



Capital Projects Fund/Nebraska Line Extension Program Grant Application

2025-2026 Program Years

Purpose: This application is for CPF-1 subrecipients seeking reimbursement for eligible drop and customer premises equipment (CPE) costs incurred **after the original CPF-1 project completion date**, for locations within the originally approved project area.

Section I: Applicant Details

1. Applicant name:	Nebraska Central Telephone Company (NCTC) ▼
2. Applicant type remains unchanged from CPF-1 application:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If "No," explain.)
3. Applicant's contact info remains unchanged from CPF-1 application:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If "No," explain.)
4. Provider name/info remains unchanged from CPF-1 application:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If "No," explain.)
5. Legal representative name/info remains unchanged from CPF-1 application:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If "No," explain.)
6. Applicant's SAM UEI:	PH8VD5KA2883
7. Confirm that this UEI is current and active in SAM.gov as of application date:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If "No," explain.)

Section II: Project Details

1. Original CPF-1 project name:	Mason City Village Limits Underserved
2. Original CPF-1 project number:	NCTCCPFY23PO7
3. Original grant award date:	June 27, 2023 ▼
4. Technology to be deployed remains unchanged from CPF-1 application:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If "No," explain.)
5. Projected minimum connection speeds at completion remains unchanged from CPF-1 application:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If "No," explain.)
6. All plan rates, terms and conditions, and terms of service as indicated in the CPF-1 application remain unchanged:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If "No," explain.)

Section III: Grant Request Details

1. Total serviceable locations in the project area:	68
2. Number of locations connected as of the date of project completion:	30
3. Number of locations connected following the date of project completion:	5
4. Number of locations still needing connection (pending connections):	0
5. Number of locations for which supplemental funding is requested:	5
6. Expected completion date for all supplemental connections:	01/30/2026
7. CPF-1 Customer Line Extension Grant Amount Requested:	\$ 3,974.74

Attach/Include:

Please label attachments as follows: “[Applicant Name]_[Project]_[Attachment Letter].” If it is necessary to submit multiple attachments under one attachment letter category, label the attachments to identify the separate attachments. Ex. “[Applicant Name]_[Project]_[Attachment Letter]_1”, “[Applicant Name]_[Project]_[Attachment Letter]_2”, etc. Unless otherwise noted, all attachments must be submitted as PDF files.

A point shapefile polygon (.shp) reflecting the serviceable locations in the project area **must** be included. All locations must be within the originally approved project area. Locations that have been connected must include the date of connection. Any points not yet connected should leave that field blank. Any supporting files necessary to open the shapefile must also be attached. (Attachment Letter: A)

Budget Template: A breakdown for the grant must be attached in Excel format. This should include a proposed budget reflecting a clear and detailed breakdown of cost elements based on total allowable project costs. This should also include the total grant amount requested and detail any matching funds committed. (Attachment Letter: B)

Documentation to substantiate the reasonableness of proposed costs such as historical cost data from comparable broadband deployment projects, unit pricing data, vendor quotes, or cost information derived from recently completed projects. Where applicable, applicants should describe any factors that may influence construction costs. (Attachment Letter: C)

Other supporting information/documentation (if applicable). (Attachment Letter: D)

APPLICANT CERTIFICATION: By signing this statement, the applicant certifies to the following (check the boxes for which the applicant will certify and attest):

The information submitted on the application and all supporting documents are true and correct;

All locations for which reimbursement will be requested are within the originally approved CPF-1 project area;

Any location submitted for reimbursement will be connected on or before the June 30, 2026 deadline.

The applicant agrees to perform and adhere to all grant requirements, and to comply with all state and federal regulations and requirements pertaining to this program;

The applicant is compliant with all requirements in Application Nos. C-5792/PI-245 and C-5520/PI-246, and Neb. Rev. Stat. §§ 86-125(4)(c) and 86-324(2)(d) attesting that it does not use equipment prohibited by the FCC anywhere in its network, and that applicant further agrees not to use CPF grant funding to purchase equipment or services developed by organizations on the FCC’s Covered List (See <https://www.fcc.gov/supplychain/coveredlist>);

The applicant is only seeking reimbursement for locations where the customer has not been charged for drop or customer premise equipment costs;

The applicant is only seeking reimbursement for costs incurred after the period of performance for the original project ended;

The applicant certifies that all plan rates, terms and conditions, and terms of service, including any provisions related to data caps, throttling, long-term contracts, early termination fees, or metered “pay-as-you-go” service, remain consistent with and adhere to those approved in the original CPF-1 application and apply equally to all new locations connected under this request.

The applicant will submit network speed testing information as prescribed by the Commission.

Dan Molliconi

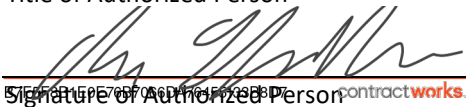
03/31/2026

Printed Name of Authorized Person

Date

Vice President

Title of Authorized Person



Signature of Authorized Person

contractworks.

Click to Attach this Form to an Email

Reset Form