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

Application for Federal Assistance SF-424

*** 1. Type of Submission:**
- [ ] Preapplication
- [ ] Application
- [x] Changed/Corrected Application

*** 2. Type of Application:**
- [x] New
- [ ] Continuation
- [ ] Revision

* If Revision, select appropriate letter(s):

* Other (Specify):

* 3. Date Received: 04-10-2023

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: Peninsula Fiber Network, LLC

* b. Employer/Taxpayer Identification Number (EIN/TIN): [redacted]

* c. UEI: [redacted]

d. Address:

* Street1: 1901 W. Ridge St. Suite 2

Street2:

* City: Marquette

County/Parish:

* State: Michigan

Province:

* Country: USA: UNITED STATES

* Zip / Postal Code: 49855-2485

e. Organizational Unit:

Department Name:

Division Name:

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

Prefix:

* First Name: [redacted]

Middle Name:

* Last Name: [redacted]

Suffix:

Title: [redacted]

Organizational Affiliation:

* Telephone Number: [redacted]

Fax Number:

* Email: [redacted]

Application for Federal Assistance SF-424

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

Q: For-Profit Organization (Other than Small Business)

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:

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.):

Michigan, Illinois

Add Attachment | Delete Attachment | View Attachment

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

Infrastructure for Michigan Peninsulas and Critical Crossings (IMPACC)

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: MI-01
* b. Program/Project: MI-01

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

MI-03, MI-05, MI-06, MI-10, MI-13 | Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 04-01-2023
* b. End Date: 03-31-2028

18. Estimated Funding ($):

* a. Federal	61,256,705.72
* b. Applicant	26,252,873.89
* c. State	0
* d. Local	0
* e. Other	0
* f. Program Income	0
* g. TOTAL	87,509,579.61

*** 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: [redacted]

Middle Name:

* Last Name: [redacted]

Suffix:

* Title: [redacted]

* Telephone Number: [redacted] | Fax Number:

* Email: [redacted]

* Signature of Authorized Representative: [redacted] | * Date Signed: 04-10-2023