unbundled internet-only service should be included for each service offered, as well as the monthly data allowance for customers (if applicable):

<b>Download Speed (Mbps)</b>	<b>Upload Speed (Mbps)</b>	<b>Monthly Cost</b>	<b>Monthly Data Allowance (GB)</b>

42. Do you participate in the federal Lifeline program?  
Yes No



43. Do you plan to offer a lower-cost monthly subscription plan for low-income households in the proposed service area?  
Yes No

If yes, please briefly describe the program including the type of service to be offered, the monthly cost for qualifying household, and how you plan to determine household eligibility for such a program, (400 words max.):

44. Does any of the proposed service area include (wholly or partially) an eligible distressed area (a list of eligible distressed areas can be found here: [https://www.michigan.gov/mshda/0,4641,7-141-48987\\_75951-181277--,00.html](https://www.michigan.gov/mshda/0,4641,7-141-48987_75951-181277--,00.html))?  
Yes No

If yes, please list the distressed community(ies) impacted by the proposed service area:

**Adoption Strategy**

45. Please briefly describe any proposed digital literacy training events, materials, and/or resources that will be provided to residents or businesses impacted by the proposed connectivity. This description should include commitments from any partners included in the digital literacy training and the anticipated outcomes from related activities, (400 words max.):

46. Please briefly describe the materials and method(s) to be used for providing residents and businesses with information promoting the use of an internet connection for improving quality of life, access to resources, economic opportunity, etc., in the proposed service area. Partnerships with local CAIs that build awareness for enriching online opportunities for residents and businesses are highly encouraged. Examples of these opportunities include, but are not limited to, telehealth applications, access to government services, e-learning, job and career readiness programs, public safety information, cybersecurity training, etc., (400 words max.):