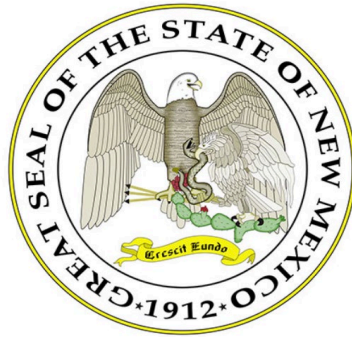


*Office of Broadband Access and Expansion  
New Mexico Department of Information Technology*



Connect New Mexico Pilot Program Application  
August 2022

Email for Questions: [broadbandpilot@state.nm.us](mailto:broadbandpilot@state.nm.us)

## Overview

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The Office of Broadband Access and Expansion (“Office”) requires eligible entities to complete the following application in order to request grant funding from the Connect New Mexico Pilot Program. The Office will review and evaluate only those applications deemed fully responsive to ALL the listed questions.

### A. Application Sections

The application is divided into 16 sections and an Appendix of required attachments, as noted in the table below. Each section contains several questions. Responses to the questions should be provided in the shaded spaces below. The required attachments are specified in the questions and also noted in the Appendix. These required attachments must be uploaded into the application portal.

Application Sections	
1)	Application Summary
2)	Project Dashboard
3)	Executive Summaries
4)	Location and Mapping Data
5)	Project Impact
6)	Community Engagement
7)	Matching Contribution and Demonstration of Financial Need
8)	Project Budget
9)	Project Plan
10)	Organizational and Personnel Background
11)	Contractors and Vendor Management
12)	Labor and Employment Practices
13)	Technology and Network Design
14)	Marketing and Services Strategy
15)	Affordability and Adoption Assistance
16)	Financial Standing
17)	Appendix for Attachments (This section lists the required attachments. You are free to include other additional attachments as necessary to support your application.)

### B. Program Resources

Please refer to the following documents for additional background about the Pilot Program.

- **Notice of Funding Opportunity (NOFO):** The NOFO formally establishes the funding opportunity for the Connect New Mexico Pilot Program. Please review the NOFO to learn about the authorizing legislation, program purpose, program eligibility factors (e.g., project types, service areas, entities), allowable expenditures, key performance requirements (e.g., network performance, service offerings), evaluation criteria, and compliance requirements.
- **Scoring Guide:** Provides a detailed overview of the selection criteria. The Scoring Guide presents details regarding the eight major categories and 25 sub-categories, the assigned points, and the consideration factors influencing the score.

- **Program Website:** Please visit the program website for other background information. This website link follows: <https://www.doit.nm.gov/programs/broadband/connect-new-mexico-pilot-program>
- **Frequently Asked Questions (FAQ):** A list of frequently asked questions will be posted soon after the launch of the program to answer commonly asked questions.

**C. Application Submission**

➤ **Application Closing Dates**

The Connect New Mexico Pilot Program will include three waves of application review and grant awards. Closing dates follow:

Wave	Closing Dates
Wave One	September 23, 2022
Wave Two	December 9, 2022
Wave Three	February 27, 2023

➤ **Format**

Please submit a typed response for the following questions in the designated shaded areas.

➤ **Application Submission: Portal Upload**

Please submit the application and ALL required attachments by loading these into the applicant portal. This portal will be available at the program website.

➤ **Responsiveness to Questions**

The Office understands that an applicant may lack the internal and/or professional resources to complete certain questions requiring an analysis. The Office requests applicants to provide the best estimate and to share any assumptions used to prepare the response.

**Directions:** Please provide all responses besides each question in the shaded area below. Questions requiring attachments are delineated. Please try limit all narratives to less than 250 words. However, this word limit may be exceeded if required to be fully responsive to the question. Please periodically save your file as you type your responses.

**1. Application Summary**

General	
Proposal Title	
Network Purpose (Please check one)	<p>Last-Mile</p> <p>Middle-Mile</p> <p>Other Purpose (e.g., Community Wi-Fi)</p> <p>Combination of Network Purposes</p> <p>For Other Purpose or Combination, please specify:</p> <div style="background-color: #D3D3D3; height: 40px; margin-top: 5px;"></div>
Technology Type (Please check one)	<p>Wireline (e.g., Fiber Optic)</p> <p>Fixed Wireless</p> <p>Alternative Technology (e.g., High Altitude Platform Stations, Satellite, Mesh Networks, Mobile Wireless, etc.)</p> <p>Combination of Technologies</p> <p>For Alternative or Combination, please specify:</p> <div style="background-color: #D3D3D3; height: 40px; margin-top: 5px;"></div>

Applicant Information	
Organization Information	
Organization Legal Name	
“Doing Business As” Name	
Mailing Address	
Website	
Federal Employer Identification No.	

**Primary and Secondary Contacts**

	Primary Contact	Secondary Contact
Name		
Title		
Phone Number		
Email Address		

**Commercial Background with State of New Mexico**

Receipt of Prior State Grant (Y/N)      Yes      No

If yes, please list program(s):

Secretary of State Business ID

**Organization Type**

Applicant Category (Please select one.)

- Incorporated Business or Partnership
- Government Entity (municipality, public agency, or political subdivision, etc.)
- Tribal Government
- Non-Profit
- Cooperative
- Limited Liability Corporation (organized to expand broadband)

\* A political subdivision includes any county, city, village, town, special district, or other political subdivision or public corporation.

**2. Project Dashboard**

**Project Data**

**Financial Information**

Grant Requested		Grant % of Budget	
Matching Contribution		Match % of Budget	
Total Project Budget (\$)			

Matching Contribution Sources (Check Box)	Internal Funding	3 <sup>rd</sup> Party Financing	Government Entity	Community Stakeholder(s)	In-Kind
Other Type of Match Source: Please specify					

**Unit Economics**

Cost per Premise (passed by wireline or covered by fixed wireless or alternative technology)	Total Budgeted Costs per Servable Premises (total budget amount divided by total premises)	
	Total Grant Cost per Servable Premises (total grant amount divided by total premises)	
Linear Density (total miles passing servable premises divided by those servable premises)		

**Communities Served in Project Area**

No. of Communities	
No. of Counties	

**Premises Passed by Wireline or Covered by Wireless**

Segments	Homes	Businesses	Community Institutions	Farms	Total Premises
Unserved Locations Below 25/3 Mbps					
Underserved Locations Between 25/3 & 100/20 Mbps					
Total (column)					

**Technology Dashboard**

**A. Fiber Project: Infrastructure Metrics**

Total Fiber Miles			
	New Fiber	Upgraded Fiber	Leased Fiber
Fiber Miles by Type (should equal total fiber miles)			

Fiber Miles by Network Purpose (should equal total fiber miles)	Last-Mile	Middle-Mile

**B. Fixed Wireless Project: Infrastructure Metrics**

Number of Towers and/or Poles	New Construction		Leased	
Number of Base Stations				
Wireless Coverage Footprint (Sq. Miles)				
Spectrum Frequency Band(s) Being Utilized				
License Requirement	Please choose one only.	License Required	Unlicensed	Both

**C. Alternative Technology**

Key Metrics to Illustrate Core Network (e.g., number of HAPS operating units, number of satellites, number of ground stations, mesh network access points, mobile wireless base stations, etc.)				
Spectrum Frequency Band(s) Being Utilized				
License Requirement	Please choose one only.	License Required	Unlicensed	Both
Distribution Points on Ground (if applicable)				

**Other Project Details**

<b>Service Offerings</b>							
	<table border="1"> <thead> <tr> <th>Service Offering (download/upload)</th> <th>Monthly Price</th> </tr> </thead> <tbody> <tr> <td>Maximum Speed to Customer Location</td> <td></td> </tr> <tr> <td>Minimum Speed to Customer Location</td> <td></td> </tr> </tbody> </table>	Service Offering (download/upload)	Monthly Price	Maximum Speed to Customer Location		Minimum Speed to Customer Location	
Service Offering (download/upload)	Monthly Price						
Maximum Speed to Customer Location							
Minimum Speed to Customer Location							

Community Engagement						
Number of Letters of Support Filed with Application						
Number of Project Partners (by type)	Gov. Entity	Community Institution	Non-Profit Org.	Telecom Provider	Investment Contributor	Other

**3. Executive Summaries**

**Directions:** Please provide a succinct summary for the topics below. Please try to limit your response to around 250 - 300 words for each section. However, this word limit may be exceeded if required to be fully responsive to the question.

**A. Project Overview**

Please provide a high-level, introductory overview of the project.

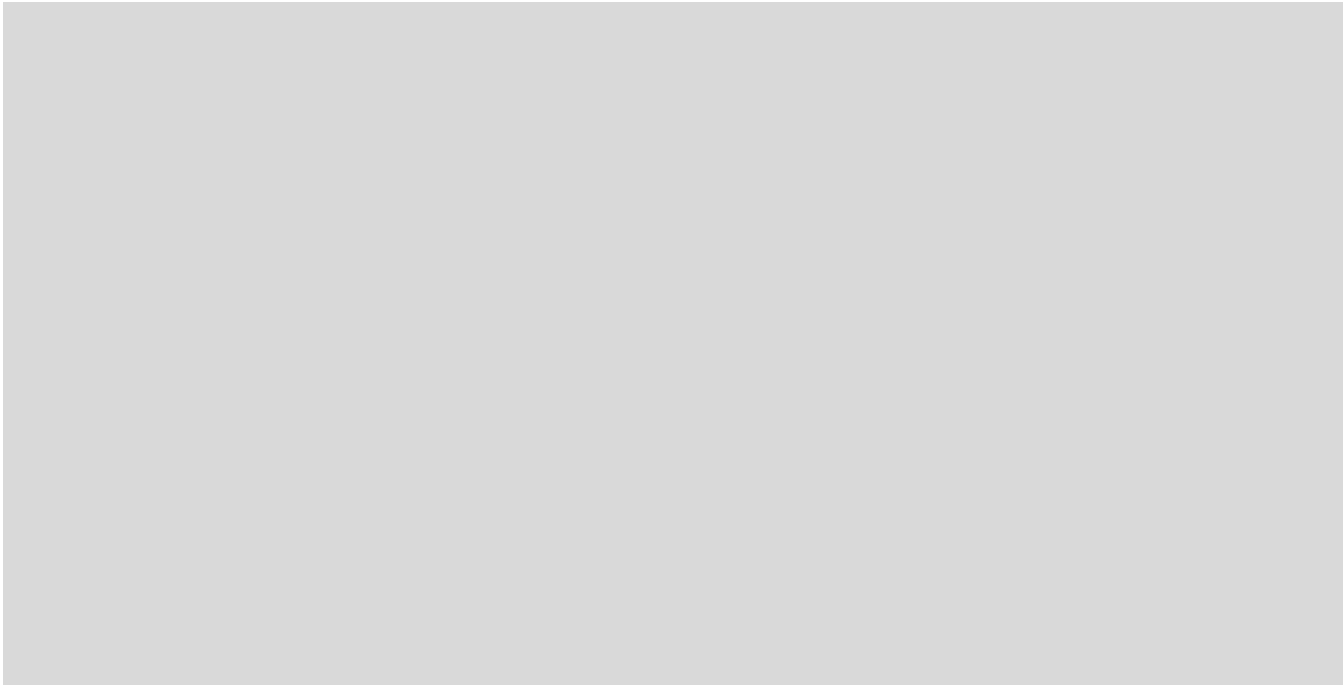
**B. Problem Statement**

Please describe the broadband-related challenges within your targeted communities. Please address: a) needs and gaps; b) shortcomings of existing solutions; c) prior attempts to resolve the problem and results.



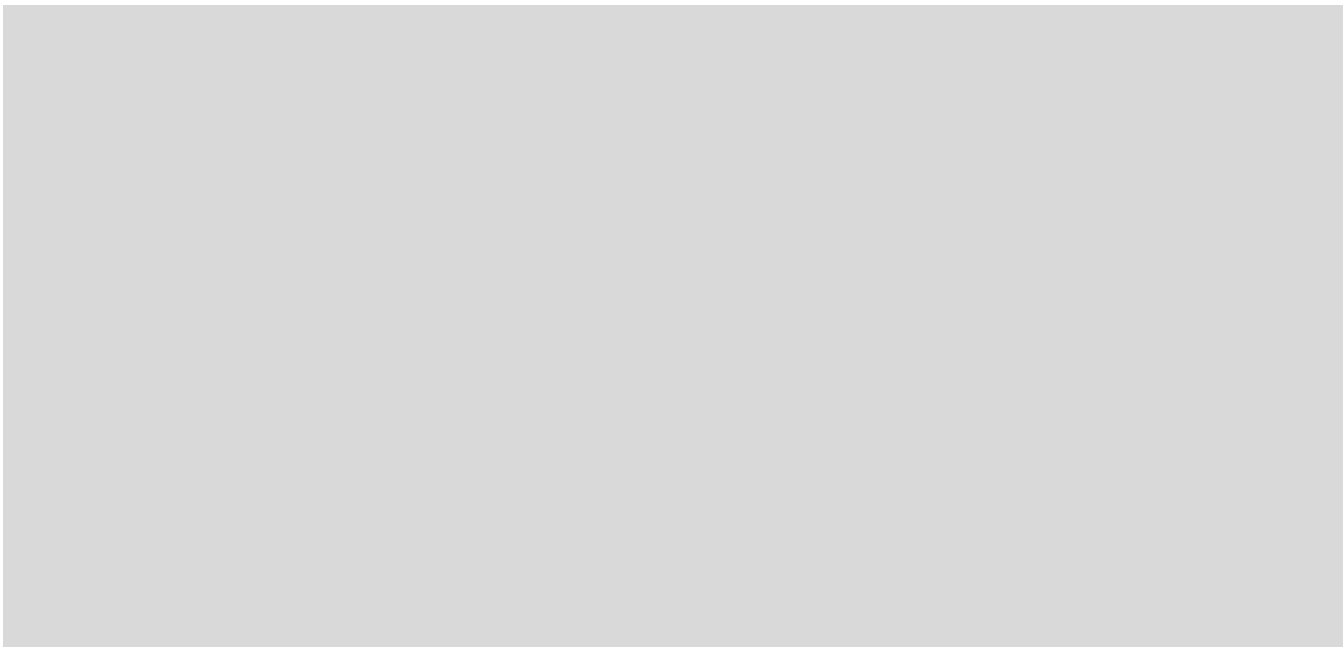
**C. Description of Solution and Services**

Please provide a general overview of your solution, including: a) network technology; b) service offerings (e.g., range of speeds offered); c) programs to enable affordability and digital inclusion; d) other initiatives to bring value to your communities.



**D. Targeted Communities and Customer Segments**

Please discuss the targeted beneficiaries of the project, and specifically address: a) specific communities; b) estimated size of the addressable market (number of end-users by household, business, community institutions, other beneficiaries); c) economic status of the service areas (e.g., household income, unemployment data, poverty rates).



**E. Project Benefits**

Please discuss the anticipated social and economic benefits that will be realized by the targeted customer segments – e.g., residents, businesses, farms, community institutions (education, healthcare, etc.), government facilities, public safety, etc.

A large, empty gray rectangular area intended for the applicant to provide their response to the question regarding project benefits.

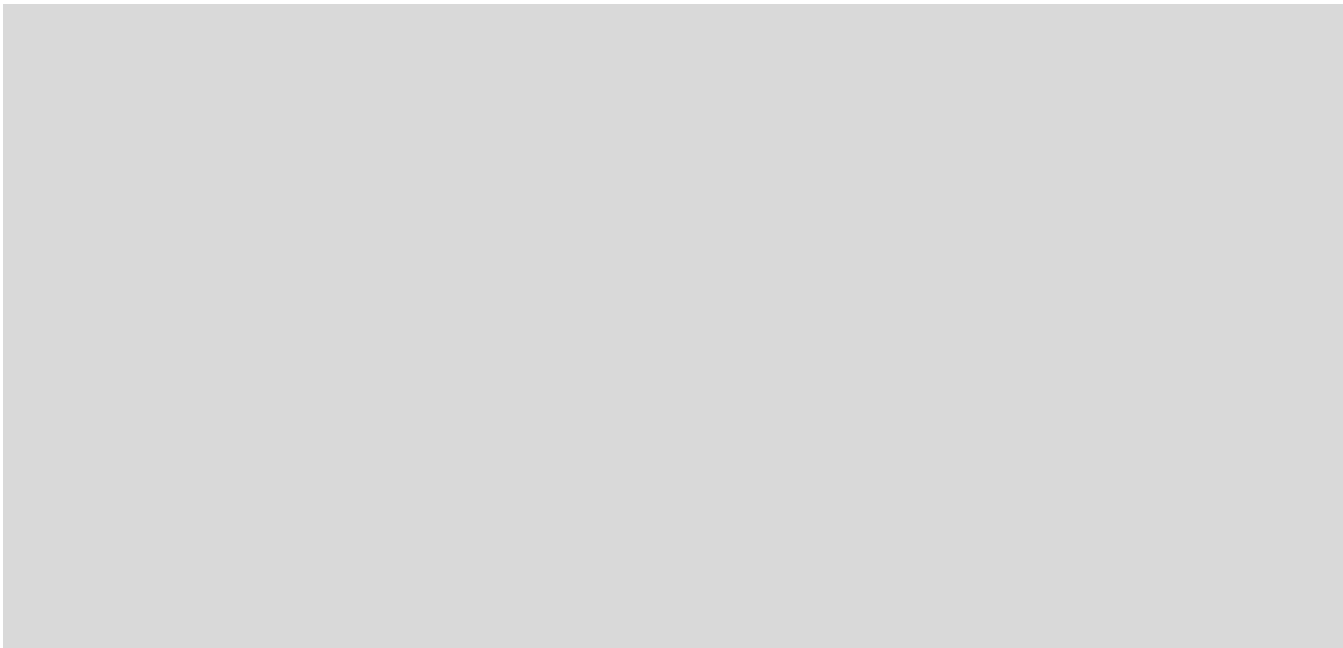
**F. Applicant Background**

Please discuss your organization’s mission, operating history, location, employee size, key financial metrics (e.g., revenue, budget, etc.)

A large, empty gray rectangular area intended for the applicant to provide their response to the question regarding their organization's background.

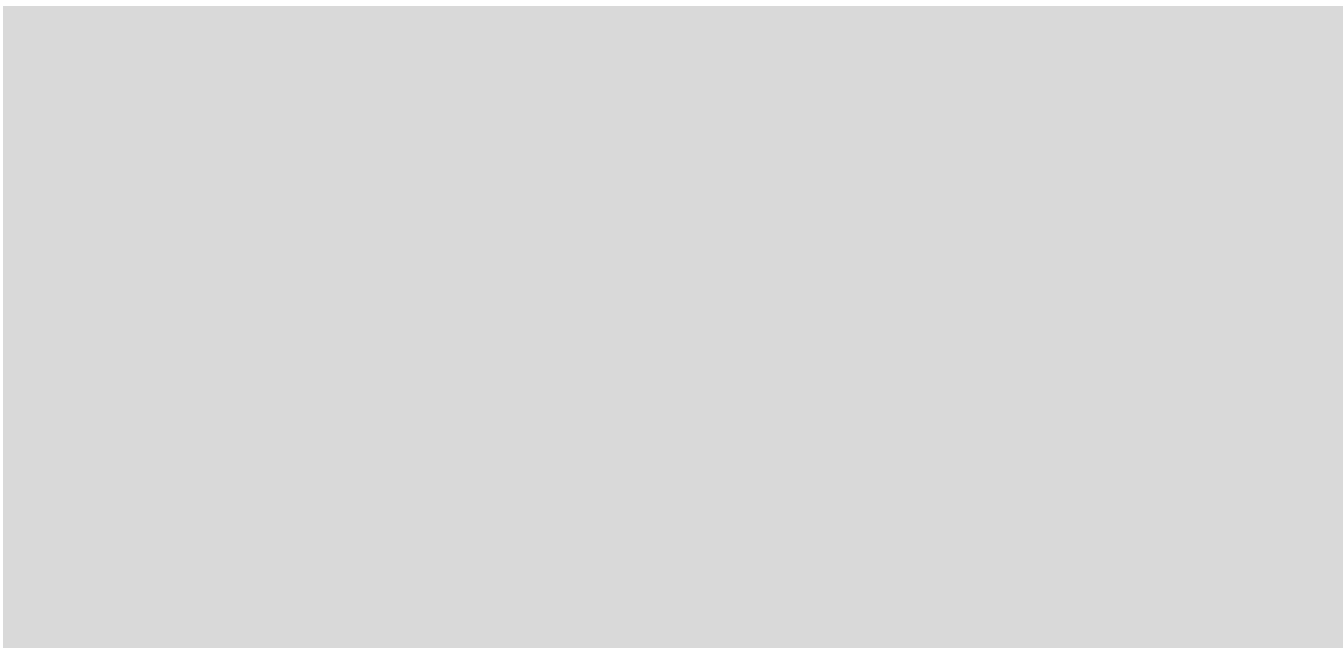
**G. Partnerships**

Please discuss key partners and collaborators that will be critical to your project's successful planning, deployment, financing, and sustainability.



**H. Execution Capabilities**

Please discuss the capabilities, experiences, and track record for your organization and its partners to successfully implement, operate, and sustain this project. Please reference unique resources, market presence, and experience in implementing similar projects.



## 4. Location and Mapping Data

### A. Location Overview

**Narrative of Geographic Coverage:** Please provide a narrative that describes the geographic coverage of the proposed project.



### B. Network Map of Project Areas

**Network Map:** Please include a detailed network map in the Appendix and label it as **“Attachment 4-B”**. Maps should be included in both PDF version and a spatial data version (e.g., .shp, .kmz, or .kml) as an electronic attachment. Please see infrastructure type specific instructions below.

- 1) Wireline Project:** Please include a route map that shows: a) service area with boundaries; b) lateral miles and middle-mile (different colors); c) all premises served by the network (residents, businesses, farms, institutions); d) all peering points with middle-mile and colocation facilities; e) names of places, boundaries, buildings, road/street names or other features that identify the project coverage area; f) location of any existing and leased facilities (separately color-coded). For middle-mile, please include: meet-me points with last-mile networks; points of interconnection with Internet backbone (e.g., carrier hotel); community access points.
- 2) Fixed Wireless Project:** The coverage map should show: a) coverage area; b) location of all towers and base stations; c) backhaul links from base stations to aggregation points (e.g., fiber or microwave); d) backhaul link to the Internet backbone; e) location of any existing and leased facilities (separately color-coded).
- 3) Alternative Technology:** The coverage map should show: a) coverage area; b) backhaul links from aggregation points to the Internet backbone; c) location of any terrestrial facilities; d) location of any non-terrestrial components; e) other noteworthy network elements.

#### **Confirmation for Attachment 4-B**

Check this box to confirm that a detailed Network Map is included in the Appendix.

**C. General**

**List of Counties Served by Project:** Please list all counties served. Also indicate whether coverage is full or partial coverage.

Name of County	Fully or Partially Served	Recognized Tribal Region (place x)

**List of Communities Served:** Please list all cities, towns, and villages served. Also indicate whether coverage is full or partial coverage.

Name of Community (Town, City)	Fully or Partially Served	Recognized Tribal Region (place x)

**D. List of Interconnection Points**

**Interconnection Points (Middle-Mile Projects):** Please list all points of interconnection. These can include peering points, carrier hotels, colocation facilities, and other examples of where you interconnect with another telecom operator. Please include these in the Appendix and label as **“Attachment 4-D”**.

Middle-Mile (Peering Points, Carrier Hotel, Colocation Facility, etc.)

**Note: The table sample below illustrates the format for attachment 4-D.**

Name	Type (e.g., peering point)	Address

**Confirmation for Attachment 4-D**

Check this box to confirm that a list of all interconnection points is included in the Appendix.

**E. Service Area Overlap with Other Government Funded Programs**

**Service Area Overlap:** Please explain whether your Project Area overlaps in census blocks which have received federal or state funds for broadband infrastructure deployment. Please name the funding program, and what percentage of the targeted premises fall within these overlap areas.

**Avoiding Duplication:** If so, please explain how the funding the from Pilot Program is being used only for complementary purposes. Please also confirm that funds requested from the Connect New Mexico Pilot Program have not been, or will not be, reimbursed by any other state or federal funding programs.

5. Project Impact

**A. Last-Mile Broadband Impact**

**Serviceable User Segments:** Please state the number of premises passed or covered by the broadband infrastructure for the speed tiers identified below.

Premises in Service Area by User Segment						
		Unserved (lacking wireline above 25/3 Mbps)			Underserved (having wireline above 25/3 Mbps but lacking wireline above 100/20 Mbps)	
Speed Now (Mbps)		<25/3	<25/3	<25/3	<100/20	<100/20
Project-enabled Speed		≥100/20	≥100/100	≥1G/1G	≥100/20	≥100/100
Premise Type	Residential					
	Businesses					
	Community Institutions					
	Farms					
Total Premises by Speed						

**B. Middle-Mile Broadband Impact (if relevant)**

**Middle-Mile Deployment:** Please explain how the deployment of middle-mile network spans facilitates last-mile connectivity to unserved and underserved communities. If an existing middle-mile network is available for access within the Project Area, please explain the challenges that prevent usage of the existing middle-mile facilities.

**C. Social and Economic Benefits**

**Socioeconomic Benefit:** Please describe the broadband network’s role in fostering social and economic development across the targeted communities. Please refer to the following consideration factors.

- ✓ **Residential Communities:** Housing development, attraction and retention of residents, etc.
- ✓ **Commerce:** Workforce development, job creation, attracting new business establishments, innovation hubs, research and development, farming efficiency and productivity, etc.
- ✓ **Public Services:** Enhancement to capabilities to execute mission in more effective and efficient manner (across schools, libraries, hospitals, clinics, social service centers, community gathering centers, etc.); public safety improvements, etc.

A large, empty grey rectangular area intended for the applicant to provide a detailed response to the socioeconomic benefit question.

**D. Economic Distress in Project Area**

**Level of Economic Distress in Targeted Service Area:** Please address whether the project serves an economically distressed area(s). The level of economic distress can be measured by the degree to which unemployment rates, poverty rates, or population loss levels are significantly higher than the statewide average.

A large, empty grey rectangular area intended for the applicant to provide a detailed response to the economic distress question.



**Key Economic Indicators in Service Area:** Please provide the following indicators for your community and State. Please see Exhibit A for links to find the key indicators for your service area.

Indicator	State Average (included below)*	Service Area	Percentage Difference (Unfavorable/Favorable)
Unemployment Rates	<b>4.9%</b>		
Average Poverty Rate	<b>16.8%</b>		
Median Income	<b>\$51,243</b>		

**Exhibit A:**

**Information Sources for Key Indicators:** Please consult these resources to find the relevant indicator for your communities.

Unemployment Rates

- <https://www.jobs.state.nm.us/vosnet/lmi/default.aspx?plang=E>

Average Poverty Rate (reported by US Census)

- <https://www.census.gov/quickfacts/fact/table/NM,US/INC110220>

Median Income (reported by US Census 2018)

- <https://www.census.gov/quickfacts/fact/table/NM,US/INC110220>

### E. Passing or Covering All Unserved and Underserved Premises in Census Block

**Commitment to Service All Eligible Premises:** Please confirm that the last-mile network passes (through wireline) and/or covers (through fixed wireless) all unserved or underserved premises in the census blocks intersected by the Project Area. If not, please explain why your project leaves out some of these unserved or underserved premises located.



## 6. Community Engagement

### A. Local and Regional Partnerships

**Government, Community, and Commercial Partnerships:** Please describe collaborative initiatives with partners that aim to provide support around planning, permitting, financing, network deployment, customer adoption, long-term financial viability, and overall project sustainability. Their project support may include: streamlining permitting and regulatory requirements; network design planning and deployment; project promotional/awareness; service purchase commitments; matching contribution; revenue commitment (i.e., anchor client); etc. Partners may include the following types of entities (illustrative).

- **Public Entities:** Tribal government, county, municipality, public agency, etc.
- **Community Organizations:** Community institution (school, hospital, higher education institution, etc.) non-profit, research institution, community organizers, etc.
- **Broadband Service Providers:** Middle-mile or backhaul network operator, ISP's offering retail services over open access network, telecom network infrastructure owner contributing resources (e.g., towers), etc.



**C. Evidence of Community Support**

***Degree of Community Support:*** Please provide a narrative regarding the breadth and depth of community support.

A large, empty gray rectangular area intended for the applicant to provide a narrative regarding the breadth and depth of community support.

***Summary Overview of Letters of Support:*** Please provide an overview of the letters of support, and specifically address: a) number of letters; b) sources; c) degree to which letters are personalized and reflect the unique support of the particular stakeholder; d) process (and any challenges) to solicit the letters.

A large, empty gray rectangular area intended for the applicant to provide a summary overview of letters of support, addressing the specified criteria.

**Local or Regional Government Support:** Applicants are encouraged to obtain a support letter from local government authorities representing the Project Area. These may involve agency leaders, elected officials, or other public officials aiming to bridge the digital divide. Please list the government entities that provided support letters. If your project did not receive any letters of support from local government authorities, please explain the challenges in securing such letters.

**Appendix for Letters of Support:** Please include all Letters of Support in the Appendix. Please label as **“Attachment 6-C”**

**Confirmation for Attachment 6-C**

Check this box to confirm that Letters of Support are included in the Appendix. Please include a tabular sheet that lists each entity.

**Community Survey and Feedback:** Please discuss whether you conducted any type of a survey to evaluate the needs, gaps, and overall project support. If so, summarize the results of the survey. Also, if you collected any other feedback from members of your community (e.g., community forum, etc.), please describe that process and summarize the results.

**Survey Results:** Please attach the results of the survey in the Appendix and label as “Attachment 6-C2”.

**Confirmation for Attachment 6-C2**

Check this box to confirm that Survey Data, if available, is included in the Appendix.

**D. Financial Contribution from Community Stakeholders**

**Financial Contribution by Community Stakeholders:** Please discuss any financial investment that will be made by community members and organizations. Address the following: a) degree of financial contribution from community-based members and institutions; b) in-kind resource commitments from community-based members and institutions; c) evidence to support verification of pledge.

**7. Matching Contribution and Demonstration of Financial Need**

**A. Matching Contribution**

<b>Matching Contribution Amount:</b> Total Dollar Amount		<b>Matching Contribution Percentage:</b> Percentage of Project Budget	
<b>Match Type:</b> Cash vs. In-Kind (or both)	Amount	Cash Match	In-Kind Match
	Percentage of Total Budget		

<p><b>Match Source:</b> Please provide a narrative that discusses the source(s) of the match.</p>	
<p><b>Evidence:</b> Please describe the type of proof being submitted from each match contributor (e.g., letter of credit for loan, internal funds on balance sheet, signed contract for 3<sup>rd</sup> party investment, etc.)</p>	
<p><b>Federal Sources of Match:</b> Please confirm if your matching funds includes other federal sources.</p>	
<p><b>Evidence of Matching Contribution</b> (Please include separate attachment and label as <b>“Attachment 7-A”</b>.)</p>	<p><b><u>Confirmation for Attachment 7-A</u></b></p> <p><input type="checkbox"/> Check this box to confirm that evidence for matching contribution from EACH contributor is included in the Appendix.</p>

**Specific Sources of Matching Contribution**

Match Contributor	Contact Information (Email and Phone)	Amount (\$)

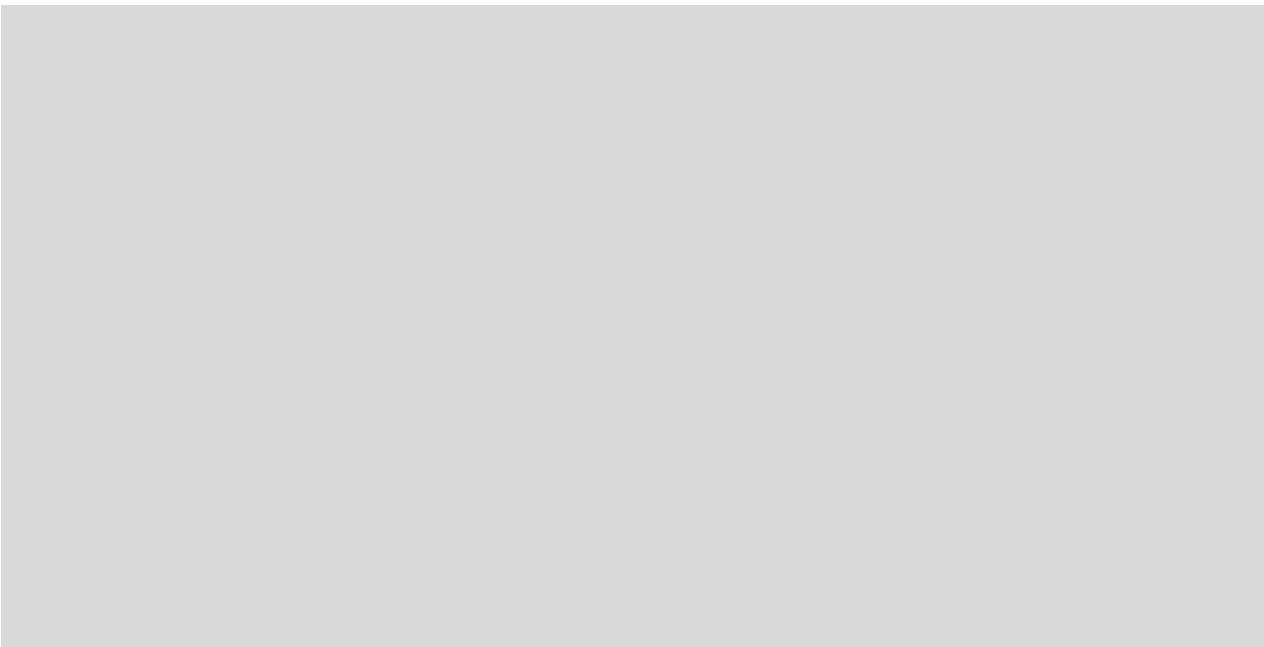
**B. Financial Need for State Grant Support**

**Narrative on Need for Grant-based Support:** Please describe why this project cannot move forward absent the requested grant amount. Please consider discussing:

- Lack of appropriate return in the business case without the subsidy
- Prior attempts to make this investment and the key barriers to financing the project.



**Rationale for Level of Matching Contribution Amount:** Please describe the justification for the specific amount of matching contribution – and not a higher amount.





**C. Financial Assessment of Grant Requirement**

Financial Return Calculations: Please calculate the financial return of the project with and without a grant amount to indicate the financial level of need.

(Please see Exhibit B: “Calculation of Metrics”)

	<u>Without Grant</u>	<u>With Grant</u>
<p><b>Payback Period</b> Please calculate the payback period with and without the grant. (Years and Months)</p>		
<p><b>Project NPV</b> Please state the net present value of the project with and without the grant.</p>		

**Narrative on Financial Metrics Supporting State Grant:** Please provide a narrative regarding how the results of the payback period, and NPV analysis with and without the subsidy, justify the specific grant amount requested.

**Supporting Analysis**

Include the supporting analysis in spreadsheet form (copy/paste from Excel). If attached separately, please label as **“Attachment 7-C”**

**Confirmation for Attachment 7-C**

Check this box to confirm that supporting analysis is provided to show the Payback Period and NPV – with and without the grant.

**Exhibit B:****Calculation of Metrics****Payback Period**

The payback period involves the time it takes to recover the initial capital investment based on future operating cash flows from the project. Please provide the payback period for your project for two scenarios: 1) without the grant; 2) with the grant. For the second scenario (with the grant), simply include the project budget funded by the matching contribution.

Please follow these guidelines:

- Consider only those after-tax operating cash flows involving revenue and operating expenses for the project. This means do not consider depreciation.
- Do not consider any financing expenses (e.g., payment of interest/principal, dividends, etc.)
- The first month of the analysis should start when you first start to incur capital expenses. For example, if you first start to incur expenses on 2/15/2023, then the period should start with February 2023.
- Express the payback period in years and months.
- Please be sure to include the detailed spreadsheet in the Appendix; this should show all sources of project budget and operating cash flows.

**Net Present Value**

The Net Present Value (NPV) involves the present value of net cash flows taking into account all revenues, expenses, and investments. An NPV of zero means the project's rate of return is equal to the discount rate, which is generally the cost of capital. A negative NPV implies the project fails to earn its cost of capital. The grant from Connect New Mexico Pilot Program should help the applicant earn a rate of return equal to its cost of capital. Please compute the NPV with and without grant support. Please follow these guidelines:

- The cash flows should include operating cash flows and capital investments.
- Operating Cash Flows (OCF) involve all net cash flows generated from the annual operation of the project. Annual OCF equals after-tax operating income plus depreciation.
- The investments include all upfront and recurring capital expenditures during the 10-year financial forecast period.
- Please apply a discount rate that reflects your weighted average cost of capital (WACC). The WACC reflects the cost of debt (net of taxes) and equity. If you are unsure of what WACC to apply, please apply a 15% cost of capital which reflects a common benchmark.
- Please include a terminal value (TV) for the project in Year 10. The TV reflects the value of the project beyond Year 10. Thus, for your analysis, please multiply the net OCF in Year 10 by a factor of "8" – i.e., eight times the net OCF in Year 10. Please apply this assumption for the TV multiplier.
- Please be sure to include the detailed spreadsheet of the NPV analysis.

**D. Match Waiver (This section *only* applies to an applicant seeking a match waiver.)**

**Narrative on Match Waiver Requirement:** Please explain the reason(s) that prohibit the minimum 25% matching contribution.

Note: OBAE will carefully review the evidence and data to determine if the waiver is justified based on the extenuating circumstances. If a proposal is deemed compelling, based on its initial evaluation, but the matching share waiver fails to provide an evidence-based justification, the applicant may be asked to contribute the 25% matching share to receive an award.

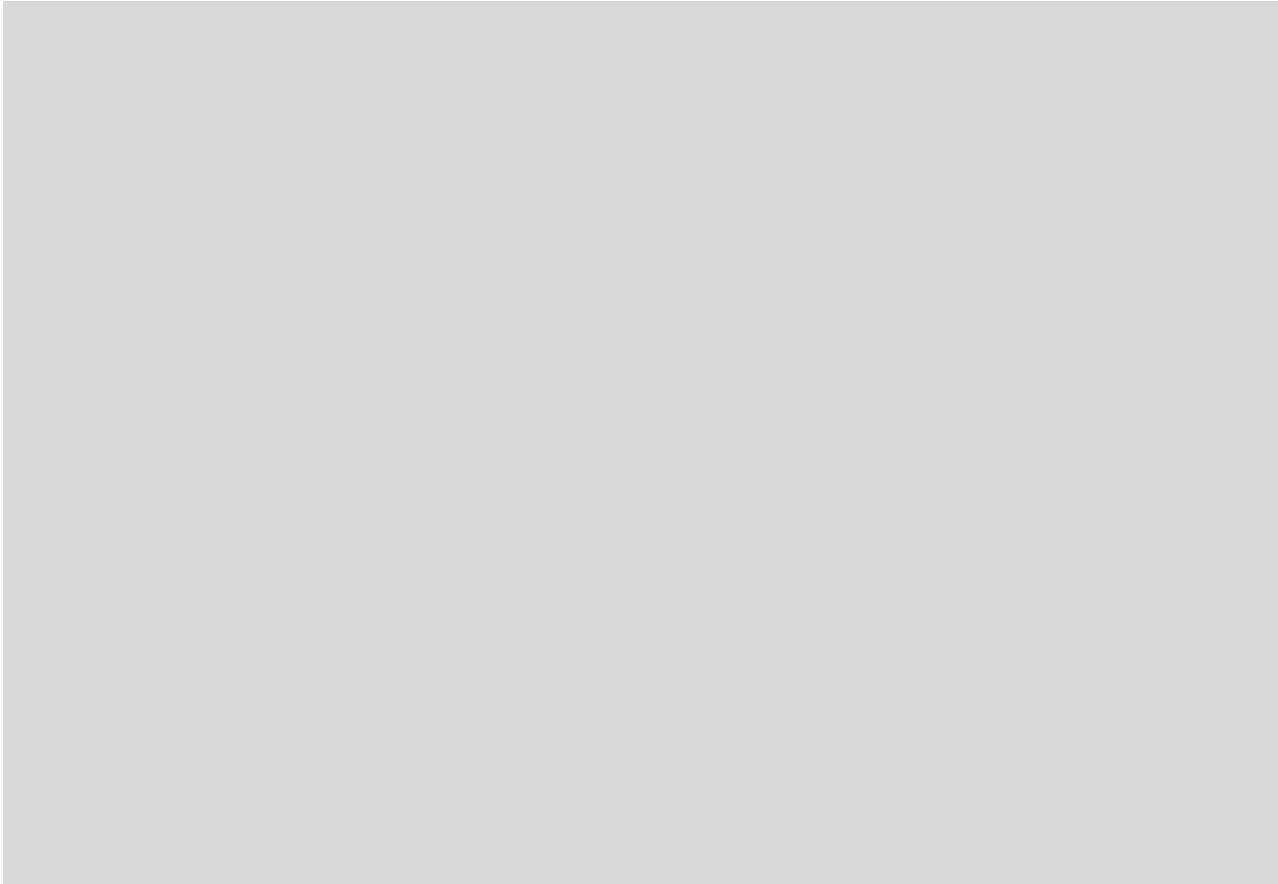


**\*\*\*Official Letter Requirement for Match Waiver:** An applicant must write and upload a Match Waiver Letter to the Office of Broadband Access and Expansion. The letter should explain, in detail, the reason(s) that impede the 25% minimum matching contribution.

8. Project Budget

**A. Budget Overview**

**Budget Narrative:** Please provide a narrative for your budget. Identify all major expenditure categories and the total sums for those categories.



**Confirmation for Attachment 8-A**

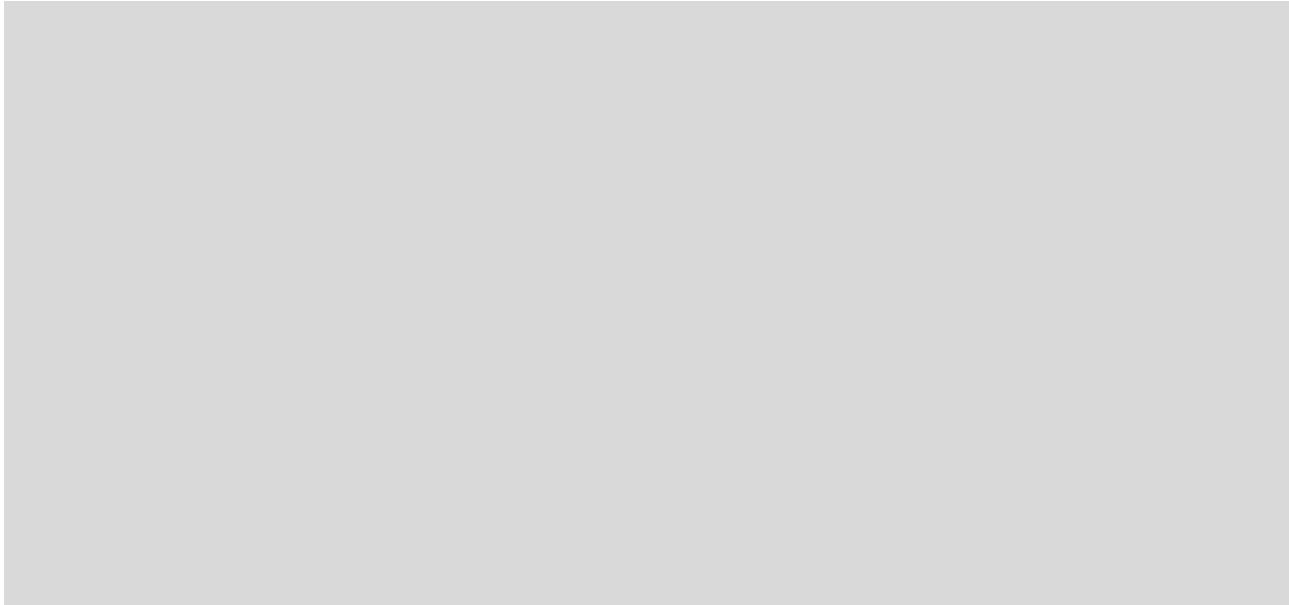
Check this box to confirm that the Detailed Project Budget is included in the Appendix

**B. Cost Efficiencies**

**Achieving Cost Efficiencies:** Please describe your strategic decisions and actions to drive cost efficiencies. Please consider discussing:

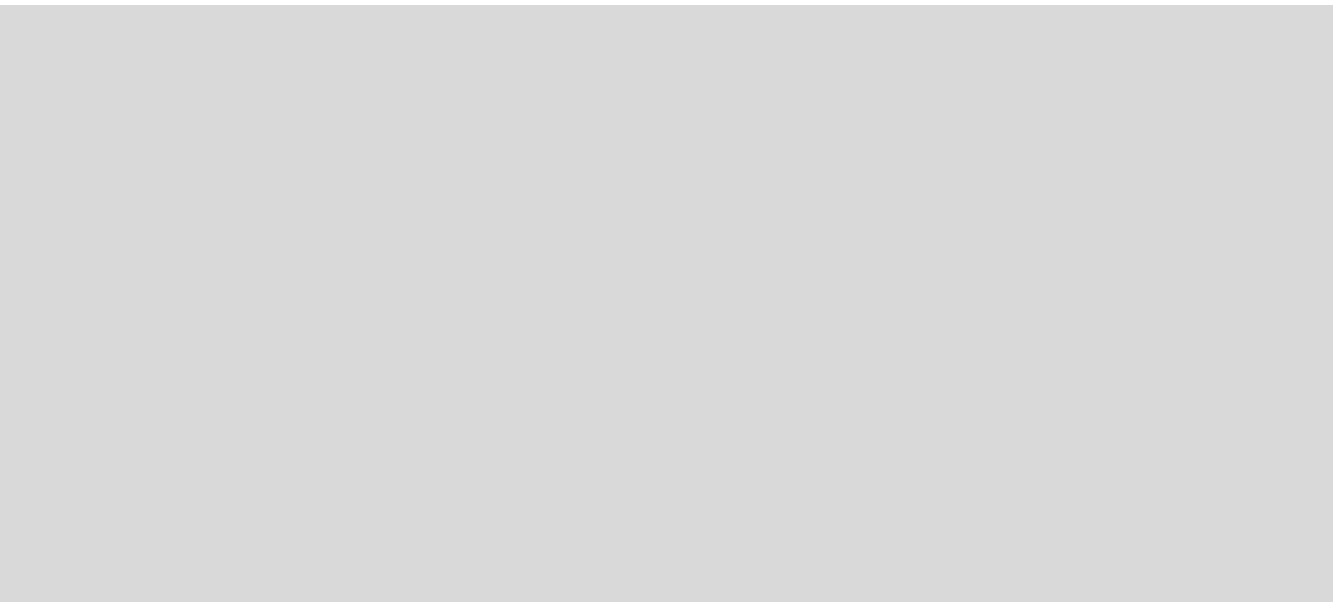
- Technology and network design
- Procurement initiatives to invite a competitive response for supply and labor
- Other

\*\* Please note that your procurement practices must abide by federal and state laws.



**Leveraging Existing Assets:** Please describe how your proposal leverages existing assets. These assets may include:

- Middle-mile assets (e.g., through IRU's)
- Last-mile network elements (e.g., co-location facilities, data centers, towers)
- Non-network resources and assets being contributed (e.g., personnel, premises, offices, etc.)

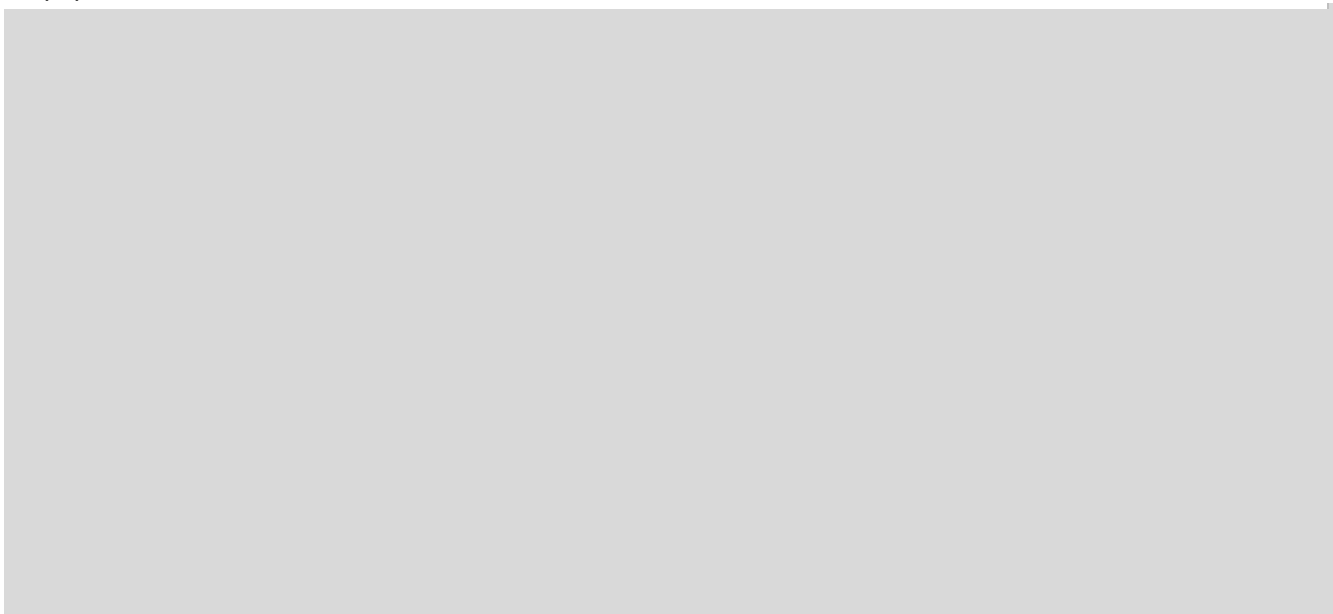


**C. Cost Metrics**

Please complete the following metrics. The costs include all expenditures related to network elements, plant, and placement costs.

**Fiber Project**

**Deployment Cost per Fiber Mile Deployed (Last and/or Middle-Mile Project):** Please calculate the cost per fiber mile that reflects all planning and constructions costs. The cost elements should include: engineering design; permitting and regulatory reviews; pre-deployment readiness (e.g., make ready, site planning); outside plant materials (e.g., fiber, poles, hardware, conduit, splitters, etc.); labor to deploy network; and construction and project management. Please do not include the costs for network equipment, fiber drops, equipment external to premise (e.g., ONT), or customer premise equipment.



**Deployment Cost per Premise Passed:** Please calculate the cost per premise passed. The cost elements should include the total costs applied in the prior question and then divided by each premise passed. Please do not include the costs for the fiber drops or equipment to be installed on premise site.



**Total Cost per Premise Passed:** Please calculate the full cost for each premise passed. This includes the deployments costs noted above, plus the fiber drop, external electronics, and any customer premise equipment not charged to the customer.

A large, solid gray rectangular area intended for the user to input data for the 'Total Cost per Premise Passed' calculation.

**Cost per IRU Fiber-Strand Mile:** Please calculate the cost for fiber-strand mile purchased.

A large, solid gray rectangular area intended for the user to input data for the 'Cost per IRU Fiber-Strand Mile' calculation.

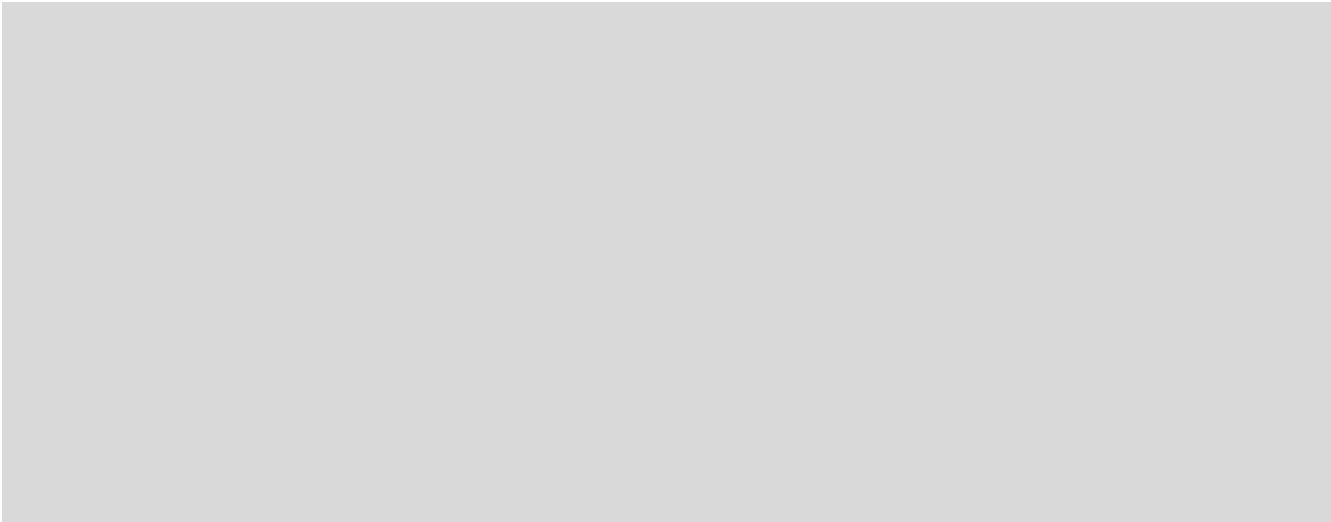
Fixed Wireless Project

**Deployment Cost per Premise Covered:** Please calculate the cost for each premise covered by the wireless network. The cost elements should include: engineering design; permitting and regulatory reviews; pre-deployment readiness (e.g., site planning); tower site acquisition and construction; backhaul construction; labor for implementation; construction and project management; base station equipment. Please do not include the costs for customer premise equipment (e.g., antennas, modems, Wi-Fi routers, etc.)



Alternative Network

**Deployment Cost per Premise Covered:** Please calculate the cost for each premise covered by the alternative network. The cost elements should include: engineering design; permitting; pre-construction cost; ground facilities; backhaul deployment; core network facilities specifically implemented to serve New Mexican premises; labor; construction and project management. Please do not include the costs for customer premise equipment (e.g., antennas, modems, Wi-Fi routers, etc.)

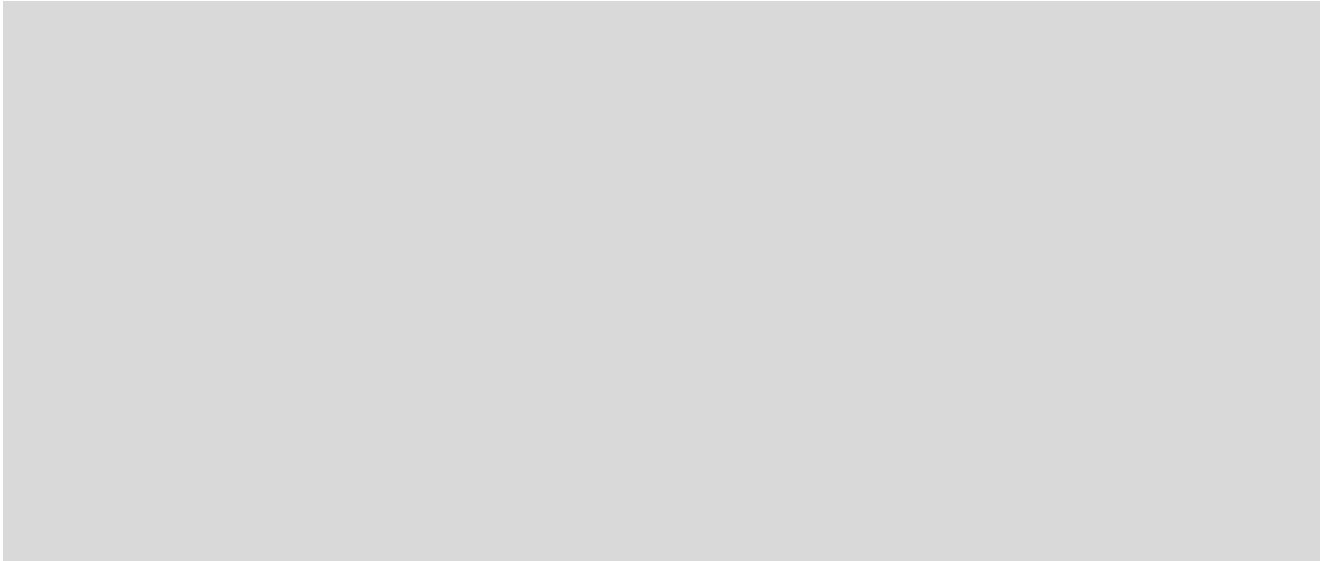




## 9. Project Plan

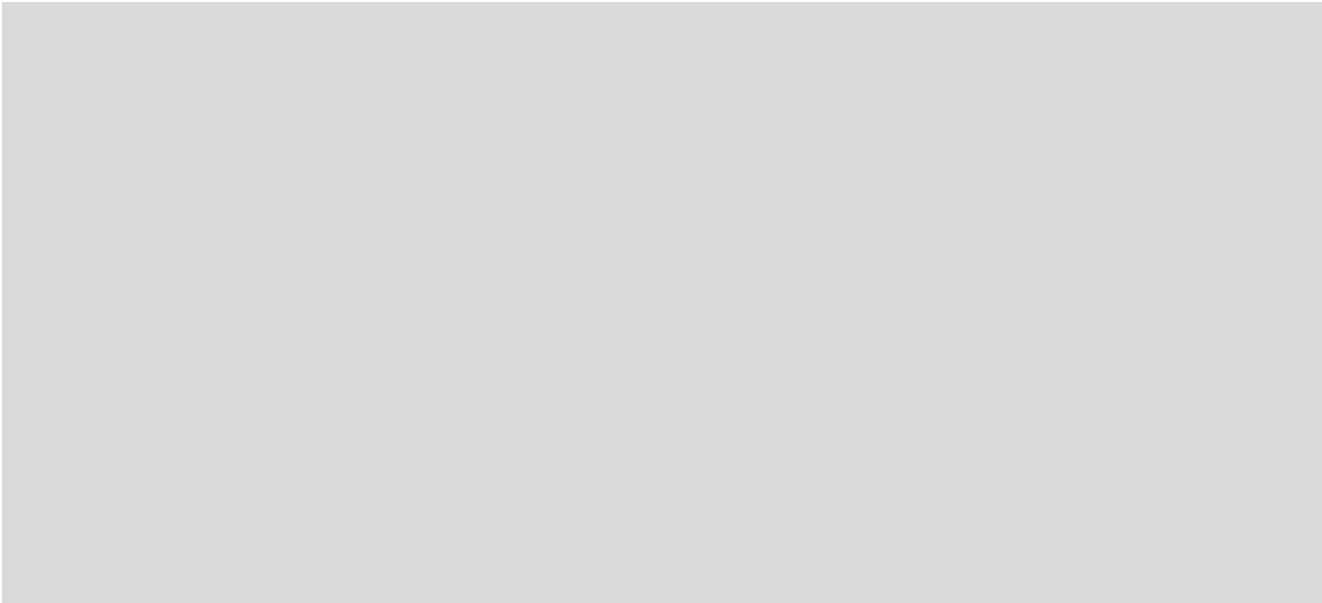
### A. Project Plan Overview

**Project Schedule Narrative:** Please provide a detailed narrative regarding your project schedule. Please address: a) project start and end dates; b) key dependencies.



**Government Approvals and Permits:** Please address whether all required government approvals and permits for this project to begin construction have been identified and included in the project schedule. This includes permissions required from various local and state government authorities (e.g., tribal, municipal, city, township, county, state) regarding such areas as planning, zoning, rights of way, roadwork, railroad crossings, etc. Please also discuss permits required from federal government authorities (e.g., Bureau of Land Management, US Forest Service, etc.)

Please itemize the approvals that will be required prior to project construction with the corresponding entity that will provide approval, and a brief description of the process required to obtain approval. Include the permitting process as a step on the Project Schedule.



**Detailed Project Schedule:** Please include a detailed project schedule in the Appendix and label as “Attachment 9-A”. Please address all stages leading to the launch of commercial services – e.g., network design, site work, make ready, environmental assessment, vendor selection, permitting, construction, network testing, premise installation, etc.

**Confirmation for Attachment 9-A**

Check this box to confirm that the Project Schedule is included in the Appendix

**Risk Mitigation Strategy:** Please identify: a) all major risk areas; b) potential impact to the project; c) strategies to mitigate those risks. These risks should pertain to key factors that may impede being able to complete this project within budget, on-time, and fully consistent with the proposed scope.

[Large grey rectangular area for Risk Mitigation Strategy input]

**\*Other Special Reviews:** Please note that construction projects may require other reviews – e.g., Environmental, Historical Architecture and Resources, Archeological, Paleontological, etc. Please ensure that your project plan reflects the time to apply and obtain these authorizations.

10. Organizational and Personnel Background

**A. Organization Capability and Track Record**

**Experience:** Please provide details regarding your organization’s experience and results in having deployed similar networks.

**B. Personnel**

**Personnel:** Please provide a summary of key personnel that will manage this project – e.g., planning, engineering, infrastructure deployment, service roll-out, and growth.

Person	Role	Qualifications
		•
		•
		•
		•
		•
		•

**Resumes:** Please include resumes of these personnel in the Appendix and label as **“Attachment 10-B”**.

**Confirmation for Attachment 10-B**

Please check this box to confirm that resumes and included in the Appendix

## 11. Contractors and Vendor Management

### A. Procurement Strategy

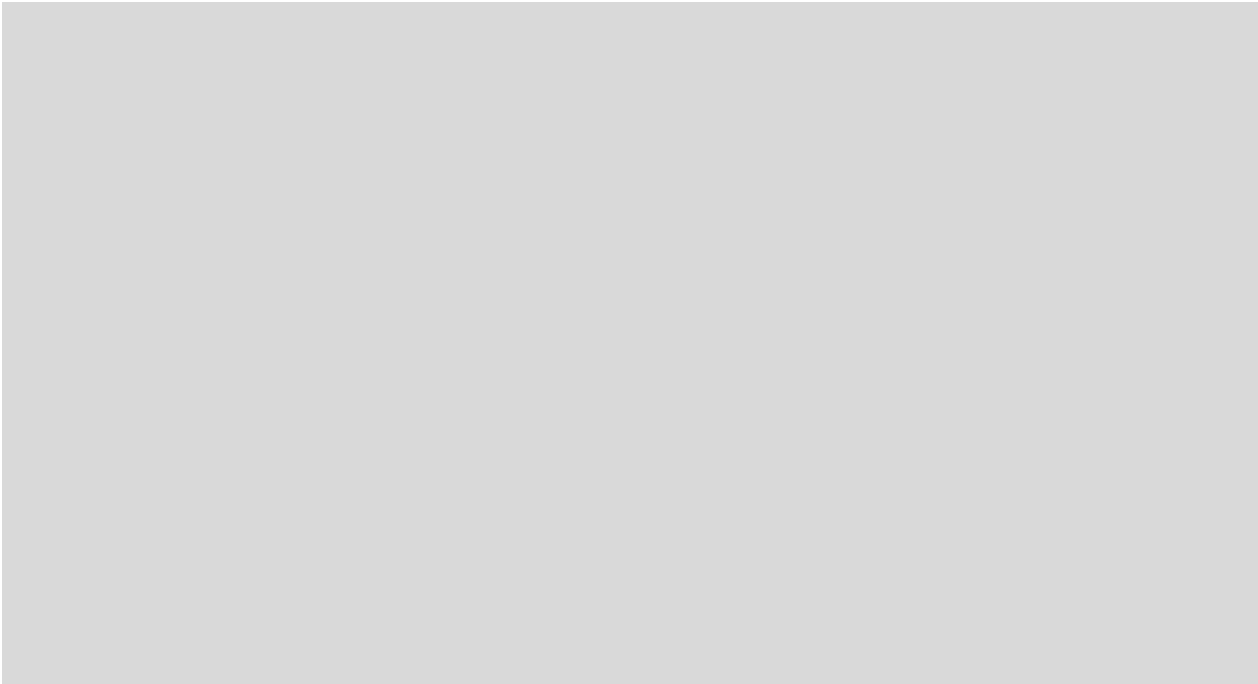
**Overall Approach:** Please discuss your comprehensive procurement strategy support your effort in the permitting, design, deployment, and testing of the network. Please address the process to identify vendors and solicit bids, and the high-level criteria that will applied to the evaluate bids. Please discuss policies and practices to shift execution risks to vendors for non-delivery (e.g., fixed price contracts, performance bond requirements, etc.)

**Sole Sourcing :** Are there specific vendors that you plan to choose without a future competitive procurement process? If so, please explain the rationale for bypassing the competitive selection process (e.g., recently completed a competitive process; vendor offers a product or service not available by others; long-standing commercial relationship by which bringing aboard a new product may disrupt an existing network).

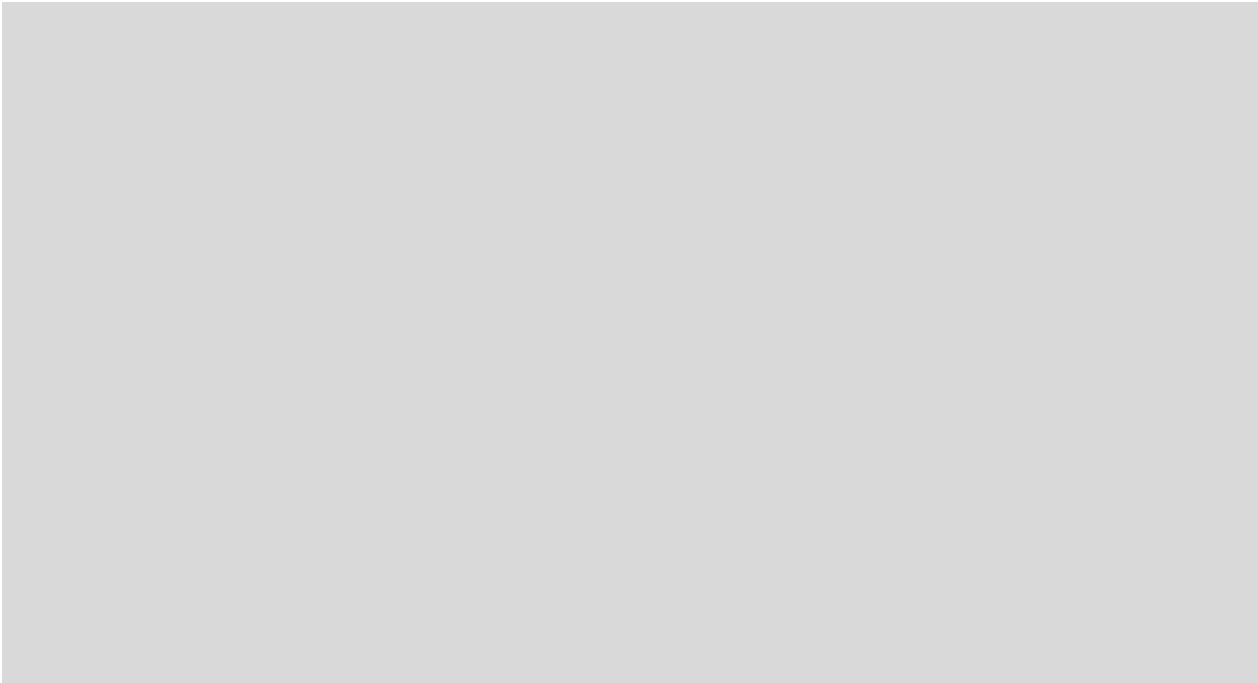
\*Grantees will have to abide by federal and state procurement laws for grant awards.

**B. Leveraging Local and Regional Firms and Contractors**

**Strategy to Leverage Local/Regional Workforce Participation:** Please discuss your strategy to leverage local and regional firms and contractors to design, plan, deploy, and operate the project. Key topics for discussion can include: outreach activities; apprenticeship programs; collaboration with local community colleges to provide training; etc.



**Track Record in Using Local and Regional Firms and Contractors:** Please discuss your organization's history and track record of using local and regional firms, and how the experience and relationships will be applied to this project.



**12. Labor and Employment Practices**

**A. Resource Planning**

**Attaining Sufficient Supply of Labor:** Please discuss plans to ensure the project will have access to a sufficient supply of appropriately skilled and unskilled labor to complete the project in three years.

A large, empty grey rectangular area intended for the applicant to provide their response to the 'Attaining Sufficient Supply of Labor' question.

**Employing Local and Regional Labor:** Please discuss plans (and challenges and limitations) to prioritize the hiring of staff and labor from the communities receiving the broadband network, as well as surrounding regions within the State of New Mexico.

A large, empty grey rectangular area intended for the applicant to provide their response to the 'Employing Local and Regional Labor' question.

**B. Fair Compensation**

**Policies and Practices:** Please discuss policies and practices to ensure that staff and contractors receive compensation at or above the prevailing wage rates.

A large, empty gray rectangular area intended for the applicant to provide details on fair compensation policies and practices.

**C. Worker Safety**

**Policies and Practices:** Please discuss policies and practices to provide a safe and healthy workplace that minimizes the risks of workplace illnesses, injuries, and fatalities.

A large, empty gray rectangular area intended for the applicant to provide details on worker safety policies and practices.

### 13. Technology and Network Design

#### A. Technology and Engineering System

**Technology and Engineering System:** Please provide details regarding the network technology, including: a) architecture; b) standards; c) equipment; d) vendors (if already chosen); e) design parameters used in the system (e.g., oversubscription ratio calculations, available bandwidth consumption per user, link loss, data rates per link, redundancy requirements, and technical specifications). For wireless projects, please also include propagation assumptions and underlying evidence. For alternative technologies, please address technical and engineering dimensions to assist program staff in understanding the network.

A large, empty gray rectangular area intended for the applicant to provide details regarding the network technology and engineering system.

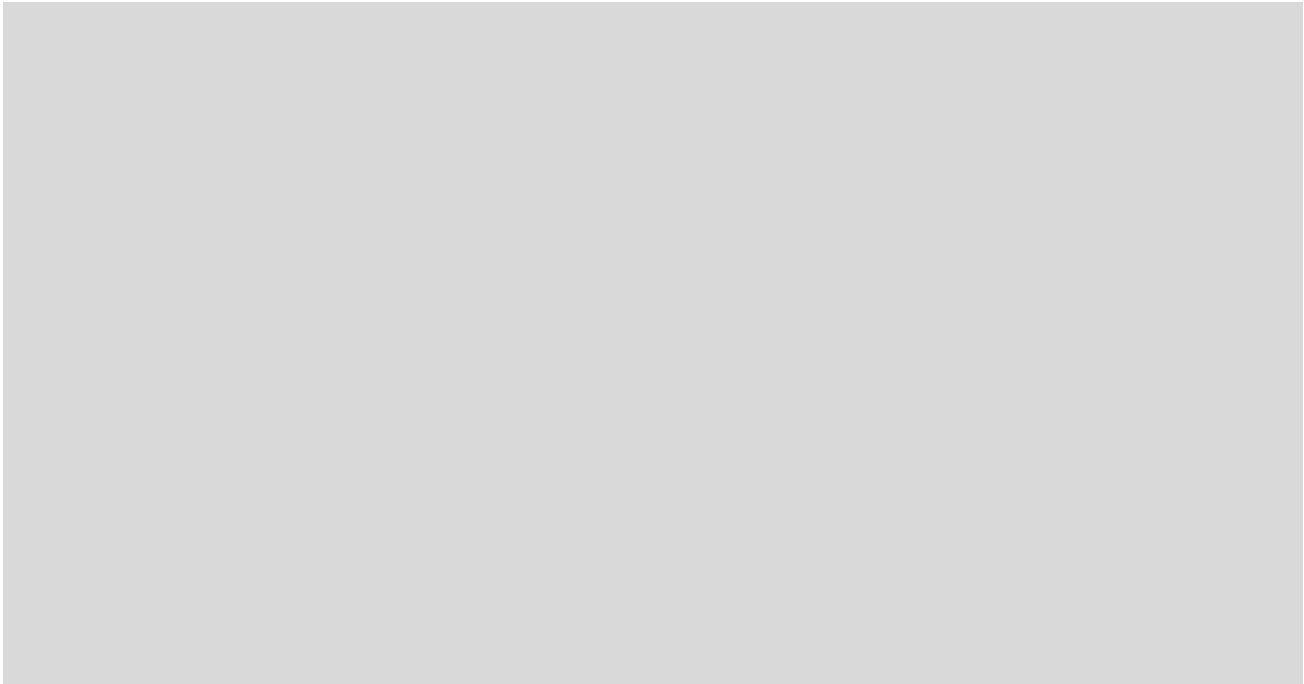
#### B. Network Capacity and Scalability

**Network Capacity:** Please address: a) total network capacity today; b) how this capacity effectively supports the service speeds being offered in the near-term.

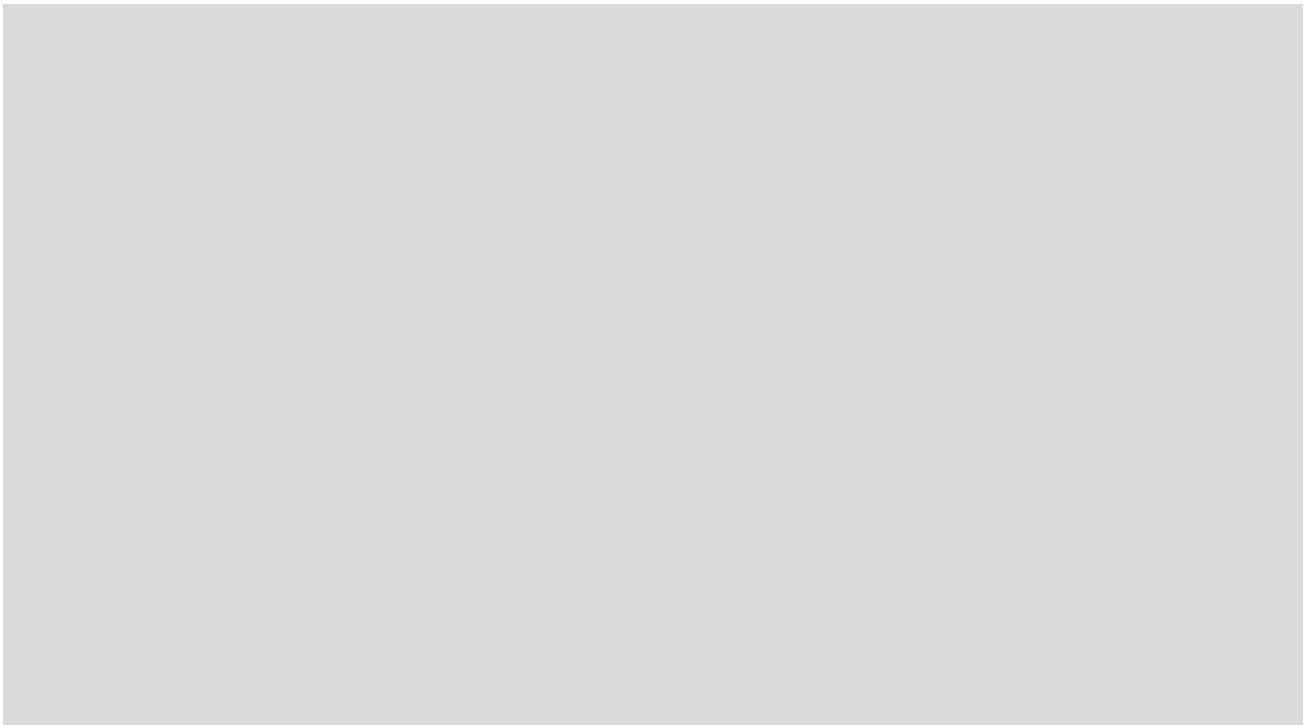
A large, empty gray rectangular area intended for the applicant to address network capacity and scalability.



**Scalability to 100/100 Mbps download/upload:** Please provide evidence that the installed broadband infrastructure can deliver 100/20 Mbps today and is scalable to speeds of at least 100 Mbps download and 100 Mbps upload. This can include, for example, documentation from the equipment manufacturer, or certification from the registered Professional Engineer.



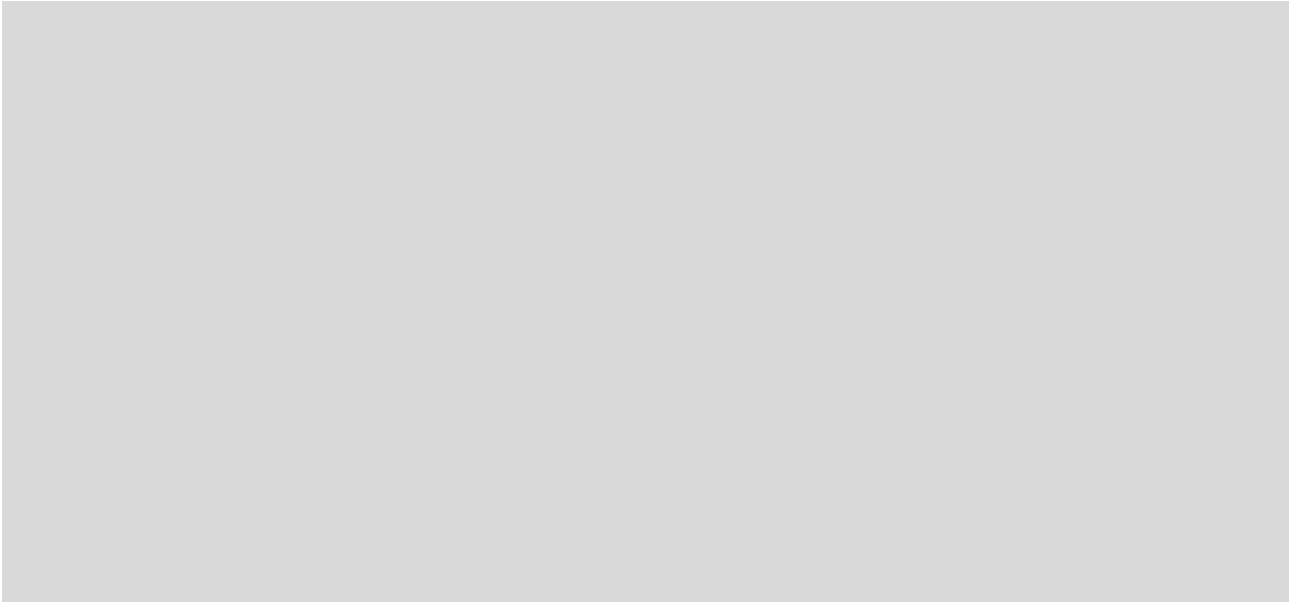
**Future Proofing Today's Investment:** Please discuss the scalability of the proposed network and technology solution, by addressing: a) the maximum speeds that can be provided in 10 years; b) process and required investment for upgrading capacity in the future; c) the useful life of the assets.



## 14. Marketing and Services Strategy

### A. Service Packages

Please include the following: a) list of service packages (download/upload) for all your targeted customer segments; b) price points for each package and other recurring fees (e.g., Wi-Fi router rental); c) ability to purchase unbundled Internet (i.e., broadband service without having to purchase other services); d) specific contractual terms required to purchase service; e) non-recurring charges (e.g., equipment, installation, and any other non-recurring fees); f) any restrictions.



**List of Service Packages and Pricing:** Please include your proposed services and pricing in the Appendix and Label as **“Appendix 14-A.”**

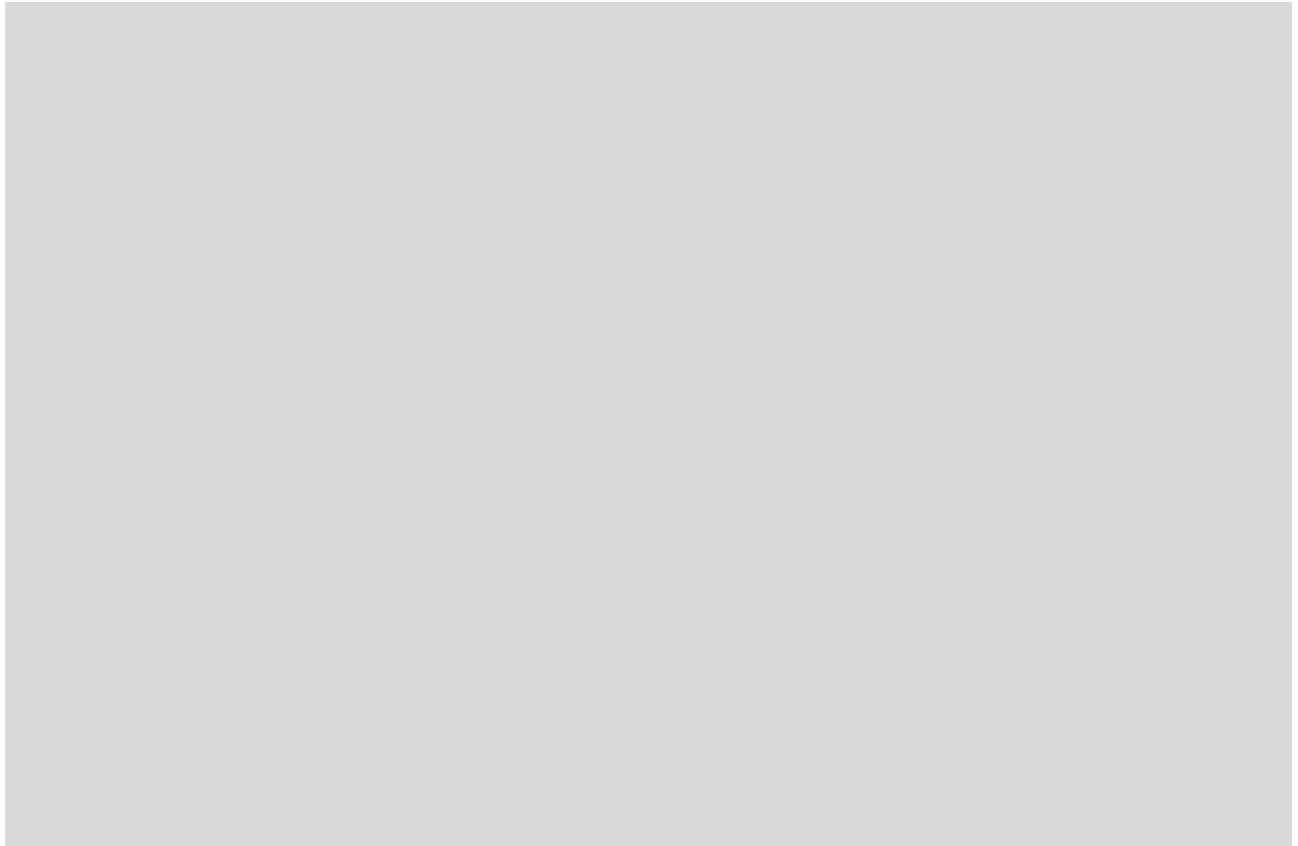
Note: The Award Agreement will require a commitment to offering these services at the noted prices for the next five years.

#### Confirmation for Attachment 14-A

- Please check this box to confirm that a list of your offerings and pricing is included in the Appendix

**B. Price Points Comparable to Rates in Competitive, Urban Markets**

**Narrative on Competitive Pricing:** Please explain whether prices are commensurate with prices in urban, competitive markets. In addition, please review the FCC’s Urban Rate Survey at the following link, and provide a narrative on how your rates compare to the most competitive rates listed for your service tiers. <https://www.fcc.gov/economics-analytics/industry-analysis-division/urban-rate-survey-data-resources>.



**Competitor Offerings and Pricing:** Please include services and pricing from existing service providers in Appendix 11-B.

**Confirmation for Attachment 14-B**

Please check this box to confirm that a schedule of offerings and pricing from existing service providers is included in the Appendix.


**C. Customer Acquisition**

**Customer Acquisition Plan and Strategy:** Please provide a detailed narrative regarding: a) plan to acquire and retain customers; b) strategy for marketing, customer segmentation, targeting and positioning; c) details regarding overall sales strategy to support customer journey – e.g., awareness, evaluation, purchase, service initiation, customer care/billing, retention; d) details regarding sales organization and relevant partners



**D. Open Access Plan**

**Open Access Policies and Programs:** Please address the following: a) policies to enable 3<sup>rd</sup> party ISPs to purchase wholesale services and serve retail customers; b) wholesale services and rates; c) details regarding the identification of retail ISP partners and status of contract negotiations (e.g., MoU, signed commitment).



**15. Affordability and Adoption Assistance**

**A. Low Price Service Tier**

Please address your pricing strategy and programs that may involve: a) special programs and partnerships that provide discounts to economically disadvantaged customers or institutions with limited budgets (e.g., community institutions); b) entry-level service tier(s) that provides minimum level of broadband for an affordable rate.

A large, empty gray rectangular area intended for the applicant to provide their pricing strategy and program details as requested in the text above.

Please also discuss how you plan to participate in the FCC’s Affordable Connectivity Program (ACP) and Lifeline Program to serve qualifying low-income households.

A large, empty gray rectangular area intended for the applicant to discuss their participation in the FCC’s Affordable Connectivity Program (ACP) and Lifeline Program.

**B. Programs to Foster Adoption**

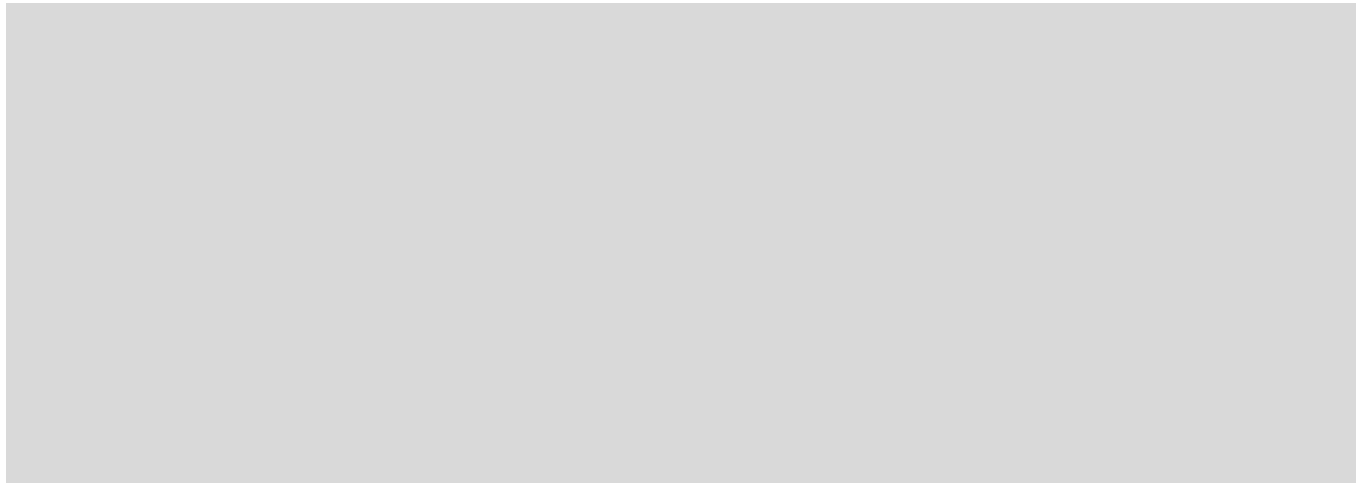
Please provide: a) detailed description of broadband adoption activities planned for project – e.g., access to low-cost devices, digital literacy training, technical support, community Wi-Fi networks, etc.; b) technology strategies to enable adoption to general public (e.g., community networks that provide free public Wi-Fi, others).



**16. Financial Standing**

**A. Financial Sustainability**

**Narrative on Financial Sustainability:** Please provide a detailed narrative regarding the key drivers to financial sustainability of this project. Please address: the following: a) minimum take rate (i.e., percentage of passed or covered premises that become customers) required to achieve positive operating cash flow; b) managing growth of operating expenditures to be in line with revenue growth; c) duration (years and months) to achieve positive operating cash flow.



**Financial Sustainability Risks:** Please discuss key risks to financial sustainability and mitigation plans, including: a) competition risks that could impede targeted customer penetration rates; b) adoption risks by customers; c) liquidity risk (if the project is taking on debt).

**Pro Forma Financial Statements:** Please provide detailed financial forecasts for the first 10 years of the project, including: a) income statement; b) cash flow statement; c) balance sheet. These financial statements should be for this project only. The numbers should be consistent with other financial information provided in the application – e.g., Project Budget, Match Amount, Payback/NPV analysis, etc. Please include these pro forma statements in Appendix and label as **“Attachment 16-A** .

**Confirmation for Attachment 16-A**

Please check box to confirm that you have provided a financial forecast spanning 10 years in the Appendix.

**B. Historic Financial Statements**

**Audited Financial Statements:** Please provide two years of audited financial statements. Include a copy in the Appendix and label as **“Attachment 16-B”** . If not, please explain why you cannot include audited statements.

**Confirmation for Attachment 16-B**

Please check this box to confirm that two years of audited statements are included in the Appendix.

### A. Appendix – Required Attachments

Please include the following documents as attachments. The lack of any of these documents may deem the application incomplete. Also, feel free to include other attachments that convey additional relevant information regarding your service area, network, business model, and organization.

Required Attachments	
Attachment Number	Purpose
<b>Attachment 4-B</b>	• <b>Service Area Map (PDF and electronic version)</b>
<b>Attachment 4-D</b>	• <b>List of Interconnection Points</b>
<b>Attachment 6-C</b>	• <b>Letters of Support</b>
<b>Attachment 6-C2</b>	• <b>Community Survey Data</b>
<b>Attachment 7-A</b>	• <b>Evidence of Matching Contribution</b>
<b>Attachment 7-C</b>	• <b>Financial Analysis of Payback Period and NPV</b>
<b>Attachment 8-A</b>	• <b>Detailed Project Budget</b>
<b>Attachment 9-A</b>	• <b>Project Schedule</b>
<b>Attachment 10-B</b>	• <b>Resumes of Key Personnel</b>
<b>Attachment 14-A</b>	• <b>List of Service Offerings and Pricing Schedule</b>
<b>Attachment 14-B</b>	• <b>Service Offerings and Pricing Schedule from Existing Service Providers</b>
<b>Attachment 16-A</b>	• <b>Pro Forma Financials</b>
<b>Attachment 16-B</b>	• <b>Audited Financial Statements (Two Years)</b>

**[End of Application Packet]**