
Mississippi Broadband Provider COVID-19 Grant Program Application

Name of Applicant: _____

Application type: _____ Primary _____ Secondary

Requested grant: (\$6,000,000 max) \$ _____

Total cost of the project: \$ _____

Total miles of fiber to be installed: _____ miles

Estimate number of households passed: _____

Maximum download/upload speeds: _____

Application fee: (1/2 of 1% of grant request) \$ _____

Applicant description: see attached Exhibit “ _____ ”

Project description: see attached Exhibit “ _____ ”

This exhibit must also include a detailed narrative explanation of why the Project costs are necessary expenditures incurred due to the public health emergency with respect to COVID-19 as provided under Section 601(d) of the federal Social Security Act as added by Section 5001 of the federal Coronavirus Aid, Relief, and Economic Security (CARES) Act and its implementing guidelines, guidance, rules, regulations and/or other criteria, as may be amended or supplemented from time to time, by the United States Department of the Treasury; and determined that the recipient has not received and will not receive reimbursement for the expense in question from any source of funds, including insurance proceeds, other than those funds provided under Section 601 of the federal Social Security Act as added by Section 5001 of the CARES Act.

Project map: see attached Exhibit “ _____ ”

Engineering map: see attached Exhibit “ _____ ”

Attorney/Counsel Legal Opinion: see attached Exhibit “ _____ ”

The application must be accompanied by an opinion issued by the Attorney/Counsel for the applicant that unequivocally certifies that he/she has (a) made an individualized determination that the reimbursement and/or disbursement sought for the project is, in the Attorney’s independent judgment, for necessary expenditures incurred due to the public health emergency with respect to COVID-19 as provided under Section 601(d) of the federal Social Security Act as added by Section 5001 of the federal Coronavirus Aid, Relief, and Economic Security (CARES) Act and its implementing guidelines, guidance, rules, regulations and/or other criteria, as may be amended or supplemented from time to time, by the United States Department of the Treasury; and (b) determined that the recipient has not received and will not receive reimbursement for the expense in question from any source of funds, including insurance proceeds, other than those funds provided under Section 601 of the federal Social Security Act as added by Section 5001 of the CARES Act. The Attorney/Counsel Legal Opinion must contain an acknowledgment by the Attorney that he/she has read the United States Department of Treasury’s Guidance ([CLICK HERE](#)) and Frequently Asked Questions ([CLICK HERE](#)) regarding the use of monies from the Coronavirus Relief Fund established by the CARES Act.

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I, _____, on behalf of the applicant, _____, hereby
General Manager/CEO Broadband Provider
confirm my understanding that _____ is obligated to refund any awarded
Broadband Provider
grant funds in the event _____ is found to be fully or materially noncompliant
Broadband Provider
with the Mississippi Broadband Provider COVID-19 Act, and/or the use of any awarded grant funds are found to be unnecessary expenditures incurred due to the public health emergency with respect to COVID-19 as provided under Section 601(d) of the federal Social Security Act as added by Section 5001 of the federal Coronavirus Aid, Relief, and Economic Security (CARES) Act and its implementing guidelines, guidance, rules, regulations and/or other criteria, as may be amended or supplemented from time to time, by the United States Department of the Treasury. I further confirm that I have read the United States Department of Treasury's Guidance ([CLICK HERE](#)) and Frequently Asked Questions ([CLICK HERE](#)) regarding the use of monies from the Coronavirus Relief Fund established by the CARES Act.

Signature

Date

NOTARY PUBLIC ACKNOWLEDGEMENT

SEAL

State of

County of

I hereby certify that _____ (Name) appeared before me on this _____ day of _____, 2020, and signed this form in my presence.

Notary Public Signature

My Commission Expires (Date)

***** Please return 3 hard copies and 1 electronic copy to the Mississippi Public Utilities Staff *****

Mississippi Public Utilities Staff
ATTN: Mississippi Broadband COVID-19 Grant Program
501 N. West Street
Suite 301B
Jackson, MS 39201
(601) 961-5407
e-mail: covid19grant@mpus.ms.gov