

Glenwood Telecommunications, Inc.

Nora

Attachment M_3 – Community Engagement Forms

**Capital Projects Fund
Community Feedback Form**

PROJECT DETAILS

Applying Service Provider: Glenwood Telecommunications, Inc.

Project Name: Nora

Description of Proposed Project Area:

***Please refer to page 3 for map of proposed project area.**

Name of person/entity completing the form: Robert Williams

Community Role (mark one):

- | | |
|---|--|
| <input checked="" type="checkbox"/> Community Member | <input type="checkbox"/> Local Business: _____ |
| <input checked="" type="checkbox"/> Local Government: <u>Village Chairman</u> | <input type="checkbox"/> Local Nonprofit: _____ |
| <input type="checkbox"/> Tribal Government: _____ | <input type="checkbox"/> Other (describe): _____ |

I/We DO NOT support the providers application because:

I/We support the provider's application because (select any that apply):

- The proposed service area is not able to receive reliable broadband service of 25/3 Mbps or greater.
- The proposed service area is not able to receive reliable broadband service of 100/20 Mbps or greater.
- The proposed project would result in the entire community having access to high-speed internet at 100/100 Mbps.
- The proposed service provider has consulted with the community in relation to community needs and affordability of the proposed service plans.
- Other reasons (please complete below)

Comments:

Please feel free to include supplemental information regarding the proposed project as attachments to this form.

More information about the Capital Projects Fund grant program or the Nebraska Broadband Bridge Program, including a map and an electronic version of this form, can be found on the Nebraska Public Service Commission (PSC) website at: <https://psc.nebraska.gov/telecommunications/nebraska-broadband-bridge-program-nbbp>.

If you have questions regarding the Capital Projects Fund grant program, please e-mail psc.broadband@nebraska.gov or you may contact the Nebraska Public Service Commission Consumer Advocate during regular business hours (Monday-Friday, 8:00 a.m.-5:00 p.m. CT) by calling 402-471-3101 or toll free in Nebraska at 1-800-526-0017.

Name: Robert Williams Date: 01-05-24

Signature: Robert E. Williams

Please return completed feedback forms and any supplemental information **no later than March 27, 2024**, via e-mail to psc.broadband@nebraska.gov or via mail to 1200 N Street, 300 The Atrium, Lincoln, NE 68508.

**Capital Projects Fund
Community Feedback Form**

PROJECT DETAILS

Applying Service Provider: Glenwood Telecommunications, Inc.

Project Name: Nora

Description of Proposed Project Area:

***Please refer to page 3 for map of proposed project area.**

Name of person/entity completing the form: Margo Williams

Community Role (mark one):

- | | |
|--|--|
| <input checked="" type="checkbox"/> Community Member | <input type="checkbox"/> Local Business: _____ |
| <input checked="" type="checkbox"/> Local Government: <u>Village Council</u> | <input type="checkbox"/> Local Nonprofit: _____ |
| <input type="checkbox"/> Tribal Government: _____ | <input type="checkbox"/> Other (describe): _____ |

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Name: Margo Williams Date: 01-03-24

Signature: Margo Williams

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**Capital Projects Fund
Community Feedback Form**

PROJECT DETAILS

Applying Service Provider: Glenwood Telecommunications, Inc.

Project Name: Nora

Description of Proposed Project Area:

***Please refer to page 3 for map of proposed project area.**

Name of person/entity completing the form: Brad Borgen

Community Role (mark one):

- | | |
|--|--|
| <input checked="" type="checkbox"/> Community Member | <input type="checkbox"/> Local Business: _____ |
| <input checked="" type="checkbox"/> Local Government: <u>Village Council</u> | <input type="checkbox"/> Local Nonprofit: _____ |
| <input type="checkbox"/> Tribal Government: _____ | <input type="checkbox"/> Other (describe): _____ |

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Name: Brad Borgen Date: 1-4-2024

Signature: Brad Borgen

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**Capital Projects Fund
Community Feedback Form**

PROJECT DETAILS

Applying Service Provider: Glenwood Telecommunications, Inc.

Project Name: Nora

Description of Proposed Project Area:

***Please refer to page 3 for map of proposed project area.**

Name of person/entity completing the form: David L. Helms

Community Role (mark one):

- | | |
|--|--|
| <input checked="" type="checkbox"/> Community Member | <input type="checkbox"/> Local Business: _____ |
| <input checked="" type="checkbox"/> Local Government: <u>Village Council</u> | <input type="checkbox"/> Local Nonprofit: _____ |
| <input type="checkbox"/> Tribal Government: _____ | <input type="checkbox"/> Other (describe): _____ |

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Name: David L. Gebers Date: 1-5-24

Signature: David L. Gebers

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Community Feedback Form**

PROJECT DETAILS

Applying Service Provider: Glenwood Telecommunications, Inc.

Project Name: Nora

Description of Proposed Project Area:

*Please refer to page 3 for map of proposed project area.

Name of person/entity completing the form: Barbara A. Laughlin

Community Role (mark one):

- | | |
|--|--|
| <input checked="" type="checkbox"/> Community Member | <input type="checkbox"/> Local Business: _____ |
| <input checked="" type="checkbox"/> Local Government: <u>Village Council</u> | <input type="checkbox"/> Local Nonprofit: _____ |
| <input type="checkbox"/> Tribal Government: _____ | <input type="checkbox"/> Other (describe): _____ |

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Name: Barbara A. Laughlin Date: 01-06-2024

Signature: Barbara A. Laughlin

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PROJECT DETAILS

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Project Name: Nora

Description of Proposed Project Area:

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Name of person/entity completing the form: ^{By:} Tom Bogen Tom Bogen

Community Role (mark one):

- | | |
|--|---|
| <input checked="" type="checkbox"/> Community Member | <input checked="" type="checkbox"/> Local Business: _____ |
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Name: TOM BARGEN Date: 1-04-2024
Signature: Tom Bergen

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***Page 3 – Map of Proposed Project Area.**

