

**ATTACHMENT E
AFFIDAVIT FORM**

Name of Regional Consortium (Consortium): _____
My name is _____. I am _____ [Title] of
_____ [Name of local agency/town acting as Fiscal Agent], which is
the Fiscal Agent for _____ [Name of Consortium].

Pursuant to Rule 1.11 of the California Public Utilities Commission’s Rules of Practice and
Procedure, I am an officer, agent, or employee of _____ [Name of
local agency/town acting as Fiscal Agent].

I swear or affirm that I have personal knowledge of the facts stated in this Application for
Consortium Grant Account funding under the provisions of the California Advanced Services
Fund, I am competent to testify to them, and I have the authority to make this Application on
behalf of and to bind the Consortium.

I further swear or affirm that _____ [Name of Consortium] agrees to
comply with all federal and state statutes, rules, and regulations covering broadband services
and state contractual rules and regulations, if granted Consortium Grant Account funding from
the California Advanced Services Fund.

I further swear or affirm that no member, officer, director, or partner of
_____ [Name of Consortium or its Fiscal Agent] has: 1) filed for
bankruptcy; 2) was sanctioned by the Federal Communications Commission or any state
regulatory agency for failure to comply with any regulatory statute, rule, or order; nor 3) has
been found either civilly or criminally liable by a court of appropriate jurisdiction for violation of
Section 1700 et. seq. of the California Business and Professions Code, or for any action which
involved misrepresentation to consumers, nor is currently under investigation for similar
violations.

I swear or affirm, under penalty of perjury, and under Rule 1.1 of the California Public Utilities
Commission’s Rules of Practice and Procedure, that, to the best of my knowledge, all of the
statements and representations made in this Application are true and correct.

Signature and Title

Type or Print Name and Title

SUBSCRIBED AND SWORN to before me on the ____ day of ____, 20__.

Notary Public In and For the State of _____

My Commission expires: _____

(END OF ATTACHMENT E)

ATTACHMENT F

CASF CONSORTIA APPLICATION CHECKLIST

(Required for application)

To assist the Commission in verifying the completeness of your application, mark the box to the left of each item submitted with your application. Any unchecked items will automatically result in the disqualification of your proposal.

<input type="checkbox"/>	1. Name of Applicant
<input type="checkbox"/>	2. Key Contact Information¹
<input type="checkbox"/>	First Name
<input type="checkbox"/>	Last Name
<input type="checkbox"/>	Address Line 1
<input type="checkbox"/>	Address Line 2
<input type="checkbox"/>	City
<input type="checkbox"/>	State
<input type="checkbox"/>	ZIP Code
<input type="checkbox"/>	Email Address
<input type="checkbox"/>	Phone Number
<input type="checkbox"/>	3. Name of Fiscal Agent
<input type="checkbox"/>	Letter from a public institution, e.g. city, county, academic institution, tribal government, etc., stating its willingness to act as a Fiscal Agent for the community including an understanding of the rights, duties, and responsibilities of the Fiscal Agent
<input type="checkbox"/>	First Name
<input type="checkbox"/>	Last Name
<input type="checkbox"/>	Address Line 1
<input type="checkbox"/>	Address Line 2

¹ For applications involving sub-regional consortia, include key contact information for each sub-regional consortium.

	City
	State
	ZIP Code
	Email Address
	Phone Number
	Contact Person
	First Name
	Last Name
	Address Line 1
	Address Line 2
	City
	State
	ZIP Code
	Email Address
	Phone Number
	4. Consortium Members² (to be provided for each consortium member)
	Phone Number
	Address Line 1
	Address line 2
	City
	State
	ZIP Code
	Contact Person
	First Name
	Last Name
	Address Line 1
	Address Line 2
	City
	State
	ZIP Code
	Email Address
	Phone Number

² For applications involving sub-regional consortia, include consortium members for each sub-regional consortium.

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|--|---|
| | 5. Governing Board Structure |
| | 6. Description of Geographical Region, e.g. maps, Census Block Groups, and ZIP codes |
| | 7. Proposed Broadband Project Description |
| | 8. Endorsements from regional government entities, e.g. county boards of supervisors, etc., which demonstrate substantial support for consortium by letters and/or resolutions |
| | 9. Endorsements from public, non-profit, and/or for-profit organizations, e.g. community-based organizations, associations, schools, health care organizations, libraries, businesses, consumers, etc., which demonstrate substantial support for consortium by letters and/or resolutions |
| | 10. Action Plan³ |
| | 11. Work Plan⁴ |
| | Work Plan Year 1 |
| | Work Plan Year 2 |
| | Work Plan Year 3 |
| | 12. Proposed Budget⁵ |
| | Expected cost breakdown based on Work Plan with explanation of source of matching funds |
| | Budget Year 1 |
| | Budget Year 2 |
| | Budget Year 3 |
| | 13. Notarized Affidavit [Attachment E to be signed by Fiscal Agent] |

(END OF ATTACHMENT F)

³ For applications involving sub-regional consortia, include Action Plan for each sub-regional consortium.

⁴ For applications involving sub-regional consortia, include Work Plan for each sub-regional consortium.

⁵ For applications involving sub-regional consortia, include yearly budget for each sub-regional consortium.

ATTACHMENT G

CASF Rural and Urban Regional Broadband Consortia Grant Account

Consortium Scoring Criteria

– Total Maximum Points Available: 100 –

– Minimum Points Needed To Be Considered For Funding: 70 –

<u>Criterion</u>	<u>Maximum Points</u>
1. Regional Consortium Representation and Endorsements	15
<ul style="list-style-type: none">• Consortium is representative of organizations, including, but not limited to, local and regional government, public safety, K-12 education, health care, libraries, higher education, community-based organizations, tourism, parks and recreation, agricultural, and business (up to 10 points)• Endorsed by regional government entities (such as City and county government), and non-profit/for-profit organizations (such as community-based organizations, associations, schools, health care organizations, libraries, businesses, consumers, etc.) by letters or resolutions (up to 5 points)	
2. Regional Consortium's / Members Experience	35
<ul style="list-style-type: none">• Experience working with community groups (up to 5 points)• Prior successes in achieving broadband adoption, access and deployment, particularly in areas where CASF-funded broadband deployment projects are underway or completed (up to 10 points)	

- Demonstrated success building regional, multi-party collaborative efforts focused on broadband or broadband-related issues that achieved results (up to 10 points)
- Experience managing the deployment of broadband services (if using a contractor to deploy or operate the broadband facilities, demonstrated experience of consortium members managing contractors) (up to 5 points)
- Proven track record of working successfully with culturally and linguistically diverse communities (up to 5 points)

3. Action Plan **20**

- Submission of a completed, detailed Action Plan that includes deliverables, expected outcomes, timelines, and core responsibilities as listed in Attachment A (up to 20 points)

4. Work Plan **20**

- Submission of a completed, detailed Work Plan that includes timelines and activities designed to implement the Action Plan as listed in Attachment A (up to 20 points)

5. Budget **10**

- A budget that is clear, detailed, comprehensive, cost-effective and easily traceable to the goals and activities referenced in the Action Plan and Work Plan (up to 10 points)

(END OF ATTACHMENT G)

ATTACHMENT H

CONSENT FORM

Name of Regional Consortium (Consortium):

Members of Consortium:

(include additional pages if necessary)

Commission Resolution awarding grant from the California Advanced Services Fund (CASF) Rural and Urban Regional Consortia Grant Account (Consortia Grant Account): Resolution T-_____, dated _____, 20 __.

The Consortium identified above hereby agrees to comply with all grant terms, conditions, and requirements set forth in Commission Decision _____ and Commission Resolution T-_____. Undersigned representative of _____ [Name of Member of Consortium] is duly authorized to execute this Consent Form on behalf of the Consortium and to bind the Consortium to the terms, conditions, and

requirements set forth in Commission Decision _____ and
Commission Resolution T-_____.

Dated this ____ day of _____, 20__.

Signature

Printed Name

Title

Organization (Name of Member of Consortium)

Business Address (include street address, suite/apt. number, city, state,
and ZIP Code)

Telephone Number (include area code)

Email Address

(END OF ATTACHMENT H)

ATTACHMENT I

Sample of Quarterly Report Format

[Name of Regional Consortium]

[Name of Project]

QUARTERLY REPORT

Start Date: ___/___/2011
 Quarter (circle one): 1Q 2Q 3Q 4Q
 Date Report Submitted: ___/___/2011

Goals/ Objectives (as stated in the Action Plan)	Activity(ies) (as stated in the Work Plan)	Performance Measures	Estimated Completion Date	Revised Estimated Completion Date	Date Completed	Actual Performance Results	Comments (e.g. reason why actual results not meeting planned performance measures)
Goal A	Convened meetings with community-based	<ul style="list-style-type: none"> • Conducted four (4) meetings • Conducted seven (7) conference calls 	2/14/11		2/14/11	2 meetings conducted 3 conference calls	Reason why performance measure was not met

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	organiza- tions (CBOs)					conducted	
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(END OF ATTACHMENT I)