Exhibit E

Entity Number 129483 Applicant's Form Identifier CLE TELE

Contact Person Paul Keras Phone Number 216-831-2626

**Block 5: Discount Funding Request(s)**

**Instructions:** Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as needed, and number the completed pages to assure that they are all processed correctly.

Block 5, page _____ of _____

FRN _____ (to be assigned by administrator)

10 ☐ If this is a duplicate Funding Request (e.g., of an FRN that is not yet approved, under appeal, etc.), check this box and enter the original FRN in the space provided: _____

11 **Category of Service** ( only ONE category should be checked)

**PRIORITY 1**
Telecommunications Service
X Internet Access

**PRIORITY 2**
☐ Internal Connections Other than Basic Maintenance
☐ Basic Maintenance of Internal Connections

12 **Form 470 Application Number**
213190001225448

13 **SPIN – Service Provider Identification Number**
143001688

14 **Service Provider Name**
Ohio Bell.

15a X Check this box if this Funding Request is for non-contracted tariffed or month-to-month services.

15b **Contract Number**
MTM

15c ☐ Check this box if this Funding Request is covered under a master contract (a contract negotiated by a third party, the terms and conditions of which are then made available to an eligible entity that purchases directly from the service provider).

15d ☐ Check this box if this Funding Request is a continuation of an FRN from a previous funding year based on a multi-year contract. If so, provide that FRN here: _____

16a **Billing Account Number** (e.g., billed telephone number)

16b ☐ Check this box if there are multiple Billing Account Numbers and attach a complete list of those numbers to this page.

17 **Allowable Vendor Selection/Contract Date** (mm/dd/yyyy)
03/19/2014

18 **Contract Award Date (mm/dd/yyyy)**

19 **Service Start Date** (mm/dd/yyyy) 07/01/2014

20a **Service End Date** (mm/dd/yyyy)
06/30/2015

20b **Contract Expiration Date** (mm/dd/yyyy)

**23 Calculations**

**Recurring Charges**

A. Monthly charges (total amount per month for service)
$210.59

B. How much of the amount in A is ineligible?
-0-

C. Eligible monthly pre-discount amount (A minus B)
$210.59

D. Number of months service provided in funding year 12

E. Annual pre-discount amount for eligible recurring charges
$2,527.08
(C x D)

**Non-Recurring Charges**

F. Annual non-recurring charges $-0-

G. How much of the amount in F is ineligible?
-0-

H. Annual eligible pre-discount amount for non-recurring charges (F minus G) $-0-

**Total Charges**

I. Total funding year pre-discount amount (E + H)
$2,527.08

J. Discount from Block 4 Worksheet 40%

K. Funding Commitment Request (I x J)
$1,010.83

21 **Description of This Service: NOTE: All Item 21 Attachments must be filed before the close of the filing window**

You MUST attach a description of the service, including a breakdown of components, costs, manufacturer name, make and model number. You must include any additional account or telephone numbers if the billed account has multiple numbers. Label the description with an Attachment Number, and note number in space provided.

Attachment TR LS

22 **Entity/Entities Receiving This Service:** a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service: 47994

b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., 1): _____

Do not write in this area

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## Block 5 (Continued):

### 24 Description of Broadband and other Connectivity Services Ordered for Schools and Libraries from this funding request

Complete the information below for this funding request only if requesting **Telecommunications Services** or **Internet Access** for the purpose of providing broadband and other types of connectivity to school and/or library facilities.

[X] Check this box if this request is for services or equipment that do not providing broadband or connectivity and skip to Item 25. For instance, check the box if this funding request is for internal connections, basic maintenance, or requests for services like e-mail or phone service.

a Which technology(ies) and speed(s) are being provided in this Funding Request? Please list the number of lines and average download speed for the lines included in this funding request. If there are multiple download speeds for the lines within one type of broadband connection, this form provides two additional lines per broadband connection category. If you need additional space, please makes copies of this page and number the completed pages to assure that they are all processed correctly. A response to this item is not a substitute for a complete response to Item 21 but should be consistent with the description of services in the response to Item 21. Please ask your service provider if you need assistance.

For example, if an applicant was requesting three DSL connections, two averaging 2 Mbps download speed and a third averaging 3 Mbps download speed, the entries would look like this:

| Type of connection | Number of lines included in this FRN | Download speed per line in Mbps |
|---|---|---|
| DSL | 2 | 2 Mbps |
| DSL | 1 | 3 Mbps |

Example

| Type of connection | Number of lines included in this FRN | Download speed per line in Mbps |
|---|---|---|
| Dial-up | | .056 Mbps |
| T1/DS-1 | | 1.5 Mbps |
| T3/DS-3 | | 45 Mbps |
| Fiber optic/OC-x | | |
| Fiber optic/OC-x | | |
| Fiber optic/OC-x | | |
| Cable | | |
| Cable | | |
| Cable | | |
| DSL | | |
| DSL | | |
| DSL | | |
| Satellite | | |
| Satellite | | |
| Cellular Wireless | | |
| Cellular Wireless | | |
| Non-Cellular Wireless (e.g. microwave) | | |
| Non-Cellular Wireless (e.g. microwave) | | |

b If the Internet service is available to students or patrons in more than just a single location or office, please indicate:

1. If the access is provided by wired connections, approximately what percentage of the school classroom or public library spaces included in the Block 4 worksheet for this FRN will have access to wired drops? _____% N/A

2. If the access is provided by Wi-Fi connections, approximately what percentage of the school classroom or public library spaces included in the Block 4 worksheet for this FRN will have access to a Wi-Fi signal? _____% N/A

c For consortia and statewide applications, do the connections in this FRN include the last mile connection to the school or library? ☐ Yes ☐ No
If no above, are these connections only for backbone connections? ☐ Yes ☐ No

## Item 21 Attachment for TR LS

12 Months Digital Local and LD Telephone Service using 5 POTS lines -- This service is billed and paid on a monthly basis. No ineligible charges are included in this FRN.

Pre-discount amount: 12 Monthly charges of $210.59 = Total Annual Pre-Discount Request of $2,527.08.