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: 04-11-2023

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: Concho Valley Electric Cooperative, Inc.

* b. Employer/Taxpayer Identification Number (EIN/TIN): 750204684

* c. UEI: X6HDKZFKN7M9

d. Address:

* Street1: 2530 Pulliam Street
Street2:
* City: San Angelo
County/Parish:
* State: Texas
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 76905-4401

e. Organizational Unit:

Department Name:

Division Name: CVEC Connect

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

Prefix: Mr.
* First Name: Jonathan
Middle Name:
* Last Name: Cutrer
Suffix:

Title: Director of Information Technology

Organizational Affiliation:

* Telephone Number: [redacted]
Fax Number:

* Email: [redacted]

Application for Federal Assistance SF-424

*** 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:**

US Department of Commerce (DOC)

11. Catalog of Federal Domestic Assistance Number:

[redacted]

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.):

Cities: San Angelo, Robert Lee, Bronte, Counti

Add Attachment | Delete Attachment | View Attachment

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

Concho Valley Rural Reach - Middle Mile Project

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: TX-11

* b. Program/Project: TX-11

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 03-01-2023

* b. End Date: 03-01-2025

18. Estimated Funding ($):

* a. Federal	3,276,667.98
* b. Applicant	3,411,774.77
* c. State	0
* d. Local	0
* e. Other	0
* f. Program Income	0
* g. TOTAL	6,688,442.75

*** 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: Mr.

* First Name: Jonathan

Middle Name:

* Last Name: Cutrer

Suffix:

* Title: Director of Information Technology

* Telephone Number: [redacted]

Fax Number:

* Email: [redacted]

* Signature of Authorized Representative: Jonathan Cutrer

* Date Signed: 04-11-2023