

Broadband Fund Written Certification Form - DRAFT

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Date of Certification Request

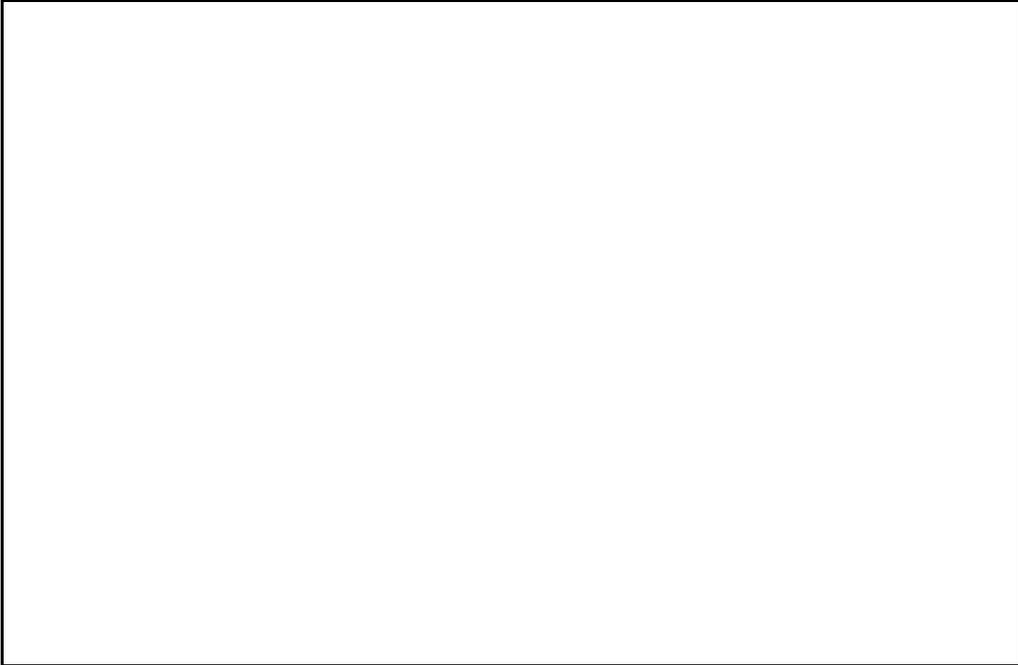
\_\_\_\_\_  
Grant Amount Requested

\_\_\_\_\_  
Local Entity Name

\_\_\_\_\_  
Proposed Project Area

\_\_\_\_\_  
Grant Cycle

Map of Proposed Project Area (insert file with project area)



## Speed Test Survey - DRAFT

Hello \_\_\_\_\_,

(Applicant Name) is considering applying, or has applied for a Colorado Broadband Deployment Board Grant to provide broadband services for your community. [Insert local entity name] needs your help to find out more about the speed of your internet connection and to determine if the area you live in is unserved. An unserved area is "an area of the state that: (I) Lies outside of municipal boundaries or is a city with a population of fewer than seven thousand five hundred inhabitants; and (II) Consists of households that lack access to at least one provider of a broadband network that uses satellite technology and at least one provider of a broadband network that uses non-satellite technology." It also means "also means any portion of a state or interstate highway corridor that lacks access to a provider of a broadband network."

If you have a home internet connection, please follow the instructions below to take the internet speed test. If you do not have a home internet connection, please inform us by contacting (local entity name) at [PHONE] or [EMAIL]—and providing your address.

### Internet Speed Test Instructions:

- 1) Make sure that no one else in the household is using the Internet at the same time, especially not downloading files, streaming video or playing online games.
- 2) At a minimum, you must know the advertised download speed of your plan to participate in this test.
- 3) Navigate to: <https://broadband.co.gov/speedtest>. Please run the test in the same room as the wireless router and within six feet of the router.
- 4) Click "Go" to start the speed test.
- 5) Scroll down to fill in the Location, Speed Test Results, and Additional Information. Please indicate whether you are using a mobile/cellular or home connection (Wifi, DSL, Cable, Fiber, Microwave). Please fill these out as accurately as possible. You may want to have your internet service bill accessible to answer the "Additional Information" questions as accurately as possible.
- 6) If you wish, you may redo the test at multiple different times of the day and submit the survey each time (you may know from experience that you have problems using the internet at a certain time so ensure you do a test at one of these times).

If you do not have home internet service, please indicate the reason on the sheet, such as:

- a. There is no home internet service available at any speed in my area
- b. There is internet service available, but I choose not to buy it.

If you have any questions regarding the internet speed test please contact (local entity name) at [PHONE] or [EMAIL].

Local Entity Written Certification									
Name of Applicant:									
Name of Local Entity:									
Address	City	State	Zip	Less than 10/1 Mbps service (yes or no)	Between 10/1 and 25/3Mbps service (yes or no)	Max download speed (Mbps)	Max upload speed (Mbps)	Location Type (household, business, community anchor institution or	Providers
678 SheetRock Road	MONTROSE	CO	81413	No	No	1000	1000	Household	Penny Wireless, GrowNet