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| St. Louis County, MN | St. Louis County **Broadband Planning Grant Application** | | | | | | | | Form **9001**  Rev. 7/25/2023 |
| **Overview:** The purpose of this grant is to provide broadband assistance to qualifying cities, townships, tribal units of government, or non-profits located within unserved or underserved areas of St. Louis County. The grant will provide up to $25,000 per applicant/project and will require a 1:1 financial match. The match must be committed and can come from any private and/or public source. St. Louis County may conduct an audit of any grants awarded ([www.stlouiscountymn.gov/economicdevelopment](http://www.stlouiscountymn.gov/economicdevelopment)). | | | | | | | | | |
| BEFORE YOU GET STARTED… | | | | | | | | | |
| *As part of this application, you will need to submit a signed and dated W-9 Form (*[*www.irs.gov*](http://www.irs.gov)*) and a map of your project area.* | | | | | | | | | |
| PROGRAM ADMINISTRATOR and CONTACT | | | | | | | | | |
| **Brad Gustafson**  Community Development Manager (218) 742-9563  [gustafsonb@stlouiscountymn.gov](mailto:gustafsonb@stlouiscountymn.gov) | | Submit Applications To | | | | | | | |
| **By Mail:**  Planning and Community Development  St. Louis County Government Services Center 201 South 3rd Avenue West  Virginia, MN 55792 | | | By Email: [communitydevelopmentinfo@stlouiscountymn.gov](mailto:communitydevelopmentinfo@stlouiscountymn.govP)(Preferred) | | | | |
| Application Period: All eligible applications will be reviewed on an on-going basis subject to grant funding availability. | | | | |
| APPLICANT INFORMATION | | | | | | | | | |
| Name of Applicant | | | | | | | | | |
| Please Briefly Describe the Applicant (public agency, unit of government, non-profit, etc.) | | | | | | | | | |
| Project Name | | | | Estimated Start Date | | Estimated End Date | | | |
| Applicant Physical Address (no P.O. boxes) | | | | City | | State | | Zip | |
| Applicant Mailing Address (if different) | | | | City | | State | | Zip | |
| Applicant Email Address | | | Applicant Phone | | | Applicant Website URL | | | |
| Contact Person Name | | | | Contact Person Phone | | | | | |
| Contact Person Email Address | | | | Federal ID Number (EIN number) – *if applicable* | | | | | |
| Project Budget (IF UNKNOWN, LEAVE BLANK) | | | | | | | | | |
| St. Louis County Broadband Planning Grant Request | | | | | | | $ | | |
| Applicant Committed Funds | | | | | | | $ | | |
| Other Sources Funds | | | | | | | $ | | |
| **Total Project Cost** | | | | | | | $ | | |

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| *Project narrative (Provide a description of your project)* | | |
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| Description of Project budget (If unknown, leave blank) | | |
| 1. **What is the total expected cost of the project?** | | $ |
| 1. **What is the total amount committed by the applicant towards the project?** | | $ |
| 1. **What is the total amount requested of St. Louis County?** | | $ |
| 1. **What other sources of funding will be used for the project?** | Name of grant:    Awarded  Applied  Will Apply | $ |
| Name of grant:    Awarded  Applied  Will Apply | $ |
| Name of grant:    Awarded  Applied  Will Apply | $ |
| Name of grant: | $\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. **What is the total amount committed by your service provider?** | | $ \_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| APPLICATION REQUIREMENTS | |
| Please verify the following grant requirements: *Check the appropriate box* | |
| 1. Is the applicant physically in St. Louis County?  Yes  No | |
| 1. Does the applicant have a broadband committee to work on this project?  Yes  No | |
| 1. Are there multiple organizations working together on this project?  Yes  No | |
| If yes, who: | |
| 1. Has a feasibility study been completed on this project in the past?  Yes  No | |
| 1. Is the applicant working with a service provider?  Yes  No | |
| If yes, who: | |
| 1. Is the project located in an unserved or underserved area?  Yes  No | |
| 1. Has a community survey been completed to determine interest in the project?  Yes  No | |
| 1. Has the applicant committed money towards this project?  Yes  No | |
| 1. Approximately how many households and/or businesses will be served from this project? | |
| 1. Estimated month/year of planning/feasibility study? | |
| **ORGANIZATIONAL STRUCTURE** | |
| **Please list members of the project committee and describe their roles.** | |
| **Member Name** | **Role** |
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| AGREEMENT | | | |
| Check Box  to Agree | By submitting this application, I certify and agree that I am the authorized agent of the organization and that all information submitted is true and correct to the best of my knowledge. I further agree that false or misleading statements will result in nullifying the grant application and require the immediate return of any allocated grant funds to St. Louis County. Failure to provide proper documentation of the information provided in this application to St. Louis County upon request shall render the grant application incomplete and will result in the grant being nullified and require that all grant funds received be returned immediately to St. Louis County. I understand the information submitted may be public data, pursuant to the Minnesota Government Data Practices Act. I further understand that St. Louis County may audit the use of the grant funds. A list of successful grant recipients will also be made public.  By providing an email address, you are authorizing St. Louis County to exchange information with you about your application using unencrypted email. This information may include private or nonpublic data. Unencrypted email is not secure. You accept the risk that data may be intercepted by someone other than the intended recipient and understand that St. Louis County is not liable for any damages caused by such interception. Selecting email does not authorize St. Louis County to release private or nonpublic data to anyone other than the recipient unless otherwise allowed by law. | | |
| Authorized Applicant Name: (By filling in, this is your signature) | | Title: | Date (month/day/year): |