



Received & Inspected

SEP 18 2014

FCC Mail Room

**Waiver Request of FCC Deadline
Form 471 2014-15
CC Docket No. 02-6**

September 10, 2014
Funding Year 2014; Entity Number: 16068131
FCC Registration Number: 0021584768

Dear Sirs:

We hereby beg you to approve this appeal of missing the deadline to submit form 471 for AYUDA Inc. d/b/a Happy Kids Childcare & School for year 2014-2015 and grant us to continue receiving the so needed funding for our school!

I struggled and spent so much effort, time and money to obtain and be granted this wonderful opportunity last year and a half but due to circumstances that could not be avoided even with my careful planning, I was late in submitting form 471 because I missed clicking that submit button!

I am hereby hoping that you will consider the special circumstances and grant a deviation from the rules to serve the public interest of the below the poverty line income children and families that attend our school.

I wear so many hats in my preschool that I often marvel at myself as to how I can get things accomplished so well. I teach groups of children, administer and manage the school, hold open houses, counsel parents, fill out forms such as 470, 471, 486, meal applications, grant applications, I lobby and advocate for children's rights and the prevention of neglect, abuse and exploitation of children nationwide and I do so much more in the span of a day!

In this case though, I did not do so well...I neglected to click the "Submit" button so that my application would go through. I had not realized it had not gone out to USAC electronically until the other day on August 30th when I received a very high bill for my internet service from Birch Communications!

I started to sweat profusely when I realized my error, became sick to my stomach and quickly went to the post office and mailed in Form 471 to SLD Forms 471, 3833 Greenway Drive, Lawrence Kansas 66046. I mailed it Certified with a Return Receipt request which I have not received back yet.

I feel that I have failed these children and their parents who have no other means of accessing high speed internet and are learning so much in our computer lab! I feel I have failed my staff who take on line courses to advance their teaching careers, and I have failed the non English speakers in the community who come to us after work and connect to language programs that will help them advance in their jobs.

AYUDA CANNOT afford to pay \$3,000 per month for internet access and over \$2,000 for cellular service that have been given to school teachers. What am I to do? Is this waiver request going to be answered quickly so I can make the decision of cutting back and terminating services for all or continuing with the FCC's blessings?

Please please help us continue serving our population! I will be eagerly looking out for your quick response.

Sincerely,

Diana Susi, MSW, MFT, CMHP
President, CEO, School Director
AYUDA/Happy Kids Child Care & School
7118-7144 Byron Avenue, Miami Beach, Florida 33141
Direct: (305)992-5437; Off: (305) 864-7447
www.ayudamiami.org

No. of Copies rec'd _____
List ABCDE _____

1

Normandy Branch
 Miami Beach, Florida
 331419998
 1158540415 -0098
 (800)275-8777

09/12/2014 01:19:59 PM

Product Description	Sales Receipt		Final Price
	Sale Qty	Unit Price	
PARSIPPANY NJ 07054-0685 Zone-6 First-Class Mail Large Env 6.10 oz.			\$2.24
Expected Delivery: Mon 09/15/14			
Return Rcpt (Green Card)			\$2.70
@@ Certified			\$3.30
USPS Certified Mail #: 70140150000050093584			

Issue Postage: \$8.24

Total: \$8.24

Paid by: VISA \$8.24
 Account #: XXXXXXXXXXXX4207
 Approval #: 35970G
 Transaction #: 29
 23 903520682

@@ For tracking or inquiries go to
 USPS.com or call 1-800-222-1811.

 BRIGHTEN SOMEONE'S MAILBOX. Greeting cards
 available for purchase at select Post
 Offices.

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

04
 SEP 12 2014
 MIAMI BEACH FL 33141
 U.S. POSTAL SERVICE

Postage	\$2.24
Certified Fee	\$3.30
Return Receipt Fee (Endorsement Required)	\$2.70
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$8.24

Sent To: ZIP 07054-0685
 SCHOOLS + LIBRARY DIVISION
 Street Apt. No. or PO Box No. 30 LANDEX PLAZA West
 City, State, Zip P.O. Box 685 PARSIPPANY, NJ

PS Form 3800, August 2006

485E 6005 0000 0570 4702

FCC Form 471

Approval by OMB
3060-0806

Received & Inspected

SEP 18 2014

FCC Mail Room

**Schools and Libraries Universal Service
Description of Services Ordered and Certification Form 471**

Estimated Average Burden Hours per Response: 4 hours

This form is designed to help schools and libraries to list the eligible services they have ordered and estimate the annual charges for them so that the Fund Administrator can set aside sufficient support to reimburse providers for services. Please read instructions before beginning this application. (You can also file online at www.usac.org/si.) The instructions include information on the deadlines for filing this application.

Applicant's Form Identifier (Create an identifier for your own reference)	Form 471 Application #: 969291 (To be assigned by administrator)
Block 1: Billed Entity Address and Identifications	
<p>1 Name of Billed Entity AYUDA DBA HAPPY KIDS CHILD CARE</p> <p>2 Funding Year 2014</p> <p>3a Entity Number 16068131</p> <p>3b FCC Registration Number 0021584768</p> <p>4a Street Address, P.O. Box, or Route Number 71-18 BYRON AVENUE</p> <p>City MIAMI BEACH State FL Zip Code 33141-</p> <p>4b Telephone Number (305) 992-5437</p> <p>4c Fax Number (305) 864-0338</p> <p>5a Type of Application (check only one)</p> <p><input checked="" type="radio"/> Individual School (individual public or non-public school)</p> <p><input type="radio"/> School District (LEA; public or non-public [e.g. diocesan] local district representing multiple schools)</p> <p><input type="radio"/> Library (including library system, library outlet/branch or library consortium as defined under LSTA)</p> <p><input type="radio"/> Consortium (intermediate service agencies, states, state networks, special consortia of schools and/or libraries)</p> <p><input type="radio"/> Statewide application for (enter 2-letter state code) representing (check all that apply)</p> <p><input type="checkbox"/> All public schools/districts in the state</p> <p><input type="checkbox"/> All non-public schools in the state</p> <p><input type="checkbox"/> All libraries in the state</p> <p>5b Recipient(s) of Services:</p> <p><input checked="" type="checkbox"/> Private <input type="checkbox"/> Public <input type="checkbox"/> Charter</p> <p><input type="checkbox"/> Tribal <input type="checkbox"/> Head Start <input type="checkbox"/> State Agency</p>	
Entity Number: 16068131	Applicant's Form Identifier:
Contact Person: Diana Susi	Contact Phone Number: (305) 992-5437
Block 1: Billed Entity Address and Identifications (continued)	
<p>6a Contact Person's Name Diana Susi</p> <p>If the Contact Person's Street Address is the same as Item 4 above, check here. <input type="checkbox"/> If not, complete Item 6b.</p> <p>6b Street Address, P.O. Box, or Route Number NOTE: USAC will use this address to mail correspondence about this form. 71-18 BYRON AVENUE</p> <p>City MIAMI BEACH State FL Zip Code 33141-</p> <p>Check the box next to your preferred mode of contact and provide your contact information. One box MUST be checked and an entry provided.</p> <p><input type="checkbox"/> 6c Telephone Number (305) 992 - 5437</p> <p><input type="checkbox"/> 6d Fax Number (305) 864 - 0338</p> <p><input checked="" type="checkbox"/> 6e E-Mail Address dianasusi@ayudamiami.org Re-enter E-mail Address dianasusi@ayudamiami.org</p> <p>6f Holiday/vacation/summer contact information: please include name of alternate contact (if applicable) and alternate phone, fax or E-mail address ileana.Gagliardi@happykids.org Ph. 305-864-0338 Fax: ily@happykids.org</p> <p>If a consultant is assisting you with your application process, please complete Item 6g below:</p> <p>6g Consultant Name Name of Consultant's Employer Consultant's Street Address</p> <p>City State Zip Code Consultant's Telephone Number Ext. Consultant's Fax Number Consultant's E-mail Address Re-enter E-mail Address Consultant Registration Number</p>	
Blocks 2 and 3 [Reserved]	

Entity Number: 16088131	Applicant's Form Identifier:
Contact Person: Diana Susi	Contact Phone Number: (305) 992-5437

Block 4: Discount Calculation Worksheet Worksheet - 1675372
Page 1 of 1

The Block 4 worksheet is used to calculate your discount for services. You will complete one or more worksheets depending on the type of application you are filing. If you file more than one worksheet, please number the completed worksheets to assure that they are all processed correctly. Please refer to the instructions for information specific to the Type of Application you indicated in Block 1, Item 5.

Check here if this worksheet contains all eligible entities in the school district or library system.

9a List entities and calculate discount(s): (For Administrator's Use)
School District or Library System Name: School District or Library System Entity Number:

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Name of Eligible Entity	Entity Number AND NCES Code (for Schools) or FSCS Code (for Libraries)	Urban or Rural U or R	Total Number of Students	Number of Students Eligible for NSLP	Percent of Students Eligible for NSLP (Col. 5 / Col. 4)	Disc. from Disc. Matrix	New Construction	Admin Entity or NIF	Alt Disc. Mech.	Weighted Product for Calculating Shared Discount (Col. 4 x Col. 7)	Insert appropriate codes(s): P= pre-K, H = Head Start, A = Adult Education, J = Juvenile Justice, E = ESA, D = Dormitory	Entity Number of School District in which Library Outlet/Branch is Located	Discount of Member Entity	Shared Discount
ALL ENTITIES			SCHOOLS AND LIBRARIES							Schools with shared services	Schools	Library Outlet/Branch	Consortia	

AYUDA DBA HAPPY KIDS CHILD CARE	16088131 16 088 131	U	201	172	85.572%	90	N	N	N	18090				
---------------------------------	------------------------	---	-----	-----	---------	----	---	---	---	-------	--	--	--	--

9b Shared Services

SCHOOL DISTRICTS: (Including groups of schools within school districts.) Calculate the totals of Columns 4 and 11. Divide the total of Column 11 by the total of Column 4. Enter the result in Column 15.	201									18090				90%
LIBRARY SYSTEMS: Calculate the total of Column 7. Divide this total by the number of outlets/branches. Enter the result in Column 15.														
CONSORTIA: Calculate the total of Column 14. Divide this total by the number of member entities. Enter the result in Column 15.														

Entity Number: 16068131		Applicant's Form Identifier:																												
Contact Person: Diana Susi		Contact Phone Number: (305) 992-5437																												
Block 5: Discount Funding Request(s)		Block 5, page 1 of 13																												
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.		FRN 2641102 (to be assigned by administrator)																												
10 <input type="checkbox"/> 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)		23 Calculations																												
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"> PRIORITY 1 <input checked="" type="checkbox"/> Telecommunications Service <input type="checkbox"/> Internet Access </td> <td style="width:50%;"> PRIORITY 2 <input type="checkbox"/> Internal Connections Other than Basic Maintenance <input type="checkbox"/> Basic Maintenance of Internal Connections </td> </tr> </table>		PRIORITY 1 <input checked="" type="checkbox"/> Telecommunications Service <input type="checkbox"/> Internet Access	PRIORITY 2 <input type="checkbox"/> Internal Connections Other than Basic Maintenance <input type="checkbox"/> Basic Maintenance of Internal Connections	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td rowspan="5" style="width:15%; vertical-align: middle;">Recurring Charges</td> <td>A. Monthly charges (total amount per month for service)</td> <td style="text-align: right;">\$363.11</td> </tr> <tr> <td>B. How much of the amount in A is ineligible?</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>C. Eligible monthly pre-discount amount (A minus B)</td> <td style="text-align: right;">\$363.11</td> </tr> <tr> <td>D. Number of months service provided in funding year</td> <td style="text-align: right;">12</td> </tr> <tr> <td>E. Annual pre-discount amount for eligible recurring charges (C x D)</td> <td style="text-align: right;">\$4,357.32</td> </tr> <tr> <td rowspan="3" style="vertical-align: middle;">Non-Recurring Charges</td> <td>F. Annual non-recurring charges</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>G. How much of the amount in F is ineligible?</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>H. Annual eligible pre-discount amount for non-recurring charges (F minus G)</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td rowspan="3" style="vertical-align: middle;">Total Charges</td> <td>I. Total funding year pre-discount amount (E + H)</td> <td style="text-align: right;">\$4,357.32</td> </tr> <tr> <td>J. Discount from Block 4 Worksheet</td> <td style="text-align: right;">90.00</td> </tr> <tr> <td>K. Funding Commitment Request (I x J)</td> <td style="text-align: right;">\$3,921.59</td> </tr> </table>		Recurring Charges	A. Monthly charges (total amount per month for service)	\$363.11	B. How much of the amount in A is ineligible?	\$0.00	C. Eligible monthly pre-discount amount (A minus B)	\$363.11	D. Number of months service provided in funding year	12	E. Annual pre-discount amount for eligible recurring charges (C x D)	\$4,357.32	Non-Recurring Charges	F. Annual non-recurring charges	\$0.00	G. How much of the amount in F is ineligible?	\$0.00	H. Annual eligible pre-discount amount for non-recurring charges (F minus G)	\$0.00	Total Charges	I. Total funding year pre-discount amount (E + H)	\$4,357.32	J. Discount from Block 4 Worksheet	90.00	K. Funding Commitment Request (I x J)	\$3,921.59
PRIORITY 1 <input checked="" type="checkbox"/> Telecommunications Service <input type="checkbox"/> Internet Access	PRIORITY 2 <input type="checkbox"/> Internal Connections Other than Basic Maintenance <input type="checkbox"/> Basic Maintenance of Internal Connections																													
Recurring Charges	A. Monthly charges (total amount per month for service)	\$363.11																												
	B. How much of the amount in A is ineligible?	\$0.00																												
	C. Eligible monthly pre-discount amount (A minus B)	\$363.11																												
	D. Number of months service provided in funding year	12																												
	E. Annual pre-discount amount for eligible recurring charges (C x D)	\$4,357.32																												
Non-Recurring Charges	F. Annual non-recurring charges	\$0.00																												
	G. How much of the amount in F is ineligible?	\$0.00																												
	H. Annual eligible pre-discount amount for non-recurring charges (F minus G)	\$0.00																												
Total Charges	I. Total funding year pre-discount amount (E + H)	\$4,357.32																												
	J. Discount from Block 4 Worksheet	90.00																												
	K. Funding Commitment Request (I x J)	\$3,921.59																												
12 Form 470 Application Number 143510001144882																														
13 SPIN – Service Provider Identification Number 143008241																														
14 Service Provider Name Birch Communications																														
15a <input type="checkbox"/> Check this box if this Funding Request is for non-contracted tariffed or month-to-month services.																														
15b Contract Number NA																														
15c <input type="checkbox"/> 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 <input type="checkbox"/> 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) MULTIPLE																														
16b <input type="checkbox"/> 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) (based on Form 470 filing) 10/13/2013																														
18 Contract Award Date (mm/dd/yyyy) 10/31/2013																														
19 Service Start Date (mm/dd/yyyy) 07/01/2014																														
20a Service End Date (mm/dd/yyyy)																														
Contract Expiration Date 20b (mm/dd/yyyy) 06/30/2015																														
21 Description of This Service: NOTE: All Item 21 Attachments must be filed before the close of the filing window. Attachment 1 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.																														
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: 16068131 b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., 1):																												

Entity Number: 16068131	Applicant's Form Identifier:
Contact Person: Diana Susi	Contact Phone Number: (305) 992-5437

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.

Check this box if this request is for services or equipment that do not provide broadband or connectivity. 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 make 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.

Type of Connection	Number of lines included in this FRN	Download speed per line in Mbps

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

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

Entity Number: 16068131		Applicant's Form Identifier:																		
Contact Person: Diana Susi		Contact Phone Number: (305) 992-5437																		
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 2 of 13 FRN 2676212 (to be assigned by administrator)																		
10 <input type="checkbox"/> 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)		23 Calculations																		
<table border="1"> <tr> <td>PRIORITY 1</td> <td>PRIORITY 2</td> </tr> <tr> <td><input checked="" type="checkbox"/> Telecommunications Service</td> <td><input type="checkbox"/> Internal Connections Other than Basic Maintenance</td> </tr> <tr> <td><input type="checkbox"/> Internet Access</td> <td><input type="checkbox"/> Basic Maintenance of Internal Connections</td> </tr> </table>		PRIORITY 1	PRIORITY 2	<input checked="" type="checkbox"/> Telecommunications Service	<input type="checkbox"/> Internal Connections Other than Basic Maintenance	<input type="checkbox"/> Internet Access	<input type="checkbox"/> Basic Maintenance of Internal Connections	<table border="1"> <tr> <td rowspan="5">Recurring Charges</td> <td>A. Monthly charges (total amount per month for service)</td> <td>\$1,399.90</td> </tr> <tr> <td>B. How much of the amount in A is ineligible?</td> <td>\$0.00</td> </tr> <tr> <td>C. Eligible monthly pre-discount amount (A minus B)</td> <td>\$1,399.90</td> </tr> <tr> <td>D. Number of months service provided in funding year</td> <td>12</td> </tr> <tr> <td>E. Annual pre-discount amount for eligible recurring charges (C x D)</td> <td>\$16,798.80</td> </tr> </table>		Recurring Charges	A. Monthly charges (total amount per month for service)	\$1,399.90	B. How much of the amount in A is ineligible?	\$0.00	C. Eligible monthly pre-discount amount (A minus B)	\$1,399.90	D. Number of months service provided in funding year	12	E. Annual pre-discount amount for eligible recurring charges (C x D)	\$16,798.80
PRIORITY 1	PRIORITY 2																			
<input checked="" type="checkbox"/> Telecommunications Service	<input type="checkbox"/> Internal Connections Other than Basic Maintenance																			
<input type="checkbox"/> Internet Access	<input type="checkbox"/> Basic Maintenance of Internal Connections																			
Recurring Charges	A. Monthly charges (total amount per month for service)	\$1,399.90																		
	B. How much of the amount in A is ineligible?	\$0.00																		
	C. Eligible monthly pre-discount amount (A minus B)	\$1,399.90																		
	D. Number of months service provided in funding year	12																		
	E. Annual pre-discount amount for eligible recurring charges (C x D)	\$16,798.80																		
12 Form 470 Application Number 143510001144882		<table border="1"> <tr> <td rowspan="3">Non-Recurring Charges</td> <td>F. Annual non-recurring charges</td> <td>\$0.00</td> </tr> <tr> <td>G. How much of the amount in F is ineligible?</td> <td>\$0.00</td> </tr> <tr> <td>H. Annual eligible pre-discount amount for non-recurring charges (F minus G)</td> <td>\$0.00</td> </tr> </table>		Non-Recurring Charges	F. Annual non-recurring charges	\$0.00	G. How much of the amount in F is ineligible?	\$0.00	H. Annual eligible pre-discount amount for non-recurring charges (F minus G)	\$0.00										
Non-Recurring Charges	F. Annual non-recurring charges	\$0.00																		
	G. How much of the amount in F is ineligible?	\$0.00																		
	H. Annual eligible pre-discount amount for non-recurring charges (F minus G)	\$0.00																		
13 SPIN - Service Provider Identification Number 143000677		<table border="1"> <tr> <td rowspan="2">Total Charges</td> <td>I. Total funding year pre-discount amount (E + H)</td> <td>\$16,798.80</td> </tr> <tr> <td>J. Discount from Block 4 Worksheet</td> <td>90.00</td> </tr> </table>		Total Charges	I. Total funding year pre-discount amount (E + H)	\$16,798.80	J. Discount from Block 4 Worksheet	90.00												
Total Charges	I. Total funding year pre-discount amount (E + H)	\$16,798.80																		
	J. Discount from Block 4 Worksheet	90.00																		
14 Service Provider Name Verizon Wireless (Cellco Partnership)		<table border="1"> <tr> <td>K. Funding Commitment Request (I x J)</td> <td>\$15,118.92</td> </tr> </table>		K. Funding Commitment Request (I x J)	\$15,118.92															
K. Funding Commitment Request (I x J)	\$15,118.92																			
15a <input type="checkbox"/> Check this box if this Funding Request is for non-contracted tariffed or month-to-month services.																				
15b Contract Number n/a																				
15c <input type="checkbox"/> 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 <input type="checkbox"/> 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) 305-992-5437																				
16b <input checked="" type="checkbox"/> 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) (based on Form 470 filing) 10/13/2013																				
18 Contract Award Date (mm/dd/yyyy) 10/13/2013																				
19 Service Start Date (mm/dd/yyyy) 07/01/2014																				
20a Service End Date (mm/dd/yyyy)																				
20b Contract Expiration Date (mm/dd/yyyy) 06/30/2015																				
21 Description of This Service: NOTE: All Item 21 Attachments must be filed before the close of the filing window. Attachment 1 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.																				
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: 16068131 b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., 1):																		

Entity Number: 16068131	Applicant's Form Identifier:
Contact Person: Diana Susi	Contact Phone Number: (305) 992-5437

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.

Check this box if this request is for services or equipment that do not provide broadband or connectivity. 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 make 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.

Type of Connection	Number of lines included in this FRN	Download speed per line in Mbps
Cellular Wireless	18	50000

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 rooms included in the Block 4 worksheet for this FRN will have access to wired drops? <u>100</u> % |
| 2. | If the access is provided by Wi-Fi connections, approximately what percentage of the school classroom or public library rooms included in the Block 4 worksheet for this FRN will have access to a Wi-Fi signal? <u>100</u> % |

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

Entity Number: 16068131		Applicant's Form Identifier:																												
Contact Person: Diana Susi		Contact Phone Number: (305) 992-5437																												
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 3 of 13 FRN 2677228 (to be assigned by administrator)																												
10 <input type="checkbox"/> 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) <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"> PRIORITY 1 <input checked="" type="checkbox"/> Telecommunications Service <input type="checkbox"/> Internet Access </td> <td style="width:50%;"> PRIORITY 2 <input type="checkbox"/> Internal Connections Other than Basic Maintenance <input type="checkbox"/> Basic Maintenance of Internal Connections </td> </tr> </table>		PRIORITY 1 <input checked="" type="checkbox"/> Telecommunications Service <input type="checkbox"/> Internet Access	PRIORITY 2 <input type="checkbox"/> Internal Connections Other than Basic Maintenance <input type="checkbox"/> Basic Maintenance of Internal Connections	23 Calculations <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td rowspan="5" style="width:15%; text-align:center; vertical-align:middle;">Recurring Charges</td> <td>A. Monthly charges (total amount per month for service)</td> <td style="text-align:right;">\$232.00</td> </tr> <tr> <td>B. How much of the amount in A is ineligible?</td> <td style="text-align:right;">\$0.00</td> </tr> <tr> <td>C. Eligible monthly pre-discount amount (A minus B)</td> <td style="text-align:right;">\$232.00</td> </tr> <tr> <td>D. Number of months service provided in funding year</td> <td style="text-align:right;">12</td> </tr> <tr> <td>E. Annual pre-discount amount for eligible recurring charges (C x D)</td> <td style="text-align:right;">\$2,784.00</td> </tr> <tr> <td rowspan="3" style="text-align:center; vertical-align:middle;">Non-Recurring Charges</td> <td>F. Annual non-recurring charges</td> <td style="text-align:right;">\$0.00</td> </tr> <tr> <td>G. How much of the amount in F is ineligible?</td> <td style="text-align:right;">\$0.00</td> </tr> <tr> <td>H. Annual eligible pre-discount amount for non-recurring charges (F minus G)</td> <td style="text-align:right;">\$0.00</td> </tr> <tr> <td rowspan="3" style="text-align:center; vertical-align:middle;">Total Charges</td> <td>I. Total funding year pre-discount amount (E + H)</td> <td style="text-align:right;">\$2,784.00</td> </tr> <tr> <td>J. Discount from Block 4 Worksheet</td> <td style="text-align:right;">90.00</td> </tr> <tr> <td>K. Funding Commitment Request (I x J)</td> <td style="text-align:right;">\$2,505.60</td> </tr> </table>		Recurring Charges	A. Monthly charges (total amount per month for service)	\$232.00	B. How much of the amount in A is ineligible?	\$0.00	C. Eligible monthly pre-discount amount (A minus B)	\$232.00	D. Number of months service provided in funding year	12	E. Annual pre-discount amount for eligible recurring charges (C x D)	\$2,784.00	Non-Recurring Charges	F. Annual non-recurring charges	\$0.00	G. How much of the amount in F is ineligible?	\$0.00	H. Annual eligible pre-discount amount for non-recurring charges (F minus G)	\$0.00	Total Charges	I. Total funding year pre-discount amount (E + H)	\$2,784.00	J. Discount from Block 4 Worksheet	90.00	K. Funding Commitment Request (I x J)	\$2,505.60
PRIORITY 1 <input checked="" type="checkbox"/> Telecommunications Service <input type="checkbox"/> Internet Access	PRIORITY 2 <input type="checkbox"/> Internal Connections Other than Basic Maintenance <input type="checkbox"/> Basic Maintenance of Internal Connections																													
Recurring Charges	A. Monthly charges (total amount per month for service)	\$232.00																												
	B. How much of the amount in A is ineligible?	\$0.00																												
	C. Eligible monthly pre-discount amount (A minus B)	\$232.00																												
	D. Number of months service provided in funding year	12																												
	E. Annual pre-discount amount for eligible recurring charges (C x D)	\$2,784.00																												
Non-Recurring Charges	F. Annual non-recurring charges	\$0.00																												
	G. How much of the amount in F is ineligible?	\$0.00																												
	H. Annual eligible pre-discount amount for non-recurring charges (F minus G)	\$0.00																												
Total Charges	I. Total funding year pre-discount amount (E + H)	\$2,784.00																												
	J. Discount from Block 4 Worksheet	90.00																												
	K. Funding Commitment Request (I x J)	\$2,505.60																												
12 Form 470 Application Number 143510001144882																														
13 SPIN - Service Provider Identification Number 143001192																														
14 Service Provider Name AT&T Corp.																														
15a <input type="checkbox"/> Check this box if this Funding Request is for non-contracted tarified or month-to-month services.																														
15b Contract Number N/A																														
15c <input type="checkbox"/> 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 <input checked="" type="checkbox"/> 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: 2466508																														
16a Billing Account Number (e.g., billed telephone number) 305-864-6362																														
16b <input checked="" type="checkbox"/> 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) (based on Form 470 filing) 10/13/2013																														
18 Contract Award Date (m m/dd/yyyy) 12/12/2012																														
19 Service Start Date (mm/dd/yyyy) 07/01/2014																														
20a Service End Date (mm/dd/yyyy)																														
20b Contract Expiration Date (mm/dd/yyyy) 06/30/2015																														
21 Description of This Service: NOTE: All Item 21 Attachments must be filed before the close of the filing window. Attachment 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. 3																														
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: 16068131 b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., 1):																												

Entity Number: 16068131	Applicant's Form Identifier:
Contact Person: Diana Susi	Contact Phone Number: (305) 992-5437

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.

Check this box if this request is for services or equipment that do not provide broadband or connectivity. 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 make 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.

Type of Connection	Number of lines included in this FRN	Download speed per line in Mbps
--------------------	--------------------------------------	---------------------------------

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 rooms included in the Block 4 worksheet for this FRN will have access to wired drops? ___% |
| 2. | If the access is provided by Wi-Fi connections, approximately what percentage of the school classroom or public library rooms included in the Block 4 worksheet for this FRN will have access to a Wi-Fi signal? ___% |

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

Entity Number: 16068131		Applicant's Form Identifier:																																
Contact Person: Diana Susi		Contact Phone Number: (305) 992-5437																																
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 4 of 13 FRN 2677429 (to be assigned by administrator)																																
10 <input type="checkbox"/> 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)		23 Calculations																																
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">PRIORITY 1</td> <td style="width:50%;">PRIORITY 2</td> </tr> <tr> <td><input checked="" type="checkbox"/> Telecommunications Service</td> <td><input type="checkbox"/> Internal Connections Other than Basic Maintenance</td> </tr> <tr> <td><input type="checkbox"/> Internet Access</td> <td><input type="checkbox"/> Basic Maintenance of Internal Connections</td> </tr> </table>		PRIORITY 1	PRIORITY 2	<input checked="" type="checkbox"/> Telecommunications Service	<input type="checkbox"/> Internal Connections Other than Basic Maintenance	<input type="checkbox"/> Internet Access	<input type="checkbox"/> Basic Maintenance of Internal Connections	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td rowspan="5" style="width:15%; vertical-align: middle;">Recurring Charges</td> <td>A. Monthly charges (total amount per month for service)</td> <td style="text-align: right;">\$150.00</td> </tr> <tr> <td>B. How much of the amount in A is ineligible?</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>C. Eligible monthly pre-discount amount (A minus B)</td> <td style="text-align: right;">\$150.00</td> </tr> <tr> <td>D. Number of months service provided in funding year</td> <td style="text-align: center;">9</td> </tr> <tr> <td>E. Annual pre-discount amount for eligible recurring charges (C x D)</td> <td style="text-align: right;">\$1,350.00</td> </tr> <tr> <td rowspan="4" style="vertical-align: middle;">Non-Recurring Charges</td> <td>F. Annual non-recurring charges</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>G. How much of the amount in F is ineligible?</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>H. Annual eligible pre-discount amount for non-recurring charges (F minus G)</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>I. Total funding year pre-discount amount (E + H)</td> <td style="text-align: right;">\$1,350.00</td> </tr> <tr> <td rowspan="2" style="vertical-align: middle;">Total Charges</td> <td>J. Discount from Block 4 Worksheet</td> <td style="text-align: right;">90.00</td> </tr> <tr> <td>K. Funding Commitment Request (I x J)</td> <td style="text-align: right;">\$1,215.00</td> </tr> </table>		Recurring Charges	A. Monthly charges (total amount per month for service)	\$150.00	B. How much of the amount in A is ineligible?	\$0.00	C. Eligible monthly pre-discount amount (A minus B)	\$150.00	D. Number of months service provided in funding year	9	E. Annual pre-discount amount for eligible recurring charges (C x D)	\$1,350.00	Non-Recurring Charges	F. Annual non-recurring charges	\$0.00	G. How much of the amount in F is ineligible?	\$0.00	H. Annual eligible pre-discount amount for non-recurring charges (F minus G)	\$0.00	I. Total funding year pre-discount amount (E + H)	\$1,350.00	Total Charges	J. Discount from Block 4 Worksheet	90.00	K. Funding Commitment Request (I x J)	\$1,215.00
PRIORITY 1	PRIORITY 2																																	
<input checked="" type="checkbox"/> Telecommunications Service	<input type="checkbox"/> Internal Connections Other than Basic Maintenance																																	
<input type="checkbox"/> Internet Access	<input type="checkbox"/> Basic Maintenance of Internal Connections																																	
Recurring Charges	A. Monthly charges (total amount per month for service)	\$150.00																																
	B. How much of the amount in A is ineligible?	\$0.00																																
	C. Eligible monthly pre-discount amount (A minus B)	\$150.00																																
	D. Number of months service provided in funding year	9																																
	E. Annual pre-discount amount for eligible recurring charges (C x D)	\$1,350.00																																
Non-Recurring Charges	F. Annual non-recurring charges	\$0.00																																
	G. How much of the amount in F is ineligible?	\$0.00																																
	H. Annual eligible pre-discount amount for non-recurring charges (F minus G)	\$0.00																																
	I. Total funding year pre-discount amount (E + H)	\$1,350.00																																
Total Charges	J. Discount from Block 4 Worksheet	90.00																																
	K. Funding Commitment Request (I x J)	\$1,215.00																																
12 Form 470 Application Number 143510001144882																																		
13 SPIN – Service Provider Identification Number 143008241																																		
14 Service Provider Name Birch Communications																																		
15a <input type="checkbox"/> Check this box if this Funding Request is for non-contracted tariffed or month-to-month services.																																		
15b Contract Number N/A																																		
15c <input type="checkbox"/> 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 <input checked="" type="checkbox"/> 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: 2466501																																		
16a Billing Account Number (e.g., billed telephone number) 305-864-6362																																		
16b <input checked="" type="checkbox"/> 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) (based on Form 470 filing) 10/13/2013																																		
18 Contract Award Date (mm/dd/yyyy) 10/13/2013																																		
19 Service Start Date (mm/dd/yyyy) 10/13/2014																																		
20a Service End Date (mm/dd/yyyy)																																		
20b Contract Expiration Date (mm/dd/yyyy) 06/30/2015																																		
21 Description of This Service: NOTE: All Item 21 Attachments must be filed before the close of the filing window. Attachment 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. 4																																		
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: 16068131																																
		b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., 1):																																

Entity Number: 16068131	Applicant's Form Identifier:
Contact Person: Diana Susi	Contact Phone Number: (305) 992-5437

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.

Check this box if this request is for services or equipment that do not provide broadband or connectivity. 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 make 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.

Type of Connection	Number of lines included in this FRN	Download speed per line in Mbps
Fiber optic/OC-x	20	20

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 rooms included in the Block 4 worksheet for this FRN will have access to wired drops? <u>100</u> %
2.	If the access is provided by Wi-Fi connections, approximately what percentage of the school classroom or public library rooms included in the Block 4 worksheet for this FRN will have access to a Wi-Fi signal? <u>100</u> %

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

Entity Number: 16068131		Applicant's Form Identifier:																	
Contact Person: Diana Susi		Contact Phone Number: (305) 992-5437																	
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 5 of 13 FRN 2677692 (to be assigned by administrator)																	
10 <input type="checkbox"/> 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) <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 2px;"> PRIORITY 1 <input checked="" type="checkbox"/> Telecommunications Service <input type="checkbox"/> Internet Access </td> <td style="width:50%; padding: 2px;"> PRIORITY 2 <input type="checkbox"/> Internal Connections Other than Basic Maintenance <input type="checkbox"/> Basic Maintenance of Internal Connections </td> </tr> </table>		PRIORITY 1 <input checked="" type="checkbox"/> Telecommunications Service <input type="checkbox"/> Internet Access	PRIORITY 2 <input type="checkbox"/> Internal Connections Other than Basic Maintenance <input type="checkbox"/> Basic Maintenance of Internal Connections	23 Calculations <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td rowspan="5" style="width:10%; text-align: center; vertical-align: middle;">Recurring Charges</td> <td style="padding: 2px;">A. Monthly charges (total amount per month for service) \$363.11</td> </tr> <tr> <td style="padding: 2px;">B. How much of the amount in A is ineligible? \$0.00</td> </tr> <tr> <td style="padding: 2px;">C. Eligible monthly pre-discount amount (A minus B) \$363.11</td> </tr> <tr> <td style="padding: 2px;">D. Number of months service provided in funding year 12</td> </tr> <tr> <td style="padding: 2px;">E. Annual pre-discount amount for eligible recurring charges (C x D) \$4,357.32</td> </tr> <tr> <td rowspan="3" style="width:10%; text-align: center; vertical-align: middle;">Non-Recurring Charges</td> <td style="padding: 2px;">F. Annual non-recurring charges \$0.00</td> </tr> <tr> <td style="padding: 2px;">G. How much of the amount in F is ineligible? \$0.00</td> </tr> <tr> <td style="padding: 2px;">H. Annual eligible pre-discount amount for non-recurring charges (F minus G) \$0.00</td> </tr> <tr> <td rowspan="3" style="width:10%; text-align: center; vertical-align: middle;">Total Charges</td> <td style="padding: 2px;">I. Total funding year pre-discount amount (E + H) \$4,357.32</td> </tr> <tr> <td style="padding: 2px;">J. Discount from Block 4 Worksheet 90.00</td> </tr> <tr> <td style="padding: 2px;">K. Funding Commitment Request (I x J) \$3,921.59</td> </tr> </table>		Recurring Charges	A. Monthly charges (total amount per month for service) \$363.11	B. How much of the amount in A is ineligible? \$0.00	C. Eligible monthly pre-discount amount (A minus B) \$363.11	D. Number of months service provided in funding year 12	E. Annual pre-discount amount for eligible recurring charges (C x D) \$4,357.32	Non-Recurring Charges	F. Annual non-recurring charges \$0.00	G. How much of the amount in F is ineligible? \$0.00	H. Annual eligible pre-discount amount for non-recurring charges (F minus G) \$0.00	Total Charges	I. Total funding year pre-discount amount (E + H) \$4,357.32	J. Discount from Block 4 Worksheet 90.00	K. Funding Commitment Request (I x J) \$3,921.59
PRIORITY 1 <input checked="" type="checkbox"/> Telecommunications Service <input type="checkbox"/> Internet Access	PRIORITY 2 <input type="checkbox"/> Internal Connections Other than Basic Maintenance <input type="checkbox"/> Basic Maintenance of Internal Connections																		
Recurring Charges	A. Monthly charges (total amount per month for service) \$363.11																		
	B. How much of the amount in A is ineligible? \$0.00																		
	C. Eligible monthly pre-discount amount (A minus B) \$363.11																		
	D. Number of months service provided in funding year 12																		
	E. Annual pre-discount amount for eligible recurring charges (C x D) \$4,357.32																		
Non-Recurring Charges	F. Annual non-recurring charges \$0.00																		
	G. How much of the amount in F is ineligible? \$0.00																		
	H. Annual eligible pre-discount amount for non-recurring charges (F minus G) \$0.00																		
Total Charges	I. Total funding year pre-discount amount (E + H) \$4,357.32																		
	J. Discount from Block 4 Worksheet 90.00																		
	K. Funding Commitment Request (I x J) \$3,921.59																		
12 Form 470 Application Number 143510001144882 13 SPIN – Service Provider Identification Number 143008241 14 Service Provider Name Birch Communications 15a <input type="checkbox"/> Check this box if this Funding Request is for non-contracted tariffed or month-to-month services. 15b Contract Number N/A 15c <input type="checkbox"/> 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 <input checked="" type="checkbox"/> 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: 2466502 16a Billing Account Number (e.g., billed telephone number) 305-864-6362 16b <input checked="" type="checkbox"/> 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) (based on Form 470 filing) 10/13/2013 18 Contract Award Date (mm/dd/yyyy) 07/01/2012 19 Service Start Date (mm/dd/yyyy) 07/01/2014 20a Service End Date (mm/dd/yyyy) 20b Contract Expiration Date (mm/dd/yyyy) 06/30/2016		21 Description of This Service: NOTE: All Item 21 Attachments must be filed before the close of the filing window. Attachment 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. 5																	
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: 16068131 b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., 1):																	

Entity Number: 16068131	Applicant's Form Identifier:
Contact Person: Diana Susi	Contact Phone Number: (305) 992-5437

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.

Check this box if this request is for services or equipment that do not provide broadband or connectivity. 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 make 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.

Type of Connection	Number of lines included in this FRN	Download speed per line in Mbps
Fiber optic/OC-x	20	20

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 rooms included in the Block 4 worksheet for this FRN will have access to wired drops? <u>100</u> % |
| 2. | If the access is provided by Wi-Fi connections, approximately what percentage of the school classroom or public library rooms included in the Block 4 worksheet for this FRN will have access to a Wi-Fi signal? <u>100</u> % |

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

Entity Number: 16068131		Applicant's Form Identifier:																	
Contact Person: Diana Susi		Contact Phone Number: (305) 992-5437																	
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 6 of 13 FRN 2677746 (to be assigned by administrator)																	
10 <input type="checkbox"/> 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) <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 2px;"> PRIORITY 1 <input checked="" type="checkbox"/> Telecommunications Service <input type="checkbox"/> Internet Access </td> <td style="width:50%; padding: 2px;"> PRIORITY 2 <input type="checkbox"/> Internal Connections Other than Basic Maintenance <input type="checkbox"/> Basic Maintenance of Internal Connections </td> </tr> </table>		PRIORITY 1 <input checked="" type="checkbox"/> Telecommunications Service <input type="checkbox"/> Internet Access	PRIORITY 2 <input type="checkbox"/> Internal Connections Other than Basic Maintenance <input type="checkbox"/> Basic Maintenance of Internal Connections	23 Calculations <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td rowspan="5" style="width:15%; text-align:center; vertical-align:middle;">Recurring Charges</td> <td>A. Monthly charges (total amount per month for service) \$150.00</td> </tr> <tr> <td>B. How much of the amount in A is ineligible? \$0.00</td> </tr> <tr> <td>C. Eligible monthly pre-discount amount (A minus B) \$150.00</td> </tr> <tr> <td>D. Number of months service provided in funding year 12</td> </tr> <tr> <td>E. Annual pre-discount amount for eligible recurring charges (C x D) \$1,800.00</td> </tr> <tr> <td rowspan="3" style="text-align:center; vertical-align:middle;">Non-Recurring Charges</td> <td>F. Annual non-recurring charges \$0.00</td> </tr> <tr> <td>G. How much of the amount in F is ineligible? \$0.00</td> </tr> <tr> <td>H. Annual eligible pre-discount amount for non-recurring charges (F minus G) \$0.00</td> </tr> <tr> <td rowspan="3" style="text-align:center; vertical-align:middle;">Total Charges</td> <td>I. Total funding year pre-discount amount (E + H) \$1,800.00</td> </tr> <tr> <td>J. Discount from Block 4 Worksheet 90.00</td> </tr> <tr> <td>K. Funding Commitment Request (I x J) \$1,620.00</td> </tr> </table>		Recurring Charges	A. Monthly charges (total amount per month for service) \$150.00	B. How much of the amount in A is ineligible? \$0.00	C. Eligible monthly pre-discount amount (A minus B) \$150.00	D. Number of months service provided in funding year 12	E. Annual pre-discount amount for eligible recurring charges (C x D) \$1,800.00	Non-Recurring Charges	F. Annual non-recurring charges \$0.00	G. How much of the amount in F is ineligible? \$0.00	H. Annual eligible pre-discount amount for non-recurring charges (F minus G) \$0.00	Total Charges	I. Total funding year pre-discount amount (E + H) \$1,800.00	J. Discount from Block 4 Worksheet 90.00	K. Funding Commitment Request (I x J) \$1,620.00
PRIORITY 1 <input checked="" type="checkbox"/> Telecommunications Service <input type="checkbox"/> Internet Access	PRIORITY 2 <input type="checkbox"/> Internal Connections Other than Basic Maintenance <input type="checkbox"/> Basic Maintenance of Internal Connections																		
Recurring Charges	A. Monthly charges (total amount per month for service) \$150.00																		
	B. How much of the amount in A is ineligible? \$0.00																		
	C. Eligible monthly pre-discount amount (A minus B) \$150.00																		
	D. Number of months service provided in funding year 12																		
	E. Annual pre-discount amount for eligible recurring charges (C x D) \$1,800.00																		
Non-Recurring Charges	F. Annual non-recurring charges \$0.00																		
	G. How much of the amount in F is ineligible? \$0.00																		
	H. Annual eligible pre-discount amount for non-recurring charges (F minus G) \$0.00																		
Total Charges	I. Total funding year pre-discount amount (E + H) \$1,800.00																		
	J. Discount from Block 4 Worksheet 90.00																		
	K. Funding Commitment Request (I x J) \$1,620.00																		
12 Form 470 Application Number 143510001144882		13 SPIN – Service Provider Identification Number 143008241																	
14 Service Provider Name Birch Communications		15a <input type="checkbox"/> Check this box if this Funding Request is for non-contracted tariffed or month-to-month services.																	
15b Contract Number n/a		15c <input type="checkbox"/> 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 <input checked="" type="checkbox"/> 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: 2466503		16a Billing Account Number (e.g., billed telephone number) 305-864-6362																	
16b <input type="checkbox"/> 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) (based on Form 470 filing) 10/13/2013																	
18 Contract Award Date (mm/dd/yyyy) 07/01/2012		19 Service Start Date (mm/dd/yyyy) 07/01/2014																	
20a Service End Date (mm/dd/yyyy)		20b Contract Expiration Date (mm/dd/yyyy) 06/30/2016																	
21 Description of This Service: NOTE: All Item 21 Attachments must be filed before the close of the filing window. Attachment 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. 5																			
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: 16068131 b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., 1):																	

Entity Number: 16068131	Applicant's Form Identifier:
Contact Person: Diana Susi	Contact Phone Number: (305) 992-5437

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.

Check this box if this request is for services or equipment that do not provide broadband or connectivity. 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 make 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.

Type of Connection	Number of lines included in this FRN	Download speed per line in Mbps
Fiber optic/OC-x	20	20

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 rooms included in the Block 4 worksheet for this FRN will have access to wired drops? <u>100</u> % |
| 2. | If the access is provided by Wi-Fi connections, approximately what percentage of the school classroom or public library rooms included in the Block 4 worksheet for this FRN will have access to a Wi-Fi signal? <u>100</u> % |

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

Entity Number: 16068131		Applicant's Form Identifier:																	
Contact Person: Diana Susi		Contact Phone Number: (305) 992-5437																	
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 7 of 13 FRN 2677864 (to be assigned by administrator)																	
10 <input type="checkbox"/> 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) <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 2px;"> PRIORITY 1 <input type="checkbox"/> Telecommunications Service <input checked="" type="checkbox"/> Internet Access </td> <td style="width:50%; padding: 2px;"> PRIORITY 2 <input type="checkbox"/> Internal Connections Other than Basic Maintenance <input type="checkbox"/> Basic Maintenance of Internal Connections </td> </tr> </table> 12 Form 470 Application Number 143510001144882 13 SPIN – Service Provider Identification Number 143008241 14 Service Provider Name Birch Communications 15a <input type="checkbox"/> Check this box if this Funding Request is for non-contracted tariffed or month-to-month services. 15b Contract Number n/a 15c <input type="checkbox"/> 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 <input checked="" type="checkbox"/> 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: 2466504 16a Billing Account Number (e.g., billed telephone number) 305-864-8362 16b <input type="checkbox"/> 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) (based on Form 470 filing) 10/13/2013 18 Contract Award Date (mm/dd/yyyy) 07/01/2012 19 Service Start Date (mm/dd/yyyy) 07/01/2014 20a Service End Date (mm/dd/yyyy) Contract Expiration Date 20b (mm/dd/yyyy) 06/30/2016		PRIORITY 1 <input type="checkbox"/> Telecommunications Service <input checked="" type="checkbox"/> Internet Access	PRIORITY 2 <input type="checkbox"/> Internal Connections Other than Basic Maintenance <input type="checkbox"/> Basic Maintenance of Internal Connections	23 Calculations <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td rowspan="5" style="width:10%; text-align: center; vertical-align: middle;">Recurring Charges</td> <td>A. Monthly charges (total amount per month for service) \$2,072.45</td> </tr> <tr> <td>B. How much of the amount in A is ineligible? \$0.00</td> </tr> <tr> <td>C. Eligible monthly pre-discount amount (A minus B) \$2,072.45</td> </tr> <tr> <td>D. Number of months service provided in funding year 12</td> </tr> <tr> <td>E. Annual pre-discount amount for eligible recurring charges (C x D) \$24,869.40</td> </tr> <tr> <td rowspan="3" style="text-align: center; vertical-align: middle;">Non-Recurring Charges</td> <td>F. Annual non-recurring charges \$0.00</td> </tr> <tr> <td>G. How much of the amount in F is ineligible? \$0.00</td> </tr> <tr> <td>H. Annual eligible pre-discount amount for non-recurring charges (F minus G) \$0.00</td> </tr> <tr> <td rowspan="3" style="text-align: center; vertical-align: middle;">Total Charges</td> <td>I. Total funding year pre-discount amount (E + H) \$24,869.40</td> </tr> <tr> <td>J. Discount from Block 4 Worksheet 90.00</td> </tr> <tr> <td>K. Funding Commitment Request (I x J) \$22,382.46</td> </tr> </table>		Recurring Charges	A. Monthly charges (total amount per month for service) \$2,072.45	B. How much of the amount in A is ineligible? \$0.00	C. Eligible monthly pre-discount amount (A minus B) \$2,072.45	D. Number of months service provided in funding year 12	E. Annual pre-discount amount for eligible recurring charges (C x D) \$24,869.40	Non-Recurring Charges	F. Annual non-recurring charges \$0.00	G. How much of the amount in F is ineligible? \$0.00	H. Annual eligible pre-discount amount for non-recurring charges (F minus G) \$0.00	Total Charges	I. Total funding year pre-discount amount (E + H) \$24,869.40	J. Discount from Block 4 Worksheet 90.00	K. Funding Commitment Request (I x J) \$22,382.46
PRIORITY 1 <input type="checkbox"/> Telecommunications Service <input checked="" type="checkbox"/> Internet Access	PRIORITY 2 <input type="checkbox"/> Internal Connections Other than Basic Maintenance <input type="checkbox"/> Basic Maintenance of Internal Connections																		
Recurring Charges	A. Monthly charges (total amount per month for service) \$2,072.45																		
	B. How much of the amount in A is ineligible? \$0.00																		
	C. Eligible monthly pre-discount amount (A minus B) \$2,072.45																		
	D. Number of months service provided in funding year 12																		
	E. Annual pre-discount amount for eligible recurring charges (C x D) \$24,869.40																		
Non-Recurring Charges	F. Annual non-recurring charges \$0.00																		
	G. How much of the amount in F is ineligible? \$0.00																		
	H. Annual eligible pre-discount amount for non-recurring charges (F minus G) \$0.00																		
Total Charges	I. Total funding year pre-discount amount (E + H) \$24,869.40																		
	J. Discount from Block 4 Worksheet 90.00																		
	K. Funding Commitment Request (I x J) \$22,382.46																		
21 Description of This Service: NOTE: All Item 21 Attachments must be filed before the close of the filing window. Attachment 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. 6																			
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: 16068131 b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., 1):																	

Entity Number: 16068131	Applicant's Form Identifier:
Contact Person: Diana Susi	Contact Phone Number: (305) 992-5437

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.

Check this box if this request is for services or equipment that do not provide broadband or connectivity. 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 make 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.

Type of Connection	Number of lines included in this FRN	Download speed per line in Mbps
Fiber optic/OC-x	20	20

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 rooms included in the Block 4 worksheet for this FRN will have access to wired drops? 100 %

2. If the access is provided by Wi-Fi connections, approximately what percentage of the school classroom or public library rooms included in the Block 4 worksheet for this FRN will have access to a Wi-Fi signal? 100 %

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

Entity Number: 16068131		Applicant's Form Identifier:																												
Contact Person: Diana Susi		Contact Phone Number: (305) 992-5437																												
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 8 of 13 FRN 2678314 (to be assigned by administrator)																												
10 <input type="checkbox"/> 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) <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; vertical-align: top;"> PRIORITY 1 <input type="checkbox"/> Telecommunications Service <input checked="" type="checkbox"/> Internet Access </td> <td style="width:50%; vertical-align: top;"> PRIORITY 2 <input type="checkbox"/> Internal Connections Other than Basic Maintenance <input type="checkbox"/> Basic Maintenance of Internal Connections </td> </tr> </table>		PRIORITY 1 <input type="checkbox"/> Telecommunications Service <input checked="" type="checkbox"/> Internet Access	PRIORITY 2 <input type="checkbox"/> Internal Connections Other than Basic Maintenance <input type="checkbox"/> Basic Maintenance of Internal Connections	23 Calculations <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td rowspan="5" style="vertical-align: middle; text-align: center;">Recurring Charges</td> <td>A. Monthly charges (total amount per month for service)</td> <td style="text-align: right;">\$138.00</td> </tr> <tr> <td>B. How much of the amount in A is ineligible?</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>C. Eligible monthly pre-discount amount (A minus B)</td> <td style="text-align: right;">\$138.00</td> </tr> <tr> <td>D. Number of months service provided in funding year</td> <td style="text-align: right;">12</td> </tr> <tr> <td>E. Annual pre-discount amount for eligible recurring charges (C x D)</td> <td style="text-align: right;">\$1,656.00</td> </tr> <tr> <td rowspan="3" style="vertical-align: middle; text-align: center;">Non-Recurring Charges</td> <td>F. Annual non-recurring charges</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>G. How much of the amount in F is ineligible?</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>H. Annual eligible pre-discount amount for non-recurring charges (F minus G)</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td rowspan="3" style="vertical-align: middle; text-align: center;">Total Charges</td> <td>I. Total funding year pre-discount amount (E + H)</td> <td style="text-align: right;">\$1,656.00</td> </tr> <tr> <td>J. Discount from Block 4 Worksheet</td> <td style="text-align: right;">90.00</td> </tr> <tr> <td>K. Funding Commitment Request (I x J)</td> <td style="text-align: right;">\$1,490.40</td> </tr> </table>		Recurring Charges	A. Monthly charges (total amount per month for service)	\$138.00	B. How much of the amount in A is ineligible?	\$0.00	C. Eligible monthly pre-discount amount (A minus B)	\$138.00	D. Number of months service provided in funding year	12	E. Annual pre-discount amount for eligible recurring charges (C x D)	\$1,656.00	Non-Recurring Charges	F. Annual non-recurring charges	\$0.00	G. How much of the amount in F is ineligible?	\$0.00	H. Annual eligible pre-discount amount for non-recurring charges (F minus G)	\$0.00	Total Charges	I. Total funding year pre-discount amount (E + H)	\$1,656.00	J. Discount from Block 4 Worksheet	90.00	K. Funding Commitment Request (I x J)	\$1,490.40
PRIORITY 1 <input type="checkbox"/> Telecommunications Service <input checked="" type="checkbox"/> Internet Access	PRIORITY 2 <input type="checkbox"/> Internal Connections Other than Basic Maintenance <input type="checkbox"/> Basic Maintenance of Internal Connections																													
Recurring Charges	A. Monthly charges (total amount per month for service)	\$138.00																												
	B. How much of the amount in A is ineligible?	\$0.00																												
	C. Eligible monthly pre-discount amount (A minus B)	\$138.00																												
	D. Number of months service provided in funding year	12																												
	E. Annual pre-discount amount for eligible recurring charges (C x D)	\$1,656.00																												
Non-Recurring Charges	F. Annual non-recurring charges	\$0.00																												
	G. How much of the amount in F is ineligible?	\$0.00																												
	H. Annual eligible pre-discount amount for non-recurring charges (F minus G)	\$0.00																												
Total Charges	I. Total funding year pre-discount amount (E + H)	\$1,656.00																												
	J. Discount from Block 4 Worksheet	90.00																												
	K. Funding Commitment Request (I x J)	\$1,490.40																												
12 Form 470 Application Number 143510001144882																														
13 SPIN – Service Provider Identification Number 143028689																														
14 Service Provider Name Luciantek, Inc.																														
15a <input type="checkbox"/> Check this box if this Funding Request is for non-contracted tariffed or month-to-month services.																														
15b Contract Number n/a																														
15c <input type="checkbox"/> 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 <input checked="" type="checkbox"/> 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: 2466505																														
16a Billing Account Number (e.g., billed telephone number) 305-864-8362																														
16b <input checked="" type="checkbox"/> 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) (based on Form 470 filing) 10/13/2013																														
18 Contract Award Date (mm/dd/yyyy) 10/13/2013																														
19 Service Start Date (mm/dd/yyyy) 07/01/2014																														
20a Service End Date (mm/dd/yyyy)																														
20b Contract Expiration Date (mm/dd/yyyy) 06/30/2015																														
21 Description of This Service: NOTE: All Item 21 Attachments must be filed before the close of the filing window. Attachment 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.																														
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: 16068131																												
		b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., 1):																												

Entity Number: 16068131	Applicant's Form Identifier:
Contact Person: Diana Susi	Contact Phone Number: (305) 992-5437

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.

Check this box if this request is for services or equipment that do not provide broadband or connectivity. 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 make 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.

Type of Connection	Number of lines included in this FRN	Download speed per line in Mbps
Fiber optic/OC-x	20	20

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 rooms included in the Block 4 worksheet for this FRN will have access to wired drops? 100 %
2. If the access is provided by Wi-Fi connections, approximately what percentage of the school classroom or public library rooms included in the Block 4 worksheet for this FRN will have access to a Wi-Fi signal? 100 %

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

Entity Number: 16068131		Applicant's Form Identifier:																																
Contact Person: Diana Susi		Contact Phone Number: (305) 992-5437																																
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 9 of 13 FRN 2678512 (to be assigned by administrator)																																
10 <input type="checkbox"/> 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)		23 Calculations																																
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">PRIORITY 1</td> <td style="width:50%;">PRIORITY 2</td> </tr> <tr> <td><input checked="" type="checkbox"/> Telecommunications Service</td> <td><input type="checkbox"/> Internal Connections Other than Basic Maintenance</td> </tr> <tr> <td><input type="checkbox"/> Internet Access</td> <td><input type="checkbox"/> Basic Maintenance of Internal Connections</td> </tr> </table>		PRIORITY 1	PRIORITY 2	<input checked="" type="checkbox"/> Telecommunications Service	<input type="checkbox"/> Internal Connections Other than Basic Maintenance	<input type="checkbox"/> Internet Access	<input type="checkbox"/> Basic Maintenance of Internal Connections	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td rowspan="5" style="width:15%; vertical-align: middle;">Recurring Charges</td> <td>A. Monthly charges (total amount per month for service)</td> <td style="text-align: right;">\$800.00</td> </tr> <tr> <td>B. How much of the amount in A is ineligible?</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>C. Eligible monthly pre-discount amount (A minus B)</td> <td style="text-align: right;">\$800.00</td> </tr> <tr> <td>D. Number of months service provided in funding year</td> <td style="text-align: right;">12</td> </tr> <tr> <td>E. Annual pre-discount amount for eligible recurring charges (C x D)</td> <td style="text-align: right;">\$9,600.00</td> </tr> <tr> <td rowspan="3" style="vertical-align: middle;">Non-Recurring Charges</td> <td>F. Annual non-recurring charges</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>G. How much of the amount in F is ineligible?</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>H. Annual eligible pre-discount amount for non-recurring charges (F minus G)</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td rowspan="3" style="vertical-align: middle;">Total Charges</td> <td>I. Total funding year pre-discount amount (E + H)</td> <td style="text-align: right;">\$9,600.00</td> </tr> <tr> <td>J. Discount from Block 4 Worksheet</td> <td style="text-align: right;">90.00</td> </tr> <tr> <td>K. Funding Commitment Request (I x J)</td> <td style="text-align: right;">\$8,640.00</td> </tr> </table>		Recurring Charges	A. Monthly charges (total amount per month for service)	\$800.00	B. How much of the amount in A is ineligible?	\$0.00	C. Eligible monthly pre-discount amount (A minus B)	\$800.00	D. Number of months service provided in funding year	12	E. Annual pre-discount amount for eligible recurring charges (C x D)	\$9,600.00	Non-Recurring Charges	F. Annual non-recurring charges	\$0.00	G. How much of the amount in F is ineligible?	\$0.00	H. Annual eligible pre-discount amount for non-recurring charges (F minus G)	\$0.00	Total Charges	I. Total funding year pre-discount amount (E + H)	\$9,600.00	J. Discount from Block 4 Worksheet	90.00	K. Funding Commitment Request (I x J)	\$8,640.00
PRIORITY 1	PRIORITY 2																																	
<input checked="" type="checkbox"/> Telecommunications Service	<input type="checkbox"/> Internal Connections Other than Basic Maintenance																																	
<input type="checkbox"/> Internet Access	<input type="checkbox"/> Basic Maintenance of Internal Connections																																	
Recurring Charges	A. Monthly charges (total amount per month for service)	\$800.00																																
	B. How much of the amount in A is ineligible?	\$0.00																																
	C. Eligible monthly pre-discount amount (A minus B)	\$800.00																																
	D. Number of months service provided in funding year	12																																
	E. Annual pre-discount amount for eligible recurring charges (C x D)	\$9,600.00																																
Non-Recurring Charges	F. Annual non-recurring charges	\$0.00																																
	G. How much of the amount in F is ineligible?	\$0.00																																
	H. Annual eligible pre-discount amount for non-recurring charges (F minus G)	\$0.00																																
Total Charges	I. Total funding year pre-discount amount (E + H)	\$9,600.00																																
	J. Discount from Block 4 Worksheet	90.00																																
	K. Funding Commitment Request (I x J)	\$8,640.00																																
12 Form 470 Application Number 143510001144882																																		
13 SPIN – Service Provider Identification Number 143000677																																		
14 Service Provider Name Verizon Wireless (Celco Partnership)																																		
15a <input type="checkbox"/> Check this box if this Funding Request is for non-contracted tariffed or month-to-month services.																																		
15b Contract Number n/a																																		
15c <input type="checkbox"/> 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 <input checked="" type="checkbox"/> 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: 2466509																																		
16a Billing Account Number (e.g., billed telephone number) 305-992-5437																																		
16b <input checked="" type="checkbox"/> 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) (based on Form 470 filing) 10/13/2013																																		
18 Contract Award Date (mm/dd/yyyy) 07/01/2012																																		
19 Service Start Date (mm/dd/yyyy) 07/01/2014																																		
20a Service End Date (mm/dd/yyyy)																																		
20b Contract Expiration Date (mm/dd/yyyy) 06/30/2016																																		
21 Description of This Service: NOTE: All Item 21 Attachments must be filed before the close of the filing window. Attachment 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. 6																																		
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: 16068131 b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., 1):																																

Entity Number: 16068131	Applicant's Form Identifier:
Contact Person: Diana Susi	Contact Phone Number: (305) 992-5437

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.

Check this box if this request is for services or equipment that do not provide broadband or connectivity. 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 make 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.

Type of Connection	Number of lines included in this FRN	Download speed per line in Mbps
Fiber optic/OC-x	20	20

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 rooms included in the Block 4 worksheet for this FRN will have access to wired drops? <u>100</u> % |
| 2. | If the access is provided by Wi-Fi connections, approximately what percentage of the school classroom or public library rooms included in the Block 4 worksheet for this FRN will have access to a Wi-Fi signal? <u>100</u> % |

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

Entity Number: 16068131		Applicant's Form Identifier:																																						
Contact Person: Diana Susi		Contact Phone Number: (305) 992-5437																																						
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 10 of 13 FRN 2686228 (to be assigned by administrator)																																						
10 <input type="checkbox"/> 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) <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"> PRIORITY 1 <input checked="" type="checkbox"/> Telecommunications Service <input type="checkbox"/> Internet Access </td> <td style="width:50%;"> PRIORITY 2 <input type="checkbox"/> Internal Connections Other than Basic Maintenance <input type="checkbox"/> Basic Maintenance of Internal Connections </td> </tr> </table>		PRIORITY 1 <input checked="" type="checkbox"/> Telecommunications Service <input type="checkbox"/> Internet Access	PRIORITY 2 <input type="checkbox"/> Internal Connections Other than Basic Maintenance <input type="checkbox"/> Basic Maintenance of Internal Connections	23 Calculations																																				
PRIORITY 1 <input checked="" type="checkbox"/> Telecommunications Service <input type="checkbox"/> Internet Access	PRIORITY 2 <input type="checkbox"/> Internal Connections Other than Basic Maintenance <input type="checkbox"/> Basic Maintenance of Internal Connections																																							
12 Form 470 Application Number 143510001144882		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td rowspan="2" style="width:10%; vertical-align: middle;">Recurring Charges</td> <td style="width:10%;">A. Monthly charges (total amount per month for service)</td> <td style="width:10%;"></td> <td style="width:10%;"></td> </tr> <tr> <td>B. How much of the amount in A is ineligible?</td> <td></td> <td>\$8,100.00</td> </tr> <tr> <td rowspan="3" style="vertical-align: middle;">Total Charges</td> <td>C. Eligible monthly pre-discount amount (A minus B)</td> <td></td> <td>\$0.00</td> </tr> <tr> <td>D. Number of months service provided in funding year</td> <td></td> <td>\$8,100.00</td> </tr> <tr> <td>E. Annual pre-discount amount for eligible recurring charges (C x D)</td> <td></td> <td>12</td> </tr> <tr> <td rowspan="3" style="vertical-align: middle;">Non-Recurring Charges</td> <td>F. Annual non-recurring charges</td> <td></td> <td>\$97,200.00</td> </tr> <tr> <td>G. How much of the amount in F is ineligible?</td> <td></td> <td>\$0.00</td> </tr> <tr> <td>H. Annual eligible pre-discount amount for non-recurring charges (F minus G)</td> <td></td> <td>\$0.00</td> </tr> <tr> <td rowspan="3" style="vertical-align: middle;">Total Charges</td> <td>I. Total funding year pre-discount amount (E + H)</td> <td></td> <td>\$97,200.00</td> </tr> <tr> <td>J. Discount from Block 4 Worksheet</td> <td>90.00</td> <td></td> </tr> <tr> <td>K. Funding Commitment Request (I x J)</td> <td></td> <td>\$87,480.00</td> </tr> </table>		Recurring Charges	A. Monthly charges (total amount per month for service)			B. How much of the amount in A is ineligible?		\$8,100.00	Total Charges	C. Eligible monthly pre-discount amount (A minus B)		\$0.00	D. Number of months service provided in funding year		\$8,100.00	E. Annual pre-discount amount for eligible recurring charges (C x D)		12	Non-Recurring Charges	F. Annual non-recurring charges		\$97,200.00	G. How much of the amount in F is ineligible?		\$0.00	H. Annual eligible pre-discount amount for non-recurring charges (F minus G)		\$0.00	Total Charges	I. Total funding year pre-discount amount (E + H)		\$97,200.00	J. Discount from Block 4 Worksheet	90.00		K. Funding Commitment Request (I x J)		\$87,480.00
Recurring Charges	A. Monthly charges (total amount per month for service)																																							
	B. How much of the amount in A is ineligible?		\$8,100.00																																					
Total Charges	C. Eligible monthly pre-discount amount (A minus B)		\$0.00																																					
	D. Number of months service provided in funding year		\$8,100.00																																					
	E. Annual pre-discount amount for eligible recurring charges (C x D)		12																																					
Non-Recurring Charges	F. Annual non-recurring charges		\$97,200.00																																					
	G. How much of the amount in F is ineligible?		\$0.00																																					
	H. Annual eligible pre-discount amount for non-recurring charges (F minus G)		\$0.00																																					
Total Charges	I. Total funding year pre-discount amount (E + H)		\$97,200.00																																					
	J. Discount from Block 4 Worksheet	90.00																																						
	K. Funding Commitment Request (I x J)		\$87,480.00																																					
13 SPIN – Service Provider Identification Number 143036839																																								
14 Service Provider Name MC Networking Group Inc.																																								
15a <input type="checkbox"/> Check this box if this Funding Request is for non-contracted tariffed or month-to-month services.																																								
15b Contract Number n/a																																								
15c <input type="checkbox"/> 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 <input type="checkbox"/> 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) 305-864-6362																																								
16b <input type="checkbox"/> 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) (based on Form 470 filing) 10/13/2013																																								
18 Contract Award Date (m/m/dd/yyyy) 07/01/2012																																								
19 Service Start Date (mm/dd/yyyy) 07/01/2014																																								
20a Service End Date (mm/dd/yyyy)																																								
20b Contract Expiration Date (mm/dd/yyyy) 06/30/2016																																								
21 Description of This Service: NOTE: All item 21 Attachments must be filed before the close of the filing window. Attachment 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. 6																																								
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: 16068131 b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., 1):																																						

Entity Number: 16068131	Applicant's Form Identifier:
Contact Person: Diana Susi	Contact Phone Number: (305) 992-5437

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.

Check this box if this request is for services or equipment that do not provide broadband or connectivity. 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 make 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.

Type of Connection	Number of lines included in this FRN	Download speed per line in Mbps
Fiber optic/OC-x	20	20

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 rooms included in the Block 4 worksheet for this FRN will have access to wired drops? 100 %
2. If the access is provided by Wi-Fi connections, approximately what percentage of the school classroom or public library rooms included in the Block 4 worksheet for this FRN will have access to a Wi-Fi signal? 100 %

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

Entity Number: 16068131		Applicant's Form Identifier:																																		
Contact Person: Diana Susi		Contact Phone Number: (305) 992-5437																																		
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 11 of 13 FRN 2701638 (to be assigned by administrator)																																		
10 <input type="checkbox"/> 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)		23 Calculations																																		
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">PRIORITY 1</td> <td style="width:50%;">PRIORITY 2</td> </tr> <tr> <td><input checked="" type="checkbox"/> Telecommunications Service</td> <td><input type="checkbox"/> Internal Connections Other than Basic Maintenance</td> </tr> <tr> <td><input type="checkbox"/> Internet Access</td> <td><input type="checkbox"/> Basic Maintenance of Internal Connections</td> </tr> </table>		PRIORITY 1	PRIORITY 2	<input checked="" type="checkbox"/> Telecommunications Service	<input type="checkbox"/> Internal Connections Other than Basic Maintenance	<input type="checkbox"/> Internet Access	<input type="checkbox"/> Basic Maintenance of Internal Connections	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td rowspan="5" style="width:10%; vertical-align: middle;">Recurring Charges</td> <td>A. Monthly charges (total amount per month for service)</td> <td></td> </tr> <tr> <td></td> <td>\$150.00</td> </tr> <tr> <td>B. How much of the amount in A is ineligible?</td> <td>\$0.00</td> </tr> <tr> <td>C. Eligible monthly pre-discount amount (A minus B)</td> <td>\$150.00</td> </tr> <tr> <td>D. Number of months service provided in funding year</td> <td>12</td> </tr> <tr> <td>E. Annual pre-discount amount for eligible recurring charges (C x D)</td> <td>\$1,800.00</td> </tr> <tr> <td rowspan="4" style="vertical-align: middle;">Non-Recurring Charges</td> <td>F. Annual non-recurring charges</td> <td>\$0.00</td> </tr> <tr> <td>G. How much of the amount in F is ineligible?</td> <td>\$0.00</td> </tr> <tr> <td>H. Annual eligible pre-discount amount for non-recurring charges (F minus G)</td> <td>\$0.00</td> </tr> <tr> <td>I. Total funding year pre-discount amount (E + H)</td> <td>\$1,800.00</td> </tr> <tr> <td rowspan="2" style="vertical-align: middle;">Total Charges</td> <td>J. Discount from Block 4 Worksheet</td> <td>90.00</td> </tr> <tr> <td>K. Funding Commitment Request (I x J)</td> <td>\$1,620.00</td> </tr> </table>		Recurring Charges	A. Monthly charges (total amount per month for service)			\$150.00	B. How much of the amount in A is ineligible?	\$0.00	C. Eligible monthly pre-discount amount (A minus B)	\$150.00	D. Number of months service provided in funding year	12	E. Annual pre-discount amount for eligible recurring charges (C x D)	\$1,800.00	Non-Recurring Charges	F. Annual non-recurring charges	\$0.00	G. How much of the amount in F is ineligible?	\$0.00	H. Annual eligible pre-discount amount for non-recurring charges (F minus G)	\$0.00	I. Total funding year pre-discount amount (E + H)	\$1,800.00	Total Charges	J. Discount from Block 4 Worksheet	90.00	K. Funding Commitment Request (I x J)	\$1,620.00
PRIORITY 1	PRIORITY 2																																			
<input checked="" type="checkbox"/> Telecommunications Service	<input type="checkbox"/> Internal Connections Other than Basic Maintenance																																			
<input type="checkbox"/> Internet Access	<input type="checkbox"/> Basic Maintenance of Internal Connections																																			
Recurring Charges	A. Monthly charges (total amount per month for service)																																			
		\$150.00																																		
	B. How much of the amount in A is ineligible?	\$0.00																																		
	C. Eligible monthly pre-discount amount (A minus B)	\$150.00																																		
	D. Number of months service provided in funding year	12																																		
E. Annual pre-discount amount for eligible recurring charges (C x D)	\$1,800.00																																			
Non-Recurring Charges	F. Annual non-recurring charges	\$0.00																																		
	G. How much of the amount in F is ineligible?	\$0.00																																		
	H. Annual eligible pre-discount amount for non-recurring charges (F minus G)	\$0.00																																		
	I. Total funding year pre-discount amount (E + H)	\$1,800.00																																		
Total Charges	J. Discount from Block 4 Worksheet	90.00																																		
	K. Funding Commitment Request (I x J)	\$1,620.00																																		
12 Form 470 Application Number 143510001144882																																				
13 SPIN - Service Provider Identification Number 143008241																																				
14 Service Provider Name Birch Communications																																				
15a <input type="checkbox"/> Check this box if this Funding Request is for non-contracted tariffed or month-to-month services.																																				
15b Contract Number n/a																																				
15c <input type="checkbox"/> 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 <input checked="" type="checkbox"/> 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: 2466501																																				
16a Billing Account Number (e.g., billed telephone number) 305-864-6362																																				
16b <input type="checkbox"/> 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) (based on Form 470 filing) 10/13/2013																																				
18 Contract Award Date (mm/dd/yyyy) 10/13/2013																																				
19 Service Start Date (mm/dd/yyyy) 07/01/2014																																				
20a Service End Date (mm/dd/yyyy)																																				
20b Contract Expiration Date (mm/dd/yyyy) 06/30/2015																																				
21 Description of This Service: NOTE: All Item 21 Attachments must be filed before the close of the filing window. Attachment 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. 4																																				
22 Entity/Entities Receiving This Service:		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">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:</td> <td>16068131</td> </tr> <tr> <td>b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., 1):</td> <td></td> </tr> </table>		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:	16068131	b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., 1):																														
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:	16068131																																			
b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., 1):																																				