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: Scott County Telephone Cooperative

* b. Employer/Taxpayer Identification Number (EIN/TIN): 54-0557573

* c. UEI: GQN9RNE79A69

d. Address:

* Street1: 149 Woodland St.

Street2:

* City: Gate City

County/Parish: Scott

* State: Virginia

Province:

* Country: USA: UNITED STATES

* Zip / Postal Code: 24251-0000

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: Robert

Middle Name:

* Last Name: Picchi

Suffix:

Title: President

Organizational Affiliation:

* Telephone Number: 8287730334

Fax Number:

* Email: rhp@blueridge-group.com

Application for Federal Assistance SF-424

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

X: Other (specify)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

Telephone 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.):

The counties addressed include Claiborne, Gra

Add Attachment | Delete Attachment | View Attachment

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

Central Appalachian Broadband

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: VA-09

* b. Program/Project: TN-01

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

TN-02, TN-03 | Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 02-16-2023

* b. End Date: 09-01-2027

18. Estimated Funding ($):

* a. Federal	20,350,934.4
* b. Applicant	10,151,065.6
* c. State	0
* d. Local	0
* e. Other	0
* f. Program Income	0
* g. TOTAL	30,502,000

*** 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 _____.
- [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- [x] 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:	Mr.
* First Name:	William
Middle Name:	J
* Last Name:	Franklin
Suffix:	
* Title:	Chief Executive Officer
* Telephone Number:	2764527201
Fax Number:	2764522447
* Email:	billfranklin@sctc.org
* Signature of Authorized Representative:	William Franklin
* Date Signed:	09-30-2022