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## Mississippi Electric Cooperatives Broadband COVID-19 Grant Program Application

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**Name of Applicant:** \_\_\_\_\_

**Application type:** \_\_\_\_\_ Primary \_\_\_\_\_ Secondary

**Requested grant:** (\$6,000,000 max) \$ \_\_\_\_\_

**Total cost of the project:** \$ \_\_\_\_\_

**Total miles of fiber to be installed:** \_\_\_\_\_ miles

**Estimate number of households passed:** \_\_\_\_\_

**Maximum download/upload speeds:** \_\_\_\_\_

**Application fee:** (1/2 of 1% of grant request) \$ \_\_\_\_\_

**Applicant description:** see attached Exhibit “\_\_\_\_\_”

**Project description:** see attached Exhibit “\_\_\_\_\_”

This exhibit must also include a detailed narrative explanation of why the Project costs are necessary expenditures incurred due to the public health emergency with respect to COVID-19 as provided under Section 601(d) of the federal Social Security Act as added by Section 5001 of the federal Coronavirus Aid, Relief, and Economic Security (CARES) Act and its implementing guidelines, guidance, rules, regulations and/or other criteria, as may be amended or supplemented from time to time, by the United States Department of the Treasury; and determined that the recipient has not received and will not receive reimbursement for the expense in question from any source of funds, including insurance proceeds, other than those funds provided under Section 601 of the federal Social Security Act as added by Section 5001 of the CARES Act.

**Project map:** see attached Exhibit “\_\_\_\_\_”

**Engineering map:** see attached Exhibit “\_\_\_\_\_”

**Attorney/Counsel Legal Opinion:** see attached Exhibit “\_\_\_\_\_”

The application must be accompanied by an opinion issued by the Attorney/Counsel for the applicant that unequivocally certifies that he/she has (a) made an individualized determination that the reimbursement and/or disbursement sought for the project is, in the Attorney’s independent judgment, for necessary expenditures incurred due to the public health emergency with respect to COVID-19 as provided under Section 601(d) of the federal Social Security Act as added by Section 5001 of the federal Coronavirus Aid, Relief, and Economic Security (CARES) Act and its implementing guidelines, guidance, rules, regulations and/or other criteria, as may be amended or supplemented from time to time, by the United States Department of the Treasury; and (b) determined that the recipient has not received and will not receive reimbursement for the expense in question from any source of funds, including insurance proceeds, other than those funds provided under Section 601 of the federal Social Security Act as added by Section 5001 of the CARES Act. The Attorney/Counsel Legal Opinion must contain an acknowledgment by the Attorney that he/she has read the United States Department of Treasury’s Guidance ([CLICK HERE](#)) and Frequently Asked Questions ([CLICK HERE](#)) regarding the use of monies from the Coronavirus Relief Fund established by the CARES Act.

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I, \_\_\_\_\_, on behalf of the applicant, \_\_\_\_\_, hereby  
General Manager/CEO \_\_\_\_\_ Electric Cooperative  
confirm my understanding that \_\_\_\_\_ is obligated to refund any awarded  
Electric Cooperative  
grant funds in the event \_\_\_\_\_ is found to be fully or materially noncompliant  
Electric Cooperative  
with the Mississippi Broadband Provider COVID-19 Act, and/or the use of any awarded grant funds are found to be unnecessary expenditures incurred due to the public health emergency with respect to COVID-19 as provided under Section 601(d) of the federal Social Security Act as added by Section 5001 of the federal Coronavirus Aid, Relief, and Economic Security (CARES) Act and its implementing guidelines, guidance, rules, regulations and/or other criteria, as may be amended or supplemented from time to time, by the United States Department of the Treasury. I further confirm that I have read the United States Department of Treasury's Guidance ([CLICK HERE](#)) and Frequently Asked Questions ([CLICK HERE](#)) regarding the use of monies from the Coronavirus Relief Fund established by the CARES Act.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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## NOTARY PUBLIC ACKNOWLEDGEMENT

SEAL

\_\_\_\_\_  
*State of*

\_\_\_\_\_  
*County of*

I hereby certify that \_\_\_\_\_ (Name) appeared before me on this \_\_\_\_\_ day of \_\_\_\_\_, 2020, and signed this form in my presence.

\_\_\_\_\_  
*Notary Public Signature*

\_\_\_\_\_  
*My Commission Expires (Date)*

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**\*\*\* Please return 3 hard copies and 1 electronic copy to the Mississippi Public Utilities Staff \*\*\***

Mississippi Public Utilities Staff  
ATTN: Mississippi Broadband COVID-19 Grant Program  
501 N. West Street  
Suite 301B  
Jackson, MS 39201  
(601) 961-5407  
e-mail: [covid19grant@mpus.ms.gov](mailto:covid19grant@mpus.ms.gov)