OMB Number: 4040-0004
Expiration Date: 12/31/2022

Application for Federal Assistance SF-424

*** 1. Type of Submission:**

- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

*** 2. Type of Application:**

- [x] New
- [ ] Continuation
- [ ] Revision

* If Revision, select appropriate letter(s):

* Other (Specify):

* 3. Date Received: 09-30-2022

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: Blackfoot Telephone Cooperative, Inc.

* b. Employer/Taxpayer Identification Number (EIN/TIN): 810251379

* c. UEI: KU6LTS39K9N4

d. Address:

* Street1: 1221 North Russell St

Street2:

* City: Missoula

County/Parish:

* State: Montana

Province:

* Country: USA: UNITED STATES

* Zip / Postal Code: 59808-1898

e. Organizational Unit:

Department Name: Finance

Division Name: Finance

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

* First Name: Michelle

Middle Name:

* Last Name: Owens

Suffix:

Title: Regulatory Specialist/Paralegal

Organizational Affiliation:

* Telephone Number: 4065415131

Fax Number: 4065415144

* Email: mowens@blackfoot.com

Application for Federal Assistance SF-424

*** 9. Type of Applicant 1: Select Applicant Type:**

N: Nonprofit without 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):

Non Profit - Cooperative

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

US Department of Commerce (DOC)

11. Catalog of Federal Domestic Assistance Number:

11.033

CFDA Title:

Middle Mile Grant Program

*** 12. Funding Opportunity Number:**

NTIA-MMG-2022

* Title:

Middle Mile Grant Program

13. Competition Identification Number:

Title:

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

Located in Montana, the Sapphire Ring project

Add Attachment | Delete Attachment | View Attachment

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

Sapphire Ring

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant: MT-all

* b. Program/Project: MT-all

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 06-01-2022

* b. End Date: 12-31-2025

18. Estimated Funding ($):

* a. Federal	11,756,500
* b. Applicant	5,038,500
* c. State	0
* d. Local	0
* e. Other	0
* f. Program Income	0
* g. TOTAL	16,795,000

*** 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 .
- [x] 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 in attachment.)**

- [ ] Yes
- [x] No

If "Yes", provide explanation and attach

Add Attachment | Delete Attachment | View Attachment

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)**

- [x] ** 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: Stacey

Middle Name:

* Last Name: Mueller

Suffix:

* Title: Chief Financial Officer

* Telephone Number: 4065415000

Fax Number:

* Email: grantapplications@blackfoot.com

* Signature of Authorized Representative: Stacey Mueller

* Date Signed: 09-30-2022