

~~AGENDA~~ ITEM #5

Broadband Internet for ALL TX BDO Technical Assistance Program (TAP)

- to augment local government and community capacities to prepare for forthcoming state and federal funds.
- A “certified” Broadband Planning Committee is required to be eligible to apply to TAP
 - Submit the committee certification form by June 10th
 - <https://txcomptroller.my.site.com/TAPCertification/s/>
 - Those awarded later this year will be provided with direct access to broadband planning and consulting services, **at no cost**.
 - The result of using TAP will be a BC Broadband Plan

TAP Services Available Include:

- Stakeholder identification and outreach.
- Asset mapping.
- Gap analysis/community needs identification.
- Public-private partnership identification and analysis.
- Workforce development strategy.
- Digital opportunities strategy/needs identification.
- Network design assessments.

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**Glenn Hegar**Texas Comptroller of Public
Accounts

Broadband Planning Committee Certification Form

To be identified as a Certified Broadband Planning Committee, this form must be submitted by a Committee Leader of the applying Broadband Planning Committee. A committee may only self-identify up to 12 members of its committee. Should your committee include more than 12 members, you may identify the 12 members who most actively participate in committee activities.

A Broadband Planning Committee is defined as any group of people who regularly assemble for the expressed purpose of addressing issues directly related to the accessibility of broadband within their county, and whose membership consists of:

1. A minimum of 2 or more members in total,
2. At least 1 *elected member of a local governing body* who represents the *county to be served*,
3. At least 1 appointed Committee Leader *who lives within the county to be served*, and
4. *If more than 1*, a majority of Committee Leaders who live within the *county to be served*.

Committee Information

* (Required) Name of Committee:

* (Required) Date of Formation:



* (Required) Point of Contact:

* (Required) Phone Number

* (Required) Email Address

Scope of Area Served by the Committee:



Name of Area Served by the Committee:

* (Required) County that will be served by TAP



Membership Information: Identify Every Member of the Committee (minimum of 2)

At least 1 member must be a Community Leader

At least 1 member must be a *elected member of a local governing body*

County Of Residence is a Required Field, Please Fill All County Of Residence.

Name

Committee Leader [Yes/No]

Elected member of a local governing body [Yes/No]

County of Residence

Job Title

Employer



Add



By submitting this form, I hereby certify that:

- **The information provided is complete and accurate to the fullest extent of my knowledge,**
- **The identified committee meets the definition provided above, and**
- **The CPA has direct permission to make public the information made available within this form.**

Submit