Application Preview

Applicant Information

Applica	nt Infor	mation					
a.	Applica	nt Name					
b.	Does E	Business as					
C.	Addres	s					
d.	Addres	s 2					
e.	City					State	Zip
f.	•	I ID Number		[OUNS Numbe	r	Unique Entity Id.
g.	Agency	r's fiscal year (beginn	ing mo	nth And day)			
h.	Agency	/ Туре					
	C Lic	ensed under the Mic	higan T	elecommunica	tions Act (199	1 PA 17 , MCL4	84.2101 to 484.2603)
		anchise holder under 4.3315)	the Un	iform Video Sei	rvices Local F	rar _ilse Act/ \00	06 PA 480, MCL 484.3301 to
	C Bro	oadband Service Pro	vider cı	urrently providir	ng service in N	/lichiga	
	C Pu	blic private-partnersh	ip betw	een a governm	nental e، `⁺v aı	nd an internວເ se	ervice provider
	Guid	= =	d or ac	companyi ir	nform .ion in	its entirety and	rstand the ROBIN Program I understand the program
	C	Agree	C	Disagree			
	Pleas	e provide additional o	details o	on how you are	eligible for th	is program	
	Pleas	e provide evidence o	f eligibi	ility			
	Are y Provi	ou registered with the ders Registry (ITSP)?	e Michig	gan Public Serv	rice Commissi	on's IntrastateTe	elecommunications Service
	C	Yes	C	No	C	Unsure	
	Have years	you provided broadb ?	and av	ailability data to	the Federal (Communications	Commission within the last two
	C	Yes	C	No	C	Unsure	
	Applio availa		mbers:	Please provide	the following	identification nu	mbers for the applicant (if
	Michi	gan Tax Identificatior	n Numb	er:			
	Michi	gan Vendor Identifica	ition Nu	ımber (SIGMA	ID):		
	Fede	ral Communications (Commis	ssion Registrati	on Number (F	RN):	
	Servi	ce Provider Identifica	tion Nu	mber (SPIN):			

Project Information

Is Implementing Agency Same? If the project is going to be implemented by another agency, select 'No' and provide the details of the implementing agency. Default is set as 'Yes'

Project Start / End Date: Enter the Estimated Start and End Dates for your project

Amount of Funds Requested: Enter the Total Grant Funds Requested

Project Cost: Enter the Total Project Cost

Project Name

b.	Is implementing agency same As Applicant		C Yes	C No
C.	Implementing Agency Name Address			
	City	State	Zip	
	Phone	Fax		
d.	Project Start Date	End Date		
e.	Amount of Funds Requested	Project Cost		

Contact Information

The same person shall not serve as The Project Director, the Authorized Official, and the Financial Officer.

Project Director* – The person with overall responsibility for project management and ensuring all grant guidelines and requirements are met.

Financial Officer – The person from the applicant's organization responsible for the financial accounting of project-related expenditures (must be different than the Authorized Official).

Authorized Official – The person from the applicant's organization authorized to enter into an agreement with the MIHI in order to accept grant funds (must be different than the Financial Officer).

 Contact Type

Name

Title

Mailing Address

City State Zip Code

Telephone Fax

E-mail Address

Project Overview

Project Overview

Please provide a Project Summary not exceeding 250 words

Please briefly describe why this project needs funding from the ROBIN Grant Program and why the project could not proceed without this funding. (250 words max.):

Is the proposed project a last-mile or middle-mile infrastructure proposal as defined in the ROBIN Grant Program Guidance?

~			
C 5	l ast-	-IVII	IIР



Project Service Delivery

Proposed Service Area Information

PLEASE READ THE FOLLOWING CAREFULLY

ENTER INFORMATION IN THIS SECTION ONLY IF YOU SELECTED 'LAST-MILE' AS A PROJECT TYPE

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

Please upload a PDF overview map of proposed service area

Proposed infrastructure to be deployed including route locations

Please upload a GIS-compatible file(s) of the proposed infrastructure to be deployed including route locations and other supportive infrastructure to be deployed as a result of the grent. This file(s) should contain the actual proposed locations of infrastructure to be deployed including, but no mitted to: fiber transport, fiber to the premise, coaxial, or other similar network routes, cabinets, noder pedester, splice enclosures, towers, huts, etc.

Acceptable file types: ESRI Geodatabase (.gdb), ESRI Shapefile (.s₁..., .s'., .dbf, .sbn or .sbx, .fbn or .fbx, .ain or .aih, .atx, .ixs, .mxs, .prj, and .xml), Google Earth files (.kml or .km,...).

Please refer to the Application guidance to view an example of the output from such a GIS-compatible file

Name	Attachment

Spreadsheet of street addresses

Please upload a spreadsheet of street addresses/locations within the proposed service area. Spreadsheet should include full address string (number, street, city, state, zip), location type (residential, business, institution, other), latitude and longitude (if available), and whether the address is currently unserved at 25/3 Mbps or 100/20 Mbps or unknown.

Locations by Type

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

Туре	Locations
Households	
Businesses	
Community Anchor Institutions	
Total Locations Passed	

Please list the jurisdictions impacted by the proposed service area						
	Рідаєд	liet the	iuriedictions	imnacted by the	nronosed service	area

City(ies)/Village(s):

Township(s):

Co	unty(ies):									
	Alcona		Alger		1	Allegan	Alpena	1		Antrim
	Arenac		Baraga		Ĭ	Barry	Bay			Benzie
	Berrien		Branch		Ĭ	Calhoun	Cass			Charlevoix
	Cheboygan		Chippewa		Ĭ	Clare	Clinton	ı		Crawford
	Delta		Dickinson		Ĭ	Eaton	Emme	t		Genesee
	Gladwin		Gogebic		Ī	Grand Traverse	Gratiot			Hillsdale
	Houghton		Huron		ĺ	Ingham	Ionia			losco
	Iron		Isabella		Ī	Jackson	Kalam	azoo		Kalkaska
	Kent		Keweenaw		Ĭ	Lake	Lapee	r		Leelanau
	Lenawee		Livingston		Ĭ	Luce	Mackir	nac		Macomb
	Manistee		Marquette		Ĭ	Mason	Mecos	ta		Menominee
	Midland		Missaukee		Ĭ	Monroe	Montca	alm		Montmorency
	Muskegon		Newaygo		ĺ	Oakland	Ocean	a		Ogemaw
	Ontonagon		Osceola		ĺ	Oscoda	Otsego)		Ottawa
	Presque Isle		Roscommon			Saginaw	St. Cla	ir		St. Joseph
	Sanilac		Schoolcraft	Г		Shiawassee	Tuscol	а		Van Buren
	Washtenaw		Wayne			Wexford	Out W	ayne		
Sta	te House Distric	t(s):								
	State House Dist	trict 1		State	e H	louse District 2		State Hou	use D	District 3
	State House Dist	trict 4		State	èΗ	louse District 5		State Hou	use D	District 6
	State House Dist	trict 7		State	e H	louse District 8		State Hou	use C	District 9
	State House Dist	trict 1	0 🗆	State	e H	louse District 11		State Hou	use C	District 12
	State House Dist	trict 1	3 🗆	State	e H	louse District 14		State Hou	use D	District 15
	State House Dist	trict 1	6 🗆	State	e H	louse District 17		State Hou	use D	District 18
	State House Dist	trict 1	9 🗆	State	e H	louse District 20		State Hou	use D	District 21
	State House Dist	trict 2	22 🗆	State	e H	louse District 23		State Hou	use D	District 24
	State House Dist	trict 2	25 🗖	State	e H	louse District 26		State Hou	use D	District 27
	State House Dist	trict 2	28 🗆	State	e H	louse District 29		State Hou	use D	District 30
	State House Dist	trict 3	31 🗆	State	e H	louse District 32		State Hou	use D	District 33
	State House Dist	trict 3	34	State	e H	louse District 35		State Hou	use D	District 36
	State House Dist	trict 3	37	State	e H	louse District 38		State Hou	use D	District 39
	State House Dist	trict 4	10	State	e H	louse District 41		State Hou	use D	District 42
	State House Dist	trict 4	3 🗖	State	e H	louse District 44		State Hou	use D	District 45
	State House Dist	trict 4	l6 🗆	State	e H	louse District 47		State Hou	use D	District 48
	State House Dist	trict 4	9 🗖	State	e H	louse District 50		State Hou	use D	District 51
	State House Dist	trict 5	52 	State	e H	louse District 53		State Hou	use D	District 54
	State House Dist	trict 5	55	State	e H	louse District 56		State Hou	use D	District 57
	State House Dist	trict 5	58 	State	e H	louse District 59		State Hou	use D	District 60
П	State House Dist	trict 6	S1 🗆	State	e H	louse District 62		State Hou	use D	District 63
	State House Dist	trict 6	и п	State	ے H ح	Jouse District 65		State Hou	ISE F	District 66

J		State House District 67		State House District 68		State House District 69
J		State House District 70		State House District 71		State House District 72
J		State House District 73		State House District 74		State House District 75
J		State House District 76		State House District 77		State House District 78
J		State House District 79		State House District 80		State House District 81
1		State House District 82		State House District 83		State House District 84
J		State House District 85		State House District 86		State House District 87
J		State House District 88		State House District 89		State House District 90
J		State House District 91		State House District 92		State House District 93
J	J	State House District 94		State House District 95		State House District 96
J	J	State House District 97		State House District 98		State House District 99
J	J	State House District 100		State House District 101		State House District 102
J		State House District 103		State House District 104		State House District 105
J		State House District 106		State House District 107		State House District 108
J		State House District 109		State House District 110		
	Stat	te Senate District(s):				
J		State Senate District 1		State Senate District 2		State Senate District 3
J		State Senate District 4		State Senate District 5		State Senate District 6
J		State Senate District 7		State Senate District 8		State Senate District 9
1		State Senate District 10		State Senate District 11		State Senate District 12
J		State Senate District 13		State Senate District 14		State Senate District 15
J		State Senate District 16		State Senate District 17		State Senate District 18
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J		State Senate District 22		State Senate District 23		State Senate District 24
J		State Senate District 25		State Senate District 26		State Senate District 27
J		State Senate District 28		State Senate District 29		State Senate District 30
J		State Senate District 31		State Senate District 32		State Senate District 33
J		State Senate District 34		State Senate District 35		State Senate District 36
J	J	State Senate District 37		State Senate District 38		
Desc	rin	tion of the broadband service	to he	provided		
	-	s the proposed service area inclu			e 1	C No
		lified Opportunity Zone?	uc (wholly of partially) a		, No
	-	s, please list the Census Tract n ortunity Zones	umbe	ers for the impacted Qualified		
		-		roadband service to be provided dedicated or shared, etc. (250 wo		
Mini	mur	n Mbps				
		-	100/	100 Mbps required service spee	d to a	all C Yes C No
		tions identified in the proposed s				100 100

If No, the ROBIN Program allows for a minimum service speed of 100/20 Mbps in cases of extreme geographical, topographical, or financial impracticability of delivering 100/100 Mbps. Such connections must be scalable to 100/100 Mbps. Applicants must provide substantial evidence as to the inpracticability of delivering 100/100 Mbps and the justification for providing a connection speed of 100/20 Mbps instead.

Affordability and Service Limitations

Using the table, please indicate the download and upload speeds of the services to be offered in the proposed service area, the non-discounted or 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). Applicants must certify their commitment to providing the proposed level of service and cost for at least one (1) year after grant closeout. After this period, grantees are expected to maintain pricing and speed levels for the ROBIN project area consistent with those found in the grantee's non-ROBIN service areas elsewhere in the state.

	Affidavit of commitment
A	

FCC's Affordable Connectivity Program (ACP)

Do you participant in the FCC's Affordable Connectivity Program (ACP)?	C Yes	C No
If No, applicant must participate in ACP within 6 months of receiving a ROBIN grant award. Please attach evidence that they are pursuing ACP participation.		
Do you provide a low-cost service offering in conjunction with the ACP that provides ACP eligible households with a net \$0 monthly cost of service?	C Yes	C No
If yes, please describe the low-cost service offering.		

Project Costs and Budget

Page: 8 of

Project Costs and Budget

Please complete the following table with project cost information.
Total Project Cost:
Total Grant Request:
Total Match Amount:

Total Match Percentage:

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.

Source	Amount	Туре	Secure

Match commitment letters or evidence

Name of Attachment	Match commitment letters or evidence

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.):

	Category	Total	Requested	Cash	Inkind	Narrative
1.	Building and Labor					
2.	Last Mile Construction Labor					
3.	Middle Mile Construction Labor					
4.	Last Mile Construction Material					
5.	Middle Mile Construction Material					
6.	Customer Premise Equipment					
7.	Customer Premise Installation					
8.	Electronics					
9.	Permits					
1	Professional Services and Engineering					
11.	Other					
	Totals					

Budget Additional Infomation

Budget Narrative

Please provide a brief narrative to accompany your project budget (max 400 words).

Attach additional information as necessary

Five-year stand-alone project financial plan/forecast.

Please use the table to complete a five-year stand-alone project financial plan/forecast.

Five-Year Stand-Alone Project Financial Plan

Project Name	Year 1	Year 2	Year 3	Year 4	Year 5
Anticipated Revenue					
Anticipated Expenses					
Anticipated Grant Funds					
Cash Flow					
Cummulative Cash Flow					

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

Additional forecast information

Project Readiness

Engineering designs, diagrams, and maps

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.

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.

Evidence of network scalability

idence of network scalability					
Evidence of network scalability					

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.):

Project Schedule

Please use the table below to complete a project schedule outlining individual tasks and their timing by quarter 28. and year. All projects must be complete by December 31, 2026. (If you need to add additional lines, click on 'Save' and the system will add an additional five lines each time.)

2023		2024		20	025		202	26	

Anticipated completion date

Please indicate the anticipated date upon which service to the last location in the proposed project area will be made available.

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

Have all the required local/city/county/state approvals and/or permits necessary for 🎇 Yes C No this project to proceed been obtained?

If No, what remains to be done and what is required for completing the process of obtaining approvals? Include any permitting timeline in the project schedule.

	Will this project require state or federal environmental rapproval, or permits?	review,	Yes	C	No	С	Unsure
	If Yes, what remains to be done and what is required for any permitting timeline in the project schedule.	or completing the	e process o	of ob	taining app	rova	ls? Include
	Will this project require state or federal historic, archite archeological review, approval, or permits?	ctural, or	Yes	С	No	С	Unsure
	If Yes, what remains to be done and what is required for any permitting timeline in the project schedule.	or completing the	e process o	of ob	taining app	rova	ls? Include
Pro	ject Readiness						
	Additional evidence of project readiness						

Please provide any additional evidence of your project's readiness. This condense can include, but is not limited to, letters of intent, memorandums of understanding, land/tower lease agreements, right-of-way agreements, permits, etc. Provide a short narrative to accompany this additional evidence.

Applicant Capacity

Brief history of your organization

Please provide a brief history of your organization including experience relevant to the proposed project and your technical, financial, and managerial capabilities to complete the project within the designated project period. (250 words max.):

Org	anization Chart & Resumes		
	Applicant organizational chart		
	Resumes of key officers, management personne	nnel, and proposed project management tea	am
Aud	dited Financial Statements		
	Three years of audited financial statements		

Please provide a brief statement to accompany your attached audited financial statements and documentation.

Partners, subcontractors, or vendors associated with the project's deliverables

Describe any partners, subcontractors, or vendors associated with the project's deliverables, including but not limited to adoption, deployment, and service delivery. Describe each party's role in the project. This should include a discussion of whether and to what extent the applicant, as well as its anticipated partners, subcontractors, or vendors are organizations incorporated, headquartered, or with a principal place of business in Michigan.

Describe any partners, subcontractors, or vendors associated with the project's deliverables, including but not limited to adoption, deployment, and service delivery. Describe each party's role in the project. This should include a discussion of whether and to what extent the applicant, as well as its anticipated partners, subcontractors, or vendors are organizations incorporated, headquartered, or with a principal place of business in Michigan.

Safety and training standards

Describe the safety and training standards in place for your employees, including professional certification, licensure, and/or robust in-house training opportunities.

Describe the safety and training standards in place for your employees, including professional certification, licensure, and/or robust in-house training opportunities.

Violations of federal or state labor and employment laws

	Have there been any recent violations of federal or state labor and Yes No Unsure employment laws by your organization?
	If Yes, please describe in detail.
Lab	por standards
	Does your company incorporate strong labor standards, including project labor Yes No agreements and community benefits agreements that offer wages at or above the prevailing rate?
	If Yes, please describe.
Hir	ing Policy
	For this project, will additional labor force needs be met by hiring staff —ectly with your organization or contracted through another entity?
	Directly with company
	Contracted through another agency
	If direct hire, please estimate the total number of new, directly hired staff needed to complete this project.
	If this project will be completed using contracted labor, describe your policies and practices that ensure

Prioritization efforts to hire local workers

contractors and subcontractors meet high labor standards.

Describe any prioritization efforts to hire local workers and/or workers from historically disadvantaged communities for this project.

Community and Economic Impact

Community Support for this project

Demonstration of interest/impact/support from communities (If you need to upload additional support letters, click on 'Save' and the system will add an additional five lines.)

Name of Community / Organization	Support Letters

Please provide a description of the community support for this project to accompany relevant attachments. Community support can be expressed through public-private partnerships, letters of support, memorandums of understanding, community broadband plans, or other relevant and appropriate documents.

Community Interest

Demonstration of customer interest

Name of Attachment	Customer Interest

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.

Community Anchor Institutions (CAI) served

Please list the specific community anchor institutions (CAIs) to be served by the proposed project. Attach evidence of support for the project from impacted CAIs (if applicable). (If you need to upload additional support letters, click on 'Save' and the system will add an additional five lines.)

CAI Name	Address	Type of CAI	Letter of Support

SPIN Information

Evidence of application for a SPIN (if applicable) If the proposed project includes connections to schools or libraries, please ensure you have entered your SPIN at the beginning of this application. For applicants without a SPIN please provide evidence of your application for a SPIN.

Name of Evidence	Evidence of Application for SPIN
1141110 01 211401100	7 tppiloution for or int

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.

Need for improved broadband service for businesses

Evidence of interest, impact, or support from businesses. (If you need to upload additional Evidence of Interest, click on 'Save' and the system will add an additional five lines.)

Name of Attachment	Evidence of interest

Please provide a brief description of the businesses needing improved broadband service in the proposed project area and the level of improvement needed. Attach statements or evidence regarding the benefits from the proposed connectivity solution and how it will impact those businesses.

Direct job creation

Evidence of job creation

Describe and account for any direct job creation in the proposed service area related to this project, if funded. Provide supplemental evidence if available. Job creation here means those jobs created in the community as a result of new internet connectivity being deployed, not any jobs created to deploy the proposed network.

Last Mile Partner Service Delivery

Last-Mile Partners

PLEASE READ THE FOLLOWING CAREFULLY

ENTER INFORMATION IN THIS SECTION ONLY IF YOU SELECTED 'MIDDLE-MILE' AS A PROJECT TYPE

Name of the last-mile partner	Brief description of their organization and the technology	Area to be served by the last- mile partner	Evidence of partnershi p

Last-Mile Partner Details

Proposed infrastructure to be deployed including route locations

Please upload a GIS-compatible file of the proposed infrastructure to be deployed including route locations and other supportive infrastructure to be deployed as a result of the grant

Name of GIS-compatible file	GIS-compatible file Attachment

Spreadsheet of street addresses

Please upload a spreadsheet of street addresses/locations within the proposed service area. Spreadsheet should include full address string (number, street, city, state, zip), location type (residential, business, institution, other), latitude and longitude (if available).

Locations by Type

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.

Туре	Locations
Households	
Tiouseriolus	
Businesses	
Community Anchor Institutions	
Total Locations Passed	

lease lis	st th	e jurisdictions in	npac	ted by the	pro	posed	service area:				
	City	v(ies)/Village(s):									
	Tov	vnship(s):									
	Cou	unty(ies):									
		Alcona		Alger			Allegan	Alpena			Antrim
		Arenac		Baraga			Barry	Bay			Benzie
		Berrien		Branch			Calhoun	Cass			Charlevoix
		Cheboygan		Chippewa	ı		Clare	Clinton			Crawford
		Delta		Dickinson			Eaton	Emmet			Genesee
		Gladwin		Gogebic			Grand Traverse	Gratiot			Hillsdale
		Houghton		Huron			Ingham	Ionia			losco
		Iron		Isabella			Jackson	Kalama	zoo		Kalkaska
		Kent		Keweena	w		Lake	Lapeer			Leelanau
		Lenawee		Livingstor	1		Luce	Mackin	ac		Macomb
		Manistee		Marquette	÷		Mason	Mecost	a		Menominee
		Midland		Missauke	е		Monroe	Montca	ılm		Montmorency
		Muskegon		Newaygo			Oakland	Oceana	a		Ogemaw
		Ontonagon		Osceola			Oscoda	Otsego			Ottawa
		Presque Isle		Roscomm	non		Saginaw	St. Clai	r		St. Joseph
		Sanilac		Schoolcra	ıft		Shiawassee	Tuscola	a		Van Buren
		Washtenaw		Wayne			Wexford	Out Wa	ayne		
	Sta	te House Distric	t(s):								
		State House Dist	trict 1			State F	House District 2		State Ho	use [District 3
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		State House Dist	trict 2	8		State F	House District 29		State Ho	use [District 30
		State House Dist	trict 3	1		State F	House District 32		State Ho	use [District 33
		State House Dist	trict 3	4		State F	House District 35		State Ho	use [District 36

	State House District 37	State House District 38	State House District 39
	State House District 40	State House District 41	State House District 42
	State House District 43	State House District 44	State House District 45
	State House District 46	State House District 47	State House District 48
	State House District 49	State House District 50	State House District 51
	State House District 52	State House District 53	State House District 54
	State House District 55	State House District 56	State House District 57
	State House District 58	State House District 59	State House District 60
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Sta	te Senate District(s):		
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	State Senate District 28	State Senate District 29	State Senate District 30
	State Senate District 31	State Senate District 32	State Senate District 33
	State Senate District 34	State Senate District 35	State Senate District 36
	State Senate District 37	State Senate District 38	

Description of the broadband service to be provided

C Yes

C No

Does the proposed service area include (wholly or partially) a

	Qualified Opportunity Zone?
	If Yes, please list the Census Tract numbers for the impacted Qualified Opportunity Zones
	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.
Minimun	n Mbps
	Will the last-mile partner be able to provide the minimum 100/100 Mbps required Yes No service speed to all locations identified in the proposed service area?
	If No, the ROBIN Program allows for a minimum service speed of 100/20 Mbps in cases of extreme geographical, topographical, or financial impracticability of delivering 100/100 Mbps. Such connections must be scalable to 100/100 Mbps. Applicants must provide substantial evide to a sto the inpracticability of delivering 100/100 Mbps and the justification for providing a connection special of 100′ 9 Mbps instead.
Downloa	ad and Upload speeds of the services
	Using the table, please indicate the download and upload eeds of the services to be offered by the last-mile partner in the proposed service area. The non-recounted or the proposed service area.
	Additionally, please attached an affidavit of unmith. It to offer the proposed service and cost in the proposed service area once the middle mila infrastru ture roject is complete should it be funded.
	Affidavit of commitment
FCC's A	ffordable Connectivity Program
	Does the last-mile partner participate in the FCC's Affordable Connectivity Program Yes No (ACP)?
	If No, applicant must participate in ACP within 6 months of receiving a ROBIN grant award. Must attach evidence that they are pursuing ACP participation.
	Does the last-mile partner provide a low-cost service offering in conjunction with the Yes Affordable Connectivity Program (ACP) that provides ACP eligible households with a net \$0 monthly cost of service?
	If yes, please describe the low-cost service offering.

Training and Awareness

Proposed digital literacy training events, materials

Please describe any proposed digital literacy training events, materials, and/or resources that will be provided to residents or businesses impacted by the proposed connectivity. Include the number and type of events, including commitments from any partners included in the digital literacy training and the anticipated outcomes from related activities. The description must provide clear detail and contain measurable metrics for the proposed programs or partnerships.

Please upload e evidence of training partnership, materials, etc.

Materials and Method(s) to be used

Please 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 least 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, teleh. th applications, access to government services, e-learning, job and career readiness program public safety in a tion, cybersecurity training, etc. This description must provide clear detail and contain me urable metrics.

Evidence of awareness activities

Commitment to improving the adoption rese force franciscos

Describe how the project commits to impring the acoption rate of broadband services, including, but not limited to, special service rates, internet-enabled device the needs of the user, and digital skills training.

Describe how the proje co. its to im, aving the adoption rate of broadband services, including, but not limited to, special service ates are tenabled devices that meet the needs of the user, and digital skills training.

Promotion of customer tak rate

Explain how you plan to promote customer take rate, including marketing activities, outreach plan, and other actions to reach the identified serviceable units within the project area. Provide the anticipated take rate and describe the basis for the estimate.

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