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: 10-18-2022

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: Development Authority of the North Country

* b. Employer/Taxpayer Identification Number (EIN/TIN): 16-1264935

* c. UEI: NX86L4LDY5X4

d. Address:

* Street1: 317 Washington Street

Street2:

* City: Watertown

County/Parish:

* State: New York

Province:

* Country: USA: UNITED STATES

* Zip / Postal Code: 13601-3744

e. Organizational Unit:

Department Name:

Division Name:

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

Prefix: Ms.

* First Name: Michelle

Middle Name:

* Last Name: Capone

Suffix:

Title:

Organizational Affiliation:

* Telephone Number: 3156613285

Fax Number:

* Email: mcapone@danc.org

Application for Federal Assistance SF-424

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

E: Regional Organization

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

NYS Public Benefit Corporation

*** 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:**

DANC/N Grid NNY Middle Mile Broadband Infrastructure Grant

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 NY-24 * b. Program/Project NY-21

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

NY-22, NY-24 | Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 07-03-2023 * b. End Date: 07-02-2025

18. Estimated Funding ($):

* a. Federal	14,547,750
* b. Applicant	9,902,250
* c. State	0
* d. Local	0
* e. Other	0
* f. Program Income	0
* g. TOTAL	24,450,000

*** 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.

☒ 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 218, 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: * First Name: Carl

Middle Name: E

* Last Name: Farone

Suffix: Jr.

* Title: Executive Director

* Telephone Number: 3156613200 Fax Number:

* Email: cfarone@danc.org

* Signature of Authorized Representative: Carl Farone * Date Signed: 10-18-2022