OMB Number: 4040-0004
Expiration Date: 11/30/2025

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:** 05/15/2023

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:** Troy Cablevision, Inc

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

*** c. UEI:** [redacted]

d. Address:

*** Street1:** 1006 S Brundidge ST

Street2:

*** City:** Troy

County/Parish:

*** State:** AL: Alabama

Province:

*** Country:** USA: UNITED STATES

*** Zip / Postal Code:** 36081-3121

e. Organizational Unit:

Department Name: Strategic Relations

Division Name:

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

Prefix: [redacted]

*** First Name:** [redacted]

Middle Name:

*** Last Name:** [redacted]

Suffix: [redacted]

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.):

Add Attachment | Delete Attachment | View Attachment

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

Connect Alabama

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 AL-02 * b. Program/Project AL-02

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 01/01/2023 * b. End Date: 12/31/2026

18. Estimated Funding ($):

* a. Federal	26,299,960.63
* b. Applicant	26,310,482.72
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	52,610,443.35

*** 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.

☐ 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 ☒ 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 18, Section 1001)**

☒ ** 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: [redacted] * 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: 05/15/2023