



LEO Subscription Rate Certification

State of Iowa's Department of Management, Division of Information Technology Broadband Equity, Access, and Deployment (BEAD) Program

This certification is provided in connection with a reimbursement claim submitted under the National Telecommunications and Information Administration (NTIA) Broadband Equity, Access, and Deployment (BEAD) Program. This certification is required to substantiate subscriber-related data reported as part of the claim.

of Active Subscribers: _____ # of Project Capacity: _____ # of Customer Premise Equipment Shipped: _____

I, the undersigned authorized representative of the subrecipient identified below, hereby certify the following:

1. As of the date of the reimbursement claim submitted to the State of Iowa's Department of Management, Division of Information Technology BEAD Program, the subscription rate reported for the BEAD-funded service area(s) is accurate, complete, and based on the subrecipient's books, records, and systems of account.
2. The subscription rate represents the number of active customer subscriptions receiving qualifying broadband service within the applicable BEAD Project Service Area as of the claim date, consistent with the program requirements and applicable award agreement.
3. A list of the active subscribers within the BEAD Project Service Area has been provided within the claim and includes the following attributes.

I, the undersigned, give the State of Iowa's Department of Management, Division of Information Technology permission to contact the subscribers independently to confirm their subscription.

I also certify the following respective to any new subscriber within the BEAD project area:

- Broadband service can be initiated within 10 business days of a request, and
- All necessary consumer premises equipment (CPE) essential for delivery of broadband service via LEO satellite will be provided at no cost, as part of the standard installation.

I understand that this certification is a material representation relied upon by the State of Iowa and NTIA in connection with the administration of federal funds. I further understand that knowingly making a false statement or misrepresentation may result in remedies available under federal and state law, including but not limited to disallowance of costs, recovery of funds, suspension or termination of the award, and civil or criminal penalties.

I certify under penalty of law that the information provided herein is true, correct, and complete to the best of my knowledge and belief as of the date of submission.

BEAD Project #: _____

Subrecipient Legal Name: _____

Claim Submission Date: _____

Authorized Representative Name, Title: _____

Certification Date: _____

Signature: _____