

Application for Federal Assistance SF-424		Version 02			
<table border="0"> <tr> <td>* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application</td> <td>* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision</td> <td>* If Revision, select appropriate letter(s): _____ * Other (Specify) _____</td> </tr> </table>			* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): _____ * Other (Specify) _____
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* 3. Date Received: 08/14/2009	4. Applicant Identifier: _____				
5a. Federal Entity Identifier: _____	* 5b. Federal Award Identifier: 0660-ZA29				
State Use Only:					
6. Date Received by State: 08/14/2009	7. State Application Identifier: _____				
8. APPLICANT INFORMATION:					
* a. Legal Name: Connect Arkansas					
* b. Employer/Taxpayer Identification Number (EIN/TIN): 26-0820192	* c. Organizational DUNS: 801866984				
d. Address:					
* Street1: Street2: * City: County: * State: Province: * Country: * Zip / Postal Code:	200 Commerce Street, Suite 400 _____ Little Rock Pulaski AR: Arkansas _____ USA: UNITED STATES 72201				
e. Organizational Unit:					
Department Name: _____	Division Name: _____				
f. Name and contact information of person to be contacted on matters involving this application:					
Prefix: Mr.	* First Name: C. Sam				
Middle Name: _____	_____				
* Last Name: Walls	_____				
Suffix: _____	_____				
Title: President	_____				
Organizational Affiliation: Connect Arkansas					
* Telephone Number: 501-372-9247	Fax Number: 501-372-9245				
* Email: swalls@arcapital.com					

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9. Type of Applicant 1: Select Applicant Type:

M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

Department of Commerce

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

*** 12. Funding Opportunity Number:**

0660-ZA29

* Title:

Recovery Act - State Broadband Data and Development Grant Program

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

The State of Arkansas (including all 75 counties and subsequent towns and cities).

*** 15. Descriptive Title of Applicant's Project:**

Arkansas State Broadband and Development Project

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

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16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="4,300,000.00"/>
* b. Applicant	<input type="text" value="885,000.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="222,839.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="5,407,839.00"/>

* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- a. This application was made available to the State under the Executive Order 12372 Process for review on
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

Yes No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: * First Name:
 Middle Name:
 * Last Name:
 Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

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*** Applicant Federal Debt Delinquency Explanation**

The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt. Maximum number of characters that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space.

BUDGET INFORMATION - Non-Construction Programs

OMB Approval No. 4040-0006
Expiration Date 07/30/2010

SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. Recovery Act - State Broadband Data and Development Grant	0660-ZA29	\$ 3,800,000.00	\$ 760,000.00	\$	\$	\$ 4,560,000.00
2. Recovery Act - State Broadband Data and Development Grant (planning)	0660-ZA29	500,000.00	125,000.00			625,000.00
3.						
4.						
5. Totals		\$ 4,300,000.00	\$ 885,000.00	\$	\$	\$ 5,185,000.00

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SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1) Recovery Act - State Broadband Data and Development Grant	(2) Recovery Act - State Broadband Data and Development Grant (planning)	(3)	(4)	
a. Personnel	\$ 1,372,150.00	\$ 174,250.00	\$	\$	\$ 1,546,400.00
b. Fringe Benefits	174,430.00	34,850.00			209,280.00
c. Travel	46,800.00	0.00			46,800.00
d. Equipment	396,254.00	9,920.00			406,174.00
e. Supplies	153,805.00	14,760.00			168,565.00
f. Contractual	757,443.00	0.00			757,443.00
g. Construction	0.00	0.00			
h. Other	692,518.00	328,000.00			1,020,518.00
i. Total Direct Charges (sum of 6a-6h)	3,593,400.00	561,780.00			\$ 4,155,180.00
j. Indirect Charges	4,023,863.00	56,178.00			\$ 4,080,041.00
k. TOTALS (sum of 6i and 6j)	\$ 7,617,263.00	\$ 617,958.00	\$	\$	\$ 8,235,221.00
7. Program Income	\$ 0.00	\$	\$	\$	\$

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SECTION C - NON-FEDERAL RESOURCES					
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS	
8. Recovery Act - State Broadband Data and Development Grant	\$ 760,000.00	\$	\$ 222,839.00	\$ 982,839.00	
9. Recovery Act - State Broadband Data and Development Grant (planning)	125,000.00			125,000.00	
10.					
11.					
12. TOTAL (sum of lines 8-11)	\$ 885,000.00	\$	\$ 222,839.00	\$ 1,107,839.00	
SECTION D - FORECASTED CASH NEEDS					
	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	\$ 1,584,662.00	\$ 872,787.00	\$ 233,625.00	\$ 233,625.00	\$ 244,625.00
14. Non-Federal	\$ 822,500.00	775,625.00	15,625.00	15,625.00	15,625.00
15. TOTAL (sum of lines 13 and 14)	\$ 2,407,162.00	\$ 1,648,412.00	\$ 249,250.00	\$ 249,250.00	\$ 260,250.00
SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT					
(a) Grant Program	FUTURE FUNDING PERIODS (YEARS)				
	(b) First	(c) Second	(d) Third	(e) Fourth	
16. Recovery Act - State Broadband Data and Development Grant	\$ 1,243,322.00	\$ 541,576.00	\$ 530,265.00	\$ 523,921.00	
17. Recovery Act - State Broadband Data and Development Grant (planning)	1,243,322.00	0.00	0.00	0.00	
18.					
19.					
20. TOTAL (sum of lines 16 - 19)	\$ 2,486,644.00	\$ 541,576.00	\$ 530,265.00	\$ 523,921.00	
SECTION F - OTHER BUDGET INFORMATION					
21. Direct Charges: 3,868,967		22. Indirect Charges: 431,033			
23. Remarks:					

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