

Application



APPLICANT INFORMATION:

APPLICATION CONTACT NAME:

APPLICANT ORGANIZATION:

POSITION IN ORGANIZATION:

APPLICANT EMAIL:

APPLICANT PHONE NUMBER:

SINGLE POINT OF CONTACT FOR BROADBAND PROJECTS :

NAME

ORGANIZATION:

TITLE

EMAIL

ADDRESS

PROOF OF ORDINANCE:

Please attach a copy of the relevant ordinance as evidence that the above-mentioned has met the requirements to be certified as a Kansas Broadband Ready Community as stipulated within the program guide.

NO

YES

By signing, you attest that the information provided is true and accurate to the best of your knowledge. You furthermore agree that the information provided may be made publicly available at the discretion of the Kansas Department of Commerce.

ATTESTATION

Applicant Signature & Date

Municipal Representative Signature & Date