

TECHNOLOGY ASSISTANCE PROGRAM

Assistance Request Form

Applicant Information:

Agency Name: _____

Mailing Address: _____

County(ies): _____

Contact Name: _____

Phone Number: _____

Email Address: _____

Technology Assistance Description

Provide a brief description of the assistance needed and what outcome is expected as a result of receiving the assistance

Provide a brief description of the geographic area involved (counties, towns, communities)

Provide a brief description of the community benefit expected



The Center for Rural Development's Fiber Infrastructure Project – Phase 3 is funded by grant KY-18984-17 from the Appalachian Regional Commission and is administered by The Center for Rural Development.

Scope of Work to be performed

Provide a detailed line-item description of the work to be performed by the service provider. (attach additional sheets if necessary)



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Service Provider Deliverables

Provide a detailed description of any and all documentation, materials or other items the service provider will be producing. For studies, this must include a table of contents or section outline describing the desired content. All training, meeting or event services must include a detailed syllabus



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Preferred service provider

Attach a minimum of 2 proposals (w/ price quotes or bids) or supply documentation to support and justify a sole-source provider. Solicitations must be compliant with Federal OMB Procurement Guidance. (Note: All technical assistance applications submitted with a single bid/quote must be accompanied by a sole source justification and will be subject to The Center and ARC administrative review and approval prior to review committee evaluation.)

Indicate a preferred service provider choice and provide reasoning

Supporting documentation

Attach any documentation necessary for The Center to conduct an informed review of the request. This would include references and qualifications of the preferred service provider, past broadband work/studies completed by the applicant and strategic broadband plans of the community



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Total cost of the technology assistance

Attach service provider quotes/bid responses

Total Amount of request _____

Match Source of funds and Amount

Must be a minimum of 20% and may not originate from Federal, ARC or The Center funding sources

Source _____

Amount _____

In-Kind description and anticipated value (not to exceed 20% of total cost of assistance)

Federal OMB Procurement Guidelines should be used to determine anticipated value

Anticipated Value _____

Description of In-Kind match.



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All requests must be signed by a representative of the applicant who is authorized to enter into contractual agreements on behalf of the applicant.

Applicant Signature

Applicant Title

Date



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