

**FCC Form 481 - Carrier Annual Reporting
Data Collection Form**FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	359003
<015>	Study Area Name	COON RAPIDS MUNICIPAL COMMUNICATIONS UTILITY
<020>	Program Year	2018
<030>	Contact Name: Person USAC should contact with questions about this data	Kari Woodard
<035>	Contact Telephone Number: Number of the person identified in data line <030>	7129992225 ext.
<039>	Contact Email Address: Email of the person identified in data line <030>	kari.woodard@crmu.net
	Form Type	54.422

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[illegible]

**(300) Unfulfilled Service Request
Data Collection Form**FCC Form 481
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<039>	Contact Email Address - Email Address of person identified in data line <030>	kari.woodard@crmu.net

<300> Unfulfilled service request (voice)

<310> Detail on attempts (voice)

Name of Attached Document

<320> Unfulfilled service request (broadband)

<330> Detail on attempts (broadband)

Name of Attached Document

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<039>	Contact Email Address - Email Address of person identified in data line <030>	kari.woodard@crmu.net
<400>	Select from the drop-down list to indicate how you would like to report voice complaints (zero or greater) for voice telephony service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize.	
<410>	Complaints per 1000 customers for fixed voice	
<420>	Complaints per 1000 customers for mobile voice	
<430>	Select from the drop-down list to indicate how you would like to report end-user customer complaints (zero or greater) for broadband service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize.	
<440>	Complaints per 1000 customers for fixed broadband	
<450>	Complaints per 1000 customers for mobile broadband	

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<500>	Certify compliance with applicable service quality standards and consumer protection rules	
<510>	Descriptive document for Service Quality Standards & Consumer Protection Rules Compliance	
<515>	Certify compliance with applicable minimum service standards	

(600) Functionality in Emergency Situations		FCC Form 481
Data Collection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819
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<039>	Contact Email Address - Email Address of person identified in data line <030>	kari.woodard@crmu.net
<600>	Certify compliance regarding ability to function in emergency situations	
<610>	Descriptive document for Functionality in Emergency Situations	

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[illegible]

**(800) Operating Companies
Data Collection Form**

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<039>	Contact Email Address - Email Address of person identified in data line <030>	kari.woodard@crmu.net
<810>	Reporting Carrier	Coon Rapids Municipal Communications Utility
<811>	Holding Company	Not Applicable
<812>	Operating Company	Coon Rapids Municipal Communications Utility

[illegible]

**(900) Tribal Lands Reporting
Data Collection Form**

 FCC Form 481
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<039>	Contact Email Address - Email Address of person identified in data line <030>	kari.woodard@crmu.net

<900> Does the filing entity offer tribal land services? (Y/N)

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select Yes or No or Not Applicable

**(1000) Voice and Broadband Service Rate Comparability
Data Collection Form**

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<1000> Voice services rate comparability certification

<1010> Attach detailed description for voice services rate comparability compliance

Name of Attached Document

<1020> Broadband comparability certification

<1030> Attach detailed description for broadband comparability compliance

Name of Attached Document

**(1100) No Terrestrial Backhaul Reporting
Data Collection Form**

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<1100> Certify whether terrestrial backhaul options exist (Y/N)

<1130> Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(g).

(1200) Terms and Condition for Lifeline Customers
Lifeline
Data Collection Form

FCC Form 481
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Lifeline Info & App 2017.pdf

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220> Link to Public Website

HTTP <http://tinyurl.com/ya3x2fr6>

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- | | | |
|--------|---|-------------------------------------|
| <1221> | Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, | <input checked="" type="checkbox"/> |
| <1222> | Details on the number of minutes provided as part of the plan, | <input checked="" type="checkbox"/> |
| <1223> | Additional charges for toll calls, and rates for each such plan. | <input checked="" type="checkbox"/> |

(2005) Price Cap Carrier Additional Documentation

FCC Form 481

Data Collection Form

OMB Control No. 3060-0986/OMB Control No. 3060-0819

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

July 2013

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Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

- <2011> 3rd Year Certification 47 CFR §54.313(b)(1)(ii) - Note that for the July 2017 certification, this applies to Round 2 recipients of Incremental Support.
- <2022> Recipient certifies, representing year three after filing a notice of acceptance of funding pursuant to 54.312(c), that the locations in question are not receiving support under the Broadband Initiatives Program or the Broadband Technology Opportunities Program for projects that will provide broadband with speeds of at least 4 Mbps/1Mbps - 54.313(b)(2)(i). Round 2 recipients only.
- <2023> The attachment on line 2024 includes a statement of the total amount of capital funding expended in the previous year in meeting Connect America Phase I deployment obligations, accompanied by a list of census blocks indicating where funding was spent. This covers year three - 54.313(b)(2)(ii). Round 2 recipients only.
- <2024A> Round 2 Recipient of Incremental Support?
- <2024B> Attach list of census blocks indicating where funding was spent in year three - 54.313(b)(2)(ii). Round 2 recipients only.
- <2025A> Round 2 Recipient of Incremental Support?
- <2025B> Attach geocoded Information for Phase I milestone reports (Round 2 for year three) - Connect America Fund , WC Docket 10-90, Report and Order, FCC 13-73, paragraph 35 (May 22, 2013).
- <2015> 2016 and future Frozen Support Certification 47 CFR § 54.313(c)(4)

Name of Attached Document Listing
Required Information

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Required Information

(2005) Price Cap Carrier Additional Documentation

FCC Form 481

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Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

July 2013

Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}

<2016> Certification support used to build broadband

Connect America Phase II Reporting {47 CFR § 54.313(e)}

<2017A> Connect America Fund Phase II recipient?

<2017C> Total amount of Phase II support, if any, the price cap carrier used for capital expenditures in 2016.

<2018> Attach the number, names, and addresses of community anchor institutions to which the carrier newly began providing access to broadband service in the preceding calendar year - 54.313(e)(1)(ii)(A)

Name of Attached Document Listing
Required Information

<2019> Recipient certifies that it bid on category one telecommunications and Internet access services in response to all FCC Form 470 postings seeking broadband service that meets the connectivity targets for the schools and libraries universal service support program for eligible schools and libraries located within any area in a census block where the carrier is receiving Phase II model-based support, and that such bids were at rates reasonably comparable to rates charged to eligible schools and libraries in urban areas for comparable offerings - 54.313(e)(1)(ii)(C)

(3005) Rate Of Return Carrier Additional Documentation
Data Collection Form

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Select from the drop down menu or check the boxes below to note compliance with 54.313(f)(1). Privately held carriers must ensure compliance with the financial reporting requirements set forth in 47 CFR 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(3009)	Progress Report on 5 Year Plan Carrier certifies to 54.313(f)(1)(iii)		
(3010A)	Certification of Public Interest Obligations {47 CFR § 54.313(f)(1)(i)}		
(3010B)	Please Provide Attachment	Name of Attached Document Listing Required Information	<input type="text"/>
(3012A)	Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}		
(3012B)	Please Provide Attachment	Name of Attached Document Listing Required Information	<input type="text"/>
(3013)	Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)}	(Yes/No)	<input type="radio"/> <input type="radio"/>
(3014)	If yes, does your company file the RUS annual report	(Yes/No)	<input type="radio"/> <input type="radio"/>
	Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:		
(3015)	Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)		<input type="checkbox"/>
(3016)	Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	Name of Attached Document Listing Required Information	<input type="text"/>
(3018)	If the response is no on line 3014, is your company audited?	(Yes/No)	<input type="radio"/> <input type="radio"/>
	If the response is yes on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:		
(3019)	Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers		<input type="checkbox"/>
(3020)	Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3021)	Management letter and/or audit opinion issued by the independent certified public accountant that performed the company's financial audit.		<input type="checkbox"/>
	If the response is no on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:		
(3022)	Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers		<input type="checkbox"/>
(3023)	Underlying information subjected to a review by an independent certified public accountant		<input type="checkbox"/>
(3024)	Underlying information subjected to an officer certification.		<input type="checkbox"/>
(3025)	Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3026)	Attach the worksheet listing required information	Name of Attached Document Listing Required Information	<input type="text"/>

(3005) Rate Of Return Carrier Additional Documentation (Continued)

FCC Form 481

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Financial Data Summary

(3027) Revenue

(3028) Operating Expenses

(3029) Net Income

(3030) Telephone Plant In Service(TPIS)

(3031) Total Assets

(3032) Total Debt

(3033) Total Equity

(3034) Dividends

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4005 Rural Broadband Experiment

Authorized Rural Broadband Experiment (RBE) recipients must address the certification for public interest obligations, provide a list of newly served community anchor institutions, and provide a list of locations where broadband has been deployed.

Public Interest Obligations – FCC 14-98 (paragraphs 26-29, 78)

Please address Line 4001 regarding compliance with the Commission’s public interest obligations. All RBE participants must provide a response to Line 4001.

4001. Recipient certifies that it is offering broadband to the identified locations meeting the requisite public interest obligations consistent with the category for which they were selected, including broadband speed, latency, usage capacity, and rates that are reasonably comparable to rates for comparable offerings in urban areas?

Community Anchor Institutions – FCC 14-98 (paragraph 79)

4003a. RBE participants must provide the number, names, and addresses of community anchor institutions to which they newly deployed broadband service in the preceding calendar year. On this line, please respond (yes – attach new community anchors, no – no new anchors) to indicate whether this list will be provided.

If yes to 4003A, please provide a response for 4003B.

4003b. Provide the number, names and addresses of community anchor institutions to which the recipient newly began providing access to broadband service in the preceding calendar year.

Name of Attached Document Listing Required Information

Broadband Deployment Locations – FCC 14-98 (paragraph 80)

4004a. Attach a list of geocoded locations to which broadband has been deployed as of the June 1st immediately preceding the July 1st filing deadline for the FCC Form 481.

Name of Attached Document Listing Required Information

4004b. Attach evidence demonstrating that the recipient is meeting the relevant public service obligations for the identified locations. Materials must at least detail the pricing, offered broadband speed and data usage allowances available in the relevant geographic area.

Name of Attached Document Listing Required Information

**Certification - Reporting Carrier
Data Collection Form**

 FCC Form 481
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<039>	Contact Email Address - Email Address of person identified in data line <030>	kari.woodard@crmu.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier: COON RAPIDS MUNICIPAL COMMUNICATIONS UTILITY	
Signature of Authorized Officer: CERTIFIED ONLINE	Date 07/26/2017
Printed name of Authorized Officer: Kari Woodard	
Title or position of Authorized Officer: Director of Finance & Accounting	
Telephone number of Authorized Officer: 7129992225 ext.	
Study Area Code of Reporting Carrier: 359003	Filing Due Date for this form: 07/03/2017
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

**Certification - Agent / Carrier
Data Collection Form**

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<039> Contact Email Address - Email Address of person identified in data line <030>	kari.woodard@crmu.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date:
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	
Name of Authorized Agent Firm:	
Signature of Authorized Agent or Employee of Agent:	Date:
Name of Authorized Agent Employee:	
Title or position of Authorized Agent or Employee of Agent:	
Telephone number of Authorized Agent or Employee of Agent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Attachments

Low-Income Telephone or Broadband Internet Access Service Assistance Program

Lifeline

Lifeline is a plan that assists qualified low-income Iowans by providing a monthly reduction of \$9.25 on their local telephone bill or Broadband Internet Access Service (“BIAS”) bill.

You may only receive low-income assistance from one wireline or wireless telephone provider, or one BIAS provider per household.*

In order to qualify for the BIAS lifeline assistance, you must have a minimum speed of 10 Mbps download / 1 Mbps upload.

* NOTE:

A “Household” is defined as any individual or group of individuals who are living together at the same address as one economic unit. An “economic unit” consists of all adult individuals contributing to and sharing in the income and expenses of a household.

Eligibility Requirements

To be eligible for Lifeline assistance, you must meet income-based criterion currently defined as at or below 135 % of the Federal Poverty Guidelines (see table inside) **OR** participate in at least one of the following programs:

- Medicaid
- Supplemental Nutrition Assistance Program (SNAP)
- Supplemental Security Income (SSI)
- Federal Public Housing Assistance
- Veterans and Survivors Pension Benefit

In addition, you must not currently be receiving Lifeline assistance and no other person in your household* can be subscribed to the Lifeline program. If applying assistance to BIAS, your minimum speed must be 10/1.

To Apply for Lifeline:

1. Complete the certification form attached to this brochure, (please include any supporting documents) and submit it to your local telecommunications or BIAS provider’s business office. Contact information can be found on your bill or in your local telephone directory.
2. Re-certification forms are mailed to all subscribers every year. When you receive a re-certification form, complete and return it to your local telecommunications or BIAS provider within 60 days. Re-certification is mandatory and your telecommunications or BIAS provider will suspend your eligibility for low-income assistance if you do not return the re-certification form.

Federal Government Lifeline Program for Low-Income Telephone or Broadband Internet Access Service Assistance

Revised: January, 2017



Courtesy of:
**The Iowa Communications Alliance,
Iowa Utilities Board,
and
Coon Rapids Municipal Utilities,
Your Local Communications Provider.**

CRMU
LOCALINK
ONE COMPANY ONE SOLUTION

135 percent of federal poverty guidelines

(As of January 31, 2017)

Number of people living in home	Household Income (at or below)
1	\$16,281
2	\$21,294
3	\$27,567
4	\$33,210
5	\$38,853
6	\$44,496
7	\$50,139
8	\$55,782
* For each additional person	Add \$5,643

Application Checklist

Please provide the following information:

1. A signed and completed Lifeline assistance certification form.
2. A copy of one of the following if applying based on the size and income level of a customer's household:
 - Last year's federal or state income tax return
 - Current annual income statement from employer
 - Paycheck stubs for most recent three consecutive months
 - Social Security statement of benefits
 - Veteran's Administration statement of benefits
 - Retirement or pension statement of benefits
 - Unemployment or worker's compensation statement of benefits
 - Letter of participation in general assistance
 - Divorce decree or child support documentation

3. Supporting documentation of program-based eligibility if applying based on participation in any programs listed on the back of this brochure.

Acceptable documentation of program eligibility includes the current or prior year's statement of benefits from a qualifying assistance program, a notice, letter or documents of participation in a qualifying assistance program, or another official document demonstrating that you, or one or more of your dependents, or your household receives benefits from a qualifying assistance program.

Federal law requires your provider to review and securely retain this documentation. Federal law also prevents your provider from sharing these documents with unauthorized persons.

For questions, please contact:
Coon Rapids Municipal Utilities
123 3rd Avenue South
Coon Rapids, IA 50058

Mon. – Fri. 7:00 am – 4:00 pm
Phone: 712.999.2225
Email: crmoffice@gmail.com

Iowa Lifeline Assistance Certification Form

*The information on this application is strictly confidential and will only be used to assess your eligibility for Lifeline Assistance. Any documentation received will be securely retained and will not be shared.**

(PLEASE PRINT)

Name:

(Last)

(First)

(Middle)

Residential Address: (may not be a P.O. Box)

(Street)

(Apt. #)

(City)

(State)

(Zip)

Check one below:

☐ Permanent Address

☐ Temporary Address (must verify address every 90 days)

Is this address occupied by multiple households? _____ Yes _____ No
(see definition of household on next page)

Billing Address (if different than Residential Address):

(Street)

(City)

(State)

(Zip)

Telephone number or existing account number: _____

Date of Birth:(mm/dd/yyyy)_____ Last 4 digits of Social Security #: _____

Choose ONE service to apply the Lifeline discount: (check with provider for availability)

* If applying for internet, the service speed must be 10/1 Mbps.

☐ Telephone ☐ Broadband Internet Access Service ("BIAS") ☐ Service Bundle (Phone and BIAS)

Please answer the following questions:

1. Are you or anyone in your household currently participating in any of the following programs?
(Check one & attach documentation*)

☐ Medicaid (e.g. Title XIX/Medical, State Supplemental Assistance)

☐ Supplemental Nutrition Assistance Program

☐ Supplemental Security Income (SSI)

☐ Federal Public Housing Assistance

☐ Veterans and Survivors Pension Benefit; **OR**

2. Is your income at or below 135 percent of the Federal Poverty Guidelines? (Proof of income is required*)

_____ Yes _____ No ***** If yes, how many persons are in your household? _____

3. Are you or anyone else in your household currently receiving any Lifeline assistance from any other wireline or wireless telephone provider, or any other BIAS provider?

_____ Yes _____ No

**Federal law requires your provider to review and securely retain this documentation. Federal law also prevents your provider from sharing these documents with unauthorized persons.*

Lifeline Household Worksheet

Only one Lifeline Program-supported service per household is allowed under Federal law.

Your **household** is everyone who lives together at your address and contributes to, or shares in, the income and expenses of the household. Household expenses include food, health care expenses, and the cost of renting or paying a mortgage on your place of residence and utilities. Income includes salary, public assistance benefits, social security payments, pensions, unemployment compensation, veteran's benefits, inheritances, alimony, child support payments, worker's compensation benefits, gifts, and lottery winnings.

Answer the questions below to determine if there is more than one household living at your address, and if your household already receives a Lifeline Program benefit. Providing false information on this form may result in losing your Lifeline service and/or criminal penalties.


1. Does another adult (age 18 or emancipated minor) live with you **AND** have a Lifeline-discounted service or a "free" wireless Lifeline service? For example, husband, wife, domestic partner, parent, son, daughter, another relative (such as a sibling, aunt, cousin, grandparent, grandchild, etc.), a roommate, or another person.

_____ **No.** You are **ELIGIBLE** for Lifeline because no one in your household has Lifeline. Please **SIGN below** to certify that this is true and complete the rest of this form.

_____ **Yes.** Please answer question 2 below.

2. Do you share expenses for bills, good, or other living expenses **AND** share income (salary, public assistance benefits, social security payments or other income) with the person in question #1 that has a Lifeline-discounted service?

_____ **No.** You are **ELIGIBLE** for Lifeline because no one in your household has Lifeline. Please **SIGN below** to certify that this is true and complete the rest of this form.

_____ **Yes.**  Do NOT complete the rest of this form. You are **NOT ELIGIBLE** because someone in your household already has Lifeline.

I certify that the information provided above is true and that no one in my household already has Lifeline. I understand that violating the one-per-household requirement is against the Federal Communications Commission's rules and I may lose my Lifeline benefits, and may be prosecuted by the United States government for violating the rules.

Signature

Date

Please check boxes below to verify you understand that:

- ☐ Lifeline is a federal benefit and that willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment or being barred from the program;
- ☐ Only one Lifeline service is available per household;
- ☐ A household is defined, for purposes of the Lifeline program, as any individual or group of individuals who live together at the same address and share income and expenses;
- ☐ A household is not permitted to receive Lifeline benefits from multiple providers;
- ☐ Violation of the one-per-household limitation constitutes a violation of the Commission's rules and will result in the subscriber's de-enrollment from the program; and
- ☐ Lifeline is a non-transferable benefit and the subscriber may not transfer his or her benefit to any other person.

By initialing each line and signing below, I certify under penalty of perjury the information contained within this certification form is true and correct to the best of my knowledge:

_____ I **certify** that I meet the income-based or program-based eligibility criteria for receiving Lifeline.

_____ I **certify** that I will notify the carrier within 30 days if for any reason I no longer satisfy the criteria for receiving Lifeline (for example, if I no longer meet the income-based or program-based criteria for receiving Lifeline support, or if I am receiving more than one Lifeline benefit, or another member of my household is receiving a Lifeline benefit).

_____ I **certify** that if I am seeking to qualify for Lifeline as an eligible resident of Tribal lands, that I live on Tribal lands, as defined in federal law.

_____ I **certify** that if I move to a new address, I will provide that new address to the eligible telecommunications carrier within 30 days.

_____ I understand that my household will receive only one Lifeline service and, to the best of my knowledge, I **certify** that my household is not already receiving a Lifeline service.

_____ I **certify** that the information contained in this certification form is true and correct to the best of my knowledge,

_____ I **acknowledge** that providing false or fraudulent information to receive Lifeline benefits is punishable by law;

_____ I **acknowledge** that I may be required to re-certify my continued eligibility for Lifeline at any time, and my failure to re-certify as to my continued eligibility will result in de-enrollment and the termination of my Lifeline benefits.

Signature _____ Date _____

Prompt return of this certification form to your local telecommunications or BIAS provider is necessary to ensure proper credits to your account. Certified Lifeline assistance subscribers will receive a re-certification form annually from their local telecommunications or BIAS provider and must return that form to their provider within 60 days to ensure the continuation of assistance benefits.

SERVICE PROVIDER USE ONLY

Telephone # or Account # associated with Lifeline service: _____

Initiation Date: _____ De-enrollment Date: _____

Type of documentation Reviewed: ☐ Award Letter ☐ Voucher ☐ Benefits card ☐ Income Statement ☐ Other _____

Identifying Information of Document Submitted: _____

Documentation Expiration date (if applicable): _____

Name on Documentation (if different from name of applicant): _____

Method documentation was provided: ☐ In Person ☐ Fax ☐ Mail ☐ Electronically

Reviewed by: _____ Date Reviewed: _____

COMMUNICATION RATES

COMMUNICATIONS RATE SCHEDULE

I. Late Payment Charge

A late payment charge equal to the greater of \$5.00 or 1.5% will be applied to all charges not paid by the due date.

II. Sales Tax

Applicable sales tax additional

III. Rate Designations

Telephone	Monthly Rate
Service / Features	
Residential Local Access Charge	\$9.95
Business Local Access Charge	\$26.95
Digital Voice Messaging	\$4.95
Digital Voice Messaging - Gold	\$7.95
Caller ID	\$4.95
Caller ID Call Waiting	\$1.50
Call Forwarding	\$1.50
Call Forwarding All	\$1.50
Call Forwarding Busy	\$1.50
Call Waiting	\$1.50
Call Park	\$1.50
Cancel Call Waiting	\$1.50
Three Way Calling	\$1.50
Speed Dial 8	\$1.50
Speed Dial 30	\$1.50
Selective Call Acceptance	\$1.50
Selective Call Rejection	\$1.50
Call Return	\$1.50
Simring	\$3.00
Serial Hunt	\$1.50
Toll Restrict	\$3.00
800 Number	\$5.00
900 Number Block	Free
Unlisted Number	\$1.50
Priority Ringing	\$1.50
Telemarketing Call Screen	\$6.45
1, 2, 3, Package	\$3.00
Your Call Package	\$6.95
E911	\$1.00
Extended Area Calling	\$1.15
Interstate Subscriber Line Charge - Business Multi Line	\$9.20
Interstate Subscriber Line Charge- Business Single Line	\$6.50
Interstate Subscriber Line Charge - Residential	\$6.50
Federal Universal Service Funds Charge (% of ISLC)	per Fcc

Long Distance	Rate
One Rate Plan	\$0.13/min.

Cable TV	Monthly Rate
Service / Features	Rate
Residential Basic Service	\$59.95
Business Basic Service*	\$59.95
*\$15 Discount if Customer has CRMU local line & LD	\$44.95
Thomas Rest Haven CATV Per Room	\$11.95
HD Equip Fee – <i>Requires Subscription to Basic Service</i>	\$9.95
HBO & HBO-HD*	\$17.95
Cinemax	\$14.95
HBO & HBO-HD*/Cinemax Combo	\$28.95

* HBO-HD Requires Payment of HD Equip Fee

Internet	Monthly Rate
Service / Features	Rate
Dial Up	\$19.95
Residential High Speed Internet* via Cable Modem	
256/256k – Essential	\$24.95
6/1 Mbps – Standard	\$49.95
12/2 Mbps – Basic	\$54.95
18/3 Mbps - Plus	\$64.95
36/6 Mbps - Ultra	\$74.95
50/15 Mbps - Premium	\$99.95
100/20 Mbps - Extreme	\$149.95
200/30 Mbps - Ultimate	\$199.95
* \$5 Discount if Customer has all CRMU local lines	-\$5.00
General High Speed Internet** via Cable Modem	
6/1 Mbps – Standard	\$104.95
12/2 Mbps – Basic	\$134.95
18/3 Mbps - Plus	\$149.95
36/6 Mbps - Ultra	\$164.95
50/15 Mbps - Premium	\$194.95
100/20 Mbps - Extreme	\$294.95
200/30 Mbps - Ultimate	\$349.95
** Discounts Apply	
\$20 if Business Customer has all CRMU local lines	-\$20.00
\$50 if Business Customer has all CRMU local lines & LD	-\$50.00
1 Mbps Upstream Bandwidth Increments	\$10.00
Network/Employee Internet	\$10.00

	Monthly Rate
Dedicated High Speed Internet – via Fiber	
Level 1 10/10 Mbps	\$200
Level 2 20/20 Mbps	\$400
Level 3 40/40 Mbps	\$800
Level 4 50/50 Mbps	\$1,000
Level 5 100/50 Mbps	\$2,000
Level 5 150/50 Mbps	\$3,000
Dedicated High Speed Internet – via Fiber	
CRB School District 100/100 Mbps	\$1,000

	Monthly Rate
Wireless High Speed Internet	
1 Mbps / 256k	\$34.95
3 Mbps / 512k	\$39.95
9 / 1 Mbps	\$50.95
13 / 1 Mbps	\$54.95
18 / 3 Mbps	\$64.95
Monthly Equipment Rental	\$4.95

Residential Packages	Monthly Rate
Service / Features	
<i>Basic Package</i>	\$69.95
Local Telephone	
Long Distance	
Basic Cable TV	
Digital Voice Messaging	
Call Waiting	
100 Minutes of Long Distance	

<i>Family Choice Package</i>	\$99.95 Included + \$25.00 + \$75.00 + \$125.00
Local Telephone	
Long Distance	
Basic Cable TV	
Residential 30/5 Mbps High Speed Internet	
Upgrade to Premium High Speed Internet	
Upgrade to Extreme High Speed Internet	
Upgrade to Ultimate High Speed Internet	
Digital Voice Messaging	
Call Waiting	
Call Forwarding	
Three-Way Calling	
100 Minutes of Long Distance	

<i>Resale Calling Feature Rates</i>	
<i>Service / Features</i>	<i>Monthly Rate</i>
ILEC Charge plus 25%	varies