



East Greenbush Central Schools

ADMINISTRATION CENTER
East Greenbush, New York, 12061
Phone (518) 477-2755 • Fax (518) 477-4833

Terrance L. Brewer, Superintendent

RECEIVED

August 10, 2001

AUG 15 2001

FCC MAIL ROOM

Federal Communications Commission
Office of the Secretary
445 12th Street, SW, Room TW-A325
Washington, DC 20554

To Whom It May Concern:

Re: CC Dockets Nos. 96-45 and 97-21 ✓

The East Greenbush Central School District, billed entity #124065, received a Funding Year 4 Form 471 Rejection Letter on March 26, 2001 (see attached). This letter stated that our Form 471, application #267702, was being returned because it did not meet the minimum processing standards. There were two standards listed:

1. The Form 471 submitted was incomplete. All 6 blocks, pages 1-5, must be submitted.
2. At least one Funding Request entry in Block 5, Item 23, Columns E, H, I and K on the Form 471 submitted is blank.

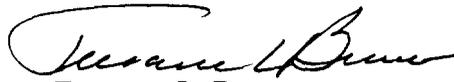
On April 2, 2001, the East Greenbush School District appealed this decision to the SLD (see attached). The district received on Administrator's Decision on Appeal letter on July 17, 2001 (see attached). This letter stated that the district's appeal was denied in full. Although the SLD found that our application did in fact include all Block 5 information required they are stating that the Block 6, page 5 was not included in the original submission.

When the district received the original Form 471 that was returned with the rejection letter on March 22, 2001, they reviewed all enclosed material closely. After review it was determined that the Block 6, page 5, was not in the package that the SLD returned to the district. However, this Block 6 was included in the original package sent to the SLD on January 17, 2001. The district knows this because they made a photocopy of the entire Form 471 for their records before sending the original to the SLD. This copy in their records includes the Block 6. A copy of that Block 6 is included in this package. Please note that the signature is not an original because the original signature was sent to the SLD on January 17, 2001.

No. of Copies rec'd 0
List ABCDE

The East Greenbush School District provided the SLD with all of the information listed above and met the minimum processing standards. Therefore, the East Greenbush School District requests that their Form 471 be reinstated in the group of other Form 471's that met the minimum processing standards. Thank you in advance for your time and effort.

Sincerely,



Terrance L. Brewer
Superintendent of Schools

Enc.

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JUL 17 2001



Universal Service Administrative Company
Schools & Libraries Division

Administrator's Decision on Appeal - Funding Year 2001-2002

July 13, 2001

Donn F. Dykstra
East Greenbush Central Schools
Business Service Office
Administration Center
East Greenbush, NY 12061

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Re: Billed Entity Number: 124065
471 Application Number: 267702
Funding Request Number(s): 20 Not Assigned
Your Correspondence Dated: April 3, 2001

After thorough review and investigation of all relevant facts, the Schools and Libraries Division ("SLD") of the Universal Service Administrative Company ("USAC") has made its decision in regard to your appeal of SLD's Year Four Funding Commitment Decision for the Application Number indicated above. This letter explains the basis of SLD's decision. The date of this letter begins the 30-day time period for appealing this decision to the Federal Communications Commission ("FCC"). If your letter of appeal included more than one Application Number, please note that for each application for which an appeal is submitted, a separate letter is sent.

Funding Request Number: 20 not assigned
Decision on Appeal: **Denied in full**
Explanation:

- Your appeal letter states that your certification for your Form 471 was rejected because the application was not complete. The certification page was not included with the package received and at least one funding request entry in Block 5, Item 23, Columns E, H,I and K was left blank. Your appeal states that all Block 5 information was included and that Block 6 was included in the package sent to SLD on 1/17/01.
- After thorough review of your appeal, it was determined from the Form 471 that the Block 5 information in the original submission is complete. However, Block 6, Page 5 was not included in the original package submitted to SLD. This is the reason the application was rejected for Minimum Processing Standards in Year 4. According to program rules the Form 471 is considered to be received when it has the required information necessary to pass Minimum Processing Standards. Since the Form 471 was not complete the submitted certification page was rejected in accordance with

program rules. In response to your request to reinstate the Year 4 Form 471 in the funding window, it is noted that the Funding Year 4-window deadline for submitting all Form 471 applications was January 18, 2001. Consequently, the SLD will not data enter your funding requests, and your appeal is denied in full.

If you believe there is a basis for further examination of your application, you may file an appeal with the Federal Communications Commission, Office of the Secretary, 445 12th Street, SW, Room TW-A325, Washington, DC 20554. Please reference CC Docket Nos. 96-45 and 97-21 on the first page of your appeal. Before preparing and submitting your appeal, please be sure to review the FCC rules concerning the filing of an appeal of an Administrator's Decision, which are posted on the website at <www.universalservice.org>. **You must file your appeal with the FCC no later than 30 days from the date on this letter for your appeal to be filed in a timely fashion.**

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We thank you for your continued support, patience, and cooperation during the appeal process.

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Schools and Libraries Division
Universal Service Administrative Company

EAST GREENBUSH CENTRAL SCHOOLS

Business Services Office
Administration Center
EAST GREENBUSH, NEW YORK 12061

Donn F. Dykstra
Assistant Superintendent for
School Business Finance
and District Clerk

Tel. 518-477-2756
Extension 135
Fax 518-477-8124

April 3, 2001

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Letter of Appeal
School and Libraries Division
Box 125 - Correspondence Unit
80 South Jefferson Road
Whippany, NJ 07981

To Whom It May Concern:

Re: Form 471 Application Number: 267702

The East Greenbush Central School District, billed entity #124065, received a Funding Year 4 Form 471 Rejection Letter on March 26, 2001 (see attached). This letter stated that our Form 471, application #267702, was being returned because it did not meet the minimum processing standards. There were two standards listed:

1. The Form 471 submitted was incomplete. All 6 blocks, Pages 1-5, must be submitted.
2. At least one funding request entry in Block 5, Item 23, Columns E, H, I and K on the Form 471 submitted is blank.

The Form 471 that was returned with the letter was reviewed. After review, it was determined that the Block 6, Page 5, was not in the package that was returned to the District. However, this Block 6 was included in the original package sent to the SLD on 1/17/01. A copy of that original Form 471 was made for the District's records before sending the original to the SLD. This copy included the Block 6. A copy of that Block 6 is included in this package. Please note that the signature is not an original because the original signature was sent to the SLD on 1/17/01.

As for the second minimum processing standard listed above, all Block 5's were reviewed and Item 23 of each Block 5 was completed with the necessary and appropriate information.

Supervisor of
Buildings & Grounds
Paul M. Daley
Ext. 121

Transportation
Supervisor
Kevin Smith
477-9288

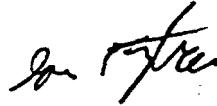
School Lunch
Director
John DiGiovanni
477-2782

Director of
Data Processing
Joyce Karl
Ext. 144

Supervisor
Sch. Accts.
O.M. Richards
Ext. 134

The East Greenbush School District provided the SLD with all of the information listed above and met the minimum processing standards. Therefore, the East Greenbush School District requests that their Form 471 be reinstated in the group of other Form 471's that met the minimum processing standards. Thank you in advance for your time and effort.

Sincerely,

A handwritten signature in black ink, appearing to read "Donn F. Dykstra". The signature is written in a cursive style with a large, prominent "D" and "F".

Donn F. Dykstra

Enclosure: (1) copy of fund year 4 Form 471 - rejection letter
(2) copy of Block 6, Page 5 that was sent to the SLD 1/17/01
(3) original Form 471 that was sent back to the District

Do not write in this area

Entity Number 124065 Applicant's Form Identifier 471 Yr 4
Contact Person Donn Dykstra Phone Number (518) 477-2757 ext. 133

Block 6: Certifications and Signature

- 24 The entities listed in Block 4 of this application are eligible for support because they are: (Check one or both.)
 - a schools under the statutory definitions of elementary and secondary schools found in the Elementary and Secondary Education Act of 1965, 20 U.S.C. Secs. 8801(14) and (25), that do not operate as for-profit businesses and do not have endowments exceeding \$50 million; and/or
 - b libraries or library consortia eligible for assistance from a State library administrative agency under the Library Services and Technology Act of 1996 that do not operate as for-profit businesses and whose budgets are completely separate from any schools, including, but not limited to, elementary and secondary schools, colleges, or universities.
- 25 The eligible schools and libraries listed in Block 4 of this application have secured access to all of the resources, including computers, training, software, maintenance, and electrical connections necessary to make effective use of the services purchased as well as to pay the discounted charges for eligible services.
- 26 All of the schools and libraries or library consortia listed in Block 4 of this application are covered by:
 - a an individual technology plan for using the services requested in this application; and/or
 - b higher-level technology plan(s) for using the services requested in this application; or
 - c no technology plan needed; applying for basic local and long distance telephone service only.
- 27 Status of technology plans (if representing multiple entities with mixed technology plan status, check both a and b):
 - a technology plan(s) has/have been approved; and/or
 - b technology plan(s) will be approved by a state or other authorized body; or
 - c no technology plan needed; applying for basic local and long distance telephone service only.
- 28 I certify that the entities eligible for support that I am representing have complied with all applicable state and local laws regarding procurement of services for which support is being sought.
- 29 I certify that the services the applicant purchases at discounts provided by 47 U.S.C. Sec. 254 will be used solely for educational purposes and will not be sold, resold, or transferred in consideration for money or any other thing of value.
- 30 I certify that the entity(ies) I represent has complied with all program rules and I acknowledge that failure to do so may result in denial of discount funding and/or cancellation of funding commitments.
- 31 I understand that the discount level used for shared services is conditional, for future years, upon ensuring that the most disadvantaged schools and libraries that are treated as sharing in the services receive an appropriate share of benefits from those services.
- 32 I recognize that I may be audited pursuant to this application. I will retain for five years any and all worksheets and other records that I rely upon to fill out this application, and, if audited, will make available to the Administrator such records.
- 33 I certify that I am authorized to submit this request on behalf of the above-named entities, that I have examined this request, and to the best of my knowledge, information, and belief, all statements of fact contained herein are true.

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34 Signature of authorized person	<i>Donn Dykstra</i>	35 Date	<i>January 17, 2001</i>
36 Printed name of authorized person	Donn F. Dykstra		
37 Title or position of authorized person	Assistant Superintendent For School Business Finance		
38 Telephone number of authorized person:	(518) 477-2757 ext 133		
Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.			
The Americans with Disabilities Act, the Individuals with Disabilities Education Act and the Rehabilitation Act may impose obligations on entities to make the services purchased with these discounts accessible to and usable by people with disabilities.			

Entity Number	124065	Applicant's Form Identifier	471 Yr 4
Contact Person	Donn Dykstra	Phone Number	(518) 477-2757 ext. 133

NOTICE TO INDIVIDUALS: Section 54.504 of the Federal Communications Commission's rules requires all schools and libraries ordering services that are eligible for and seeking universal service discounts to file this Services Ordered and Certification Form (FCC Form 471) with the Universal Service Administrator, 47 C.F.R. § 54.504. The collection of information stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended, 47 U.S.C. § 254. The data in the report will be used to ensure that schools and libraries comply with the competitive bidding requirement contained in 47 C.F.R. § 54.504. All schools and libraries planning to order service eligible for universal service discounts must file this form themselves or as part of a consortium.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

The FCC is authorized under the Communications Act of 1934, as amended, to collect the personal information we request in this form. We will use the information you provide to determine whether approving this application is in the public interest. If we believe there may be a violation or a potential violation of a FCC statute, regulation, rule or order, your application may be referred to the Federal, state, or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation or order. In certain cases, the information in your application may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government is a party of a proceeding before the body or has an interest in the proceeding.

If you owe a past due debt to the Federal government, the taxpayer identification number (such as your social security number) and other information you provide may also be disclosed to the Department of the Treasury Financial Management Service, other Federal agencies and/or your employer to offset your salary, IRS tax refund or other payments to collect that debt. The FCC may also provide the information to these agencies through the matching of computer records when authorized.

If you do not provide the information we request on the form, the FCC may delay processing of your application or may return your application without action.

The foregoing Notice is required by the Privacy Act of 1974, Pub. L. No. 93-579, December 31, 1974, 5 U.S.C. § 552, and the Paperwork Reduction Act of 1995, Pub. L. No. 104-13, 44 U.S.C. § 3501, et seq.

Public reporting burden for this collection of information is estimated to average 4 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing, and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the reporting burden to the Federal Communications Commission, Performance Evaluation and Records Management, Washington, DC 20554.

Please submit this form to:

**SLD-Form 471
P.O. Box 7026
Lawrence, Kansas 66044-7026**

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For express delivery services or U.S. Postal Service, Return Receipt Requested **FCC MAIL ROOM**

**SLD-Form 471
c/o Ms. Smith
3833 Greenway Drive
Lawrence, Kansas 66046
(888) 203-8100**



Universal Service Administrative Company
Schools & Libraries Division

Fund Year 4 FORM 471-REJECTION LETTER

March 22, 2001

MAR 26 2001

**DONN DYKSTRA
EAST GREENBUSH CENTRAL SCHOOL DISTRICT
29 ENGLEWOOD AVENUE
EAST GREENBUSH, NY 12061-2130**

**Re: Applicant's Form Identifier: 471 YR4
Form 471 Application Number: 267702**

Dear Applicant:

This letter is your notification that the entire FCC Form 471, *Services Ordered and Certification Form*, you submitted did not meet Minimum Processing Standards and cannot be processed. *Your Form 471 is enclosed with this letter, which means that the Schools and Libraries Division (SLD) could not process any portion of it.* Below is an explanation of the specific reason(s) your Form 471 did not meet the Minimum Processing Standards:

- **The Form 471 submitted was incomplete. All 6 blocks, pages 1- 5, must be submitted.**
- **At least one Funding Request entry in Block 5, Item 23, Columns E, H, I and K on the Form 471 submitted is blank.**

If you disagree with this decision and you wish to appeal to the SLD, your appeal must be made in writing and received by us within 30 days of issuance of this letter. In your letter of appeal, please include: correct contact information for the appellant, information on the decision you are appealing, the specific Funding Request in question, a copy of this letter and an original authorized signature. Appeals sent by fax, e-mail or phone call cannot be processed. Please mail your appeal to: Letter of Appeal, Schools and Libraries Division, Box 125-Correspondence Unit, 80 South Jefferson Road, Whippany, NJ 07981. You may also call our Client Service Bureau at 888-203-8100. While we encourage you to resolve your appeal with the SLD first, you have the option of filing an appeal directly with the Federal Communications Commission (FCC), by sending your notice of appeal to: FCC, Office of the Secretary, 445 12th Street, SW; 12th Street Lobby, SW; Washington, D.C. 20554. . Please reference CC Docket Nos. 96-45 and 97-21 on the first page of your appeal. If you choose to file an appeal with the FCC, your appeal must be received no later than 30 days from the date on this letter.

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Schools and Libraries Division
Universal Service Administrative Company

Enclosure:

(1) Form 471



Schools and Libraries Division
Box 125 – Correspondence Unit
80 South Jefferson Road
Whippany, New Jersey 07981

EAST GREENBUSH CENTRAL SCHOOL DISTRICT
ATTN: DONN DYKSTRA
29 ENGLEWOOD AVENUE
EAST GREENBUSH, NY 12061-2130

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Schools and Libraries Universal Service
Services Ordered and Certification Form 471

Estimated Average Burden Hours Per Response: 4 hours

This form asks schools and libraries to list the eligible telecommunications-related 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. (See www.sl.universalservice.org for filing this form online)

Applicant's Form Identifier: 471 Yr 4 <small>(own code to identify THIS Form 471)</small>	(Create your own code to identify THIS Form 471)	Form 471 Application #: <small>(To be inserted by Fund Administrator)</small>
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Block 1: Billed Entity Information

(The "Billed Entity" is the entity paying the bills for the services listed on this form.)

1	Name of Billed Entity (30 characters max.)	East Greenbush Central School District		
2	Funding Year: July 1, 2001 through June 30, 2002	3	Entity Number (up to 10 digits)	124065
4a	Street Address, P.O. Box, or Route Number	29 Englewood Avenue		
	City	State	Zip Code	
	East Greenbush	NY	12061-2130	
b	Telephone Number (10 digits + ext.)	(518) 477-2757 ext. 133		
c	Fax Number (10 digits)	(518) 477-8124		
d	E-mail Address (50 characters max.)	donndeg@nycap.rr.com		
5	Type of Application	<input type="checkbox"/>	School	(public or non-public school)
		<input checked="" type="checkbox"/>	School District	(LEA; public or non-public (e.g., diocesan) local district representing multiple schools)
		<input type="checkbox"/>	Library	(library (i.e. outlet/branch, system))
		<input type="checkbox"/>	Consortium	<input type="checkbox"/> Check here if any members of this consortium are ineligible non-governmental entities.

6a	Contact Person's Name	Donn Dykstra		
<i>First, fill in every item of the Contact Person's information below that is different from Item 4, above.</i>				
<i>Then check the box next to the preferred mode of contact. (At least one box MUST be checked.)</i>				
b	<input type="checkbox"/> Street Address, P.O. Box, or Route Number	29 Englewood Avenue		
	City	State	Zip Code	
	East Greenbush	NY	12061-2130	
c	<input checked="" type="checkbox"/> Telephone Number (10 digits + ext.)	(518) 477-2757 ext. 133		
d	<input type="checkbox"/> Fax Number (10 digits)	(518) 477-8124		
e	<input type="checkbox"/> E-mail Address (50 characters max.)	donndeg@nycap.rr.com		
f	Holiday/vacation/summer contact information:			

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Block 2: Minor Modification to Existing Contract?

7 Check if this Form 471 represents a minor modification, such as a modification of services, to a Form 471 for which you already have a Receipt Acknowledgement Letter. Provide the data requested below, attach a Description of Services highlighting the modified service, and sign Block 6.

Form 471 Application #: Funding Request Number:

Minor modification requests can be filed MANUALLY only. Please see www.sl.universalservice.org for filing instructions.

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Entity Number	124065	Applicant's Form Identifier	471 Yr 4
Contact Person	Donn Dykstra	Phone Number	(518) 477-2757 ext. 133

Block 3: Impact of Services Ordered in THIS Application

8 Please provide your best estimate of the number of people who will be served by all of the services ordered in THIS Form 471. Schools/school districts complete 8a. Libraries complete 8b. Consortia complete 8a and/or 8b.

a Number of students to be served b Number of library patrons to be served

9 The following questions seek summary outcome information based on the services ordered in this Form 471 application. Please complete only those rows that are relevant to THIS application.

IF THIS APPLICATION INCLUDES...	BEFORE ORDER	AFTER ORDER
a (Schools/districts/consortia only) Telephone service: How many classrooms had phone service before and after your order?	160	160
b High-bandwidth voice/data/video service: How many buildings served before and after your order?	7	7
c High-bandwidth voice/data/video service: Highest speed to a building before and after your order?	T1	T1
d Dial-up Internet connections: How many before and after your order?	5	0
e Dial-up Internet connections: Highest speed before and after your order?	56K	0
f Direct connections to the Internet: How many before and after your order?	1	2
g Direct connections to the Internet: Highest speed before and after your order?	T1	T1
h Internet access (for schools): How many rooms have Internet access before and after your order?	270	270
i Internet access (for libraries): How many buildings have Internet access before and after your order?	NA	NA
j Internet access: How many computers (or other devices) with Internet access before and after your order?	100	1200
k Other technology outcomes: (please specify):		

Block 4: Discount Calculation Worksheets (pages 3a, 3b, and 3c)

The following 3 pages (3a, 3b, and 3c) are Block 4 worksheets for use in calculating your discount for services. You will complete one or more depending on the type of application you are filing. Each worksheet has instructions.

- If you are filing as a school or a school district, use Worksheet A (page 3a).
- If you are filing as a library (i.e. outlet/branch, system), use Worksheet B (page 3b).
- If you are filing as a consortium, use Worksheet C (page 3c), and include as many Worksheets A and B as you need for back-up documentation.

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Entity Number 124065	Applicant's Form Identifier 471 Yr 4
Contact Person Donn Dykstra	Phone Number (518) 477-2757 ext. 133

Block 4: Discount Calculation Worksheet A for Schools/School Districts

Worksheet #A- 1
Page _____ of _____

Instructions: If you are filing a School/School District application, use this worksheet to calculate the discount rate for site-specific services and/or to determine the weighted average discount calculations for shared services.

(For Administrator's Use)

10a If you are:

- Applying for discounts ONLY for an individual school, or ONLY site-specific services: Complete columns 1-7 only for each school. Add and number pages as needed. Then use each school's Entity Number and its discount from Column 7 to complete Block 5 site-specific service to that school.
- Applying for discounts on services shared by ALL schools in the district (with or without site-specific services as well): Complete all columns 1-8 for all schools in the district. Then use the Weighted Average Discount in 10c (below) to complete Block 5 for shared services.
- Applying for discounts on different shared services shared by different groups of schools (with or without site-specific services as well): Complete one worksheet, columns 1-8 PLUS 10c, for EACH different group of schools sharing a service. Designate this worksheet A-1, A-2, A-3, etc.

10b List entities and calculate discount(s).

School District Name: East Greenbush Central School District School District Entity Number: 124065

1 Name of Eligible School	2 Entity Number	3 Urban or Rural U or R	4 Total # of Students	5 # of Students Eligible for NSLP	6 % Students Eligible for NSLP (Col. 5 ÷ Col. 4)	7 Discount % from Discount Matrix	8 Weighted Product for Calculating Shared Discount (Col. 4 x Col. 7)
Donald P Sutherland	13610	Urban	324	78	0.240740741	50%	162
Bell Top	13666	Urban	370	42	0.113513514	40%	148
Green Meadow	13515	Urban	441	68	0.154195011	40%	176.4
Citizen Edmond Genet	13547	Urban	460	70	0.152173913	40%	184
Red Mil	13623	Urban	492	77	0.156504065	40%	196.8
Columbia HS	13546	Urban	1365	86	0.063003663	40%	546
Howard L. Goff	13548	Urban	1121	120	0.107047279	40%	448.4
Totals for calculating Weighted Average Discount			4573				1861.6

10c Weighted Average Discount % for Shared Services (Col. 8 total divided by Col. 4 total. Round to nearest %) \rightarrow 41%

Block 5: Discount Funding Request(s)

Block 5, page 1 of 20

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 necessary, and number the completed pages to assure that they are all processed correctly.

FRN # _____ (to be assigned by administrator)

11 Category of Service (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections		15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) T
12 Form 470 Application Number (15 digits) 209460000312891		16 Billing Account Number (e.g., billed telephone number) 518-477-8740-332240
13 SPIN - Service Provider Identification Number (9 digits) 143001359		17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 12/19/2000
14 Service Provider Name Verizon-New York Inc.		18 Contract Award Date (mm/dd/yyyy)
		19a Service Start Date (mm/dd/yyyy) 07/01/2001
		19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services) 06/30/2002
		20 Contract Expiration Date (mm/dd/yyyy)

21 Description of This Service: You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.
 Attachment # 1A-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 : _____
 b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): 1

Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)
\$8,500.00	\$0.00	\$8,500.00	12	\$102,000.00				\$102,000.00	41%	\$41,820.00

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Block 5: Discount Funding Request(s)

Block 5, page 2 of 20

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 necessary, and number the completed pages to assure that they are all processed correctly.

FRN # _____ (to be assigned by administrator)

11 Category of Service (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections	15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) T
	16 Billing Account Number (e.g., billed telephone number) 8010-05-2-1352
12 Form 470 Application Number (15 digits) 209460000312891	17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 12/19/2000
13 SPIN - Service Provider Identification Number (9 digits) 143001192	18 Contract Award Date (mm/dd/yyyy)
	19a Service Start Date (mm/dd/yyyy) 07/01/2001
	19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services) 06/30/2002
14 Service Provider Name AT&T	20 Contract Expiration Date (mm/dd/yyyy)

21 **Description of This Service:** You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.
Attachment # 2A

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

23 Calculations				Recurring Charges			Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K		
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)		
\$350.00	\$0.00	\$350.00	12	\$4,200.00				\$4,200.00	41%	\$1,722.00		

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Block 5: Discount Funding Request(s)

Block 5, page 3 of 20

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 necessary, and number the completed pages to assure that they are all processed correctly.

FRN # _____ (to be assigned by administrator)

11 Category of Service (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections	15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions)	T
	16 Billing Account Number (e.g., billed telephone number)	766-38880
12 Form 470 Application Number (15 digits) 209460000312891	17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 12/19/2000	
13 SPIN - Service Provider Identification Number (9 digits) 143001324	18 Contract Award Date (mm/dd/yyyy)	
	19a Service Start Date (mm/dd/yyyy)	07/01/2001
	19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services) 06/30/2002	
14 Service Provider Name Taconic Telephone	20 Contract Expiration Date (mm/dd/yyyy)	

21 **Description of This Service:** You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.
 Attachment # 3A-J

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

23 Calculations					Recurring Charges			Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K			
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided by program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)			
\$800.00	\$0.00	\$800.00		\$9,600.00				\$9,600.00	41%	\$3,936.00			

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Applicant's Form Identifier 471 Yr 4
 Phone Number (518) 477-2757 ext. 133

Block 5: Discount Funding Request(s)

Block 5, page 4 of 20

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 necessary, and number the completed pages to assure that they are all processed correctly.

FRN # _____ (to be assigned by administrator)

11 Category of Service (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections	15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions)	T
	16 Billing Account Number (e.g., billed telephone number)	100577541
12 Form 470 Application Number (15 digits) 209460000312891	17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 12/19/2000	
13 SPIN - Service Provider Identification Number (9 digits) 143000677	18 Contract Award Date (mm/dd/yyyy)	
	19a Service Start Date (mm/dd/yyyy)	07/01/2001
	19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services) 06/30/2002	
14 Service Provider Name Cellco Partnership dba Verizon Wireless	20 Contract Expiration Date (mm/dd/yyyy)	

21 Description of This Service: You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.
 Attachment # 4A

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

Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)
\$250.00	\$0.	\$250.00	12	\$3,000.00				\$3,000.00	41%	\$1,230.00

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Contact Person **Donn Dykstra**

Applicant's Form Identifier **471 Yr 4**
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Block 5: Discount Funding Request(s)

Block 5, page 5 of 20

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 necessary, and number the completed pages to assure that they are all processed correctly.

FRN # **[REDACTED]** (to be assigned by administrator)

11 Category of Service (only ONE category should be checked) <input type="radio"/> Telecommunications Service <input checked="" type="radio"/> Internet Access <input type="radio"/> Internal Connections	15 Contract Number (if available, use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions)	MTM
	16 Billing Account Number (e.g., billed telephone number)	012232201
12 Form 470 Application Number (15 digits) 209460000312891	17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 12/19/2000	
13 SPIN - Service Provider Identification Number (9 digits) 143005967	18 Contract Award Date (mm/dd/yyyy)	
	19a Service Start Date (mm/dd/yyyy)	07/01/2001
	19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services) 06/30/2002	
14 Service Provider Name Time Warner	20 Contract Expiration Date (mm/dd/yyyy)	

21 **Description of This Service:** You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.
 Attachment # 5A-F

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

Recurring Charges				Non-Recurring Charges			Total Charges			
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)
\$1,200.00	\$0	\$1,200.00	12	\$14,400.00				\$14,400.00	41%	\$5,904.00

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Block 5: Discount Funding Request(s)

Block 5, page 6 of 20

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 necessary, and number the completed pages to assure that they are all processed correctly.

FRN # **(to be assigned by administrator)**

11 Category of Service (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections	15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in instructions) MTM
	16 Billing Account Number (e.g., billed telephone number) 3373860-0
12 Form 470 Application Number (15 digits) 209460000312891	17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 12/19/2000
13 SPIN - Service Provider Identification Number (9 digits) 143018525	18 Contract Award Date (mm/dd/yyyy)
	19a Service Start Date (mm/dd/yyyy) 7/1/01
	19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services) 06/30/2002
14 Service Provider Name Arch Paging	20 Contract Expiration Date (mm/dd/yyyy)

21 **Description of This Service:** You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.
 Attachment # 6A C

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

23 Calculations					Recurring Charges			Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K			
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)			
\$125.00	\$0.00	\$125.00	12	500.00				\$1,500.00	41%	\$615.00			

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Block 5: Discount Funding Request(s)

Block 5, page 7 of 20

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 necessary, and number the completed pages to assure that they are all processed correctly.

FRN # _____ (to be assigned by administrator)

11 Category of Service (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections	15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) MTM
12 Form 470 Application Number (15 digits) 209460000312891	16 Billing Account Number (e.g., billed telephone number) 0017-474-6412
13 SPIN - Service Provider Identification Number (9 digits) 143005201	17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 12/19/2000
14 Service Provider Name Avaya Inc.	18 Contract Award Date (mm/dd/yyyy)
	19a Service Start Date (mm/dd/yyyy) 7/1/01
	19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services) 06/30/2002
	20 Contract Expiration Date (mm/dd/yyyy)

21 **Description of This Service:** You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.
Attachment # 7A-E

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

Recurring Charges				Non-Recurring Charges			Total Charges			
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)
\$150.00	\$0.00	\$150.00	12	\$1,800.00				\$1,800.00	41%	\$738.00

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Block 5: Discount Funding Request(s)

Block 5, page 8 of 20

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 necessary, and number the completed pages to assure that they are all processed correctly.

FRN # _____ (to be assigned by administrator)

11 Category of Service (only ONE category should be checked) <input type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input checked="" type="radio"/> Internal Connections	15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) PT55524
12 Form 470 Application Number (15 digits) 209460000312891	16 Billing Account Number (e.g., billed telephone number) NA
13 SPIN - Service Provider Identification Number (9 digits) 143005342	17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 12/19/2000
14 Service Provider Name Open Systems Technologies (IBM)	18 Contract Award Date (mm/dd/yyyy) 01/05/2001
	19a Service Start Date (mm/dd/yyyy) 07/01/2001
	19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services)
	20 Contract Expiration Date (mm/dd/yyyy) 11/21/2002

21 Description of This Service: You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.
 Attachment # SA-C

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

Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)
					\$46,530.00	\$0.00	\$46,530.00	\$46,530.00	41%	\$19,077.30

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Block 5: Discount Funding Request(s)

Block 5, page 9 of 20

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 necessary, and number the completed pages to assure that they are all processed correctly.

FRN # _____ (to be assigned by administrator)

11 Category of Service (only ONE category should be checked) <input type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input checked="" type="radio"/> Internal Connections	15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) PT55524
	16 Billing Account Number (e.g., billed telephone number) NA
12 Form 470 Application Number (15 digits) 209460000312891	17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 12/19/2000
13 SPIN - Service Provider Identification Number (9 digits) 143005342	18 Contract Award Date (mm/dd/yyyy) 01/05/2001
	19a Service Start Date (mm/dd/yyyy) 07/01/2001
	19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services)
14 Service Provider Name Open Systems Technologies (IBM)	20 Contract Expiration Date (mm/dd/yyyy) 11/21/2002

21 **Description of This Service:** You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.
 Attachment # 8A-B 9A

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 : 13548
 b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): _____

23 Calculations					Recurring Charges			Non-Recurring Charges			Total Charges	
A	B	C	D	E	F	G	H	I	J	K		
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)		
					\$25,997.00	\$0.00	\$25,997.00	\$25,997.00	40%	\$10,398.80		

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Applicant's Form Identifier **471 Yr 4**
 Phone Number **(518) 477-2757 ext. 133**

Block 5: Discount Funding Request(s)

Block 5, page 10 of 20

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 necessary, and number the completed pages to assure that they are all processed correctly.

FRN # _____ (to be assigned by administrator)

11 Category of Service (only ONE category should be checked) <input type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input checked="" type="radio"/> Internal Connections		15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) PT55524
12 Form 470 Application Number (15 digits) 209460000312891		16 Billing Account Number (e.g., billed telephone number) NA
13 SPIN - Service Provider Identification Number (9 digits) 143005342		17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 12/19/2000
		18 Contract Award Date (mm/dd/yyyy) 01/05/2001
		19a Service Start Date (mm/dd/yyyy) 07/01/2001
		19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services)
14 Service Provider Name Open Systems Technologies (IBM)		20 Contract Expiration Date (mm/dd/yyyy) 11/21/2002

21 Description of This Service: You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.
 Attachment # 8A-B 10A

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 : 13546
 b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): _____

Recurring Charges				Non-Recurring Charges			Total Charges			
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)
					\$25,997.00	\$0.00	\$25,997.00	\$25,997.00	40%	\$10,398.80

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Block 5: Discount Funding Request(s)

Block 5, page 11 of 20

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 necessary, and number the completed pages to assure that they are all processed correctly.

FRN # _____ (to be assigned by administrator)

11 Category of Service (only ONE category should be checked) <input type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input checked="" type="radio"/> Internal Connections		15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) SRCPT00313
12 Form 470 Application Number (15 digits) 225740000297481		16 Billing Account Number (e.g., billed telephone number) NA
13 SPIN - Service Provider Identification Number (9 digits) 143999999		17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 12/19/2000
14 Service Provider Name STATE REPLACEMENT CONTRACT		18 Contract Award Date (mm/dd/yyyy) 07/01/2001
		19a Service Start Date (mm/dd/yyyy) 07/01/2001
		19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services)
20 Contract Expiration Date (mm/dd/yyyy) 06/30/2002		

21 Description of This Service: You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.
 Attachment # 11A-C

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 : 13546
 b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): _____

Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)
					\$59,367.25	\$10,172.00	\$49,195.25	\$49,195.25	40%	\$19,678.10

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Block 5: Discount Funding Request(s)

Block 5, page 12 of 20

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 necessary, and number the completed pages to assure that they are all processed correctly.

FRN # _____ (to be assigned by administrator)

11 Category of Service (only ONE category should be checked) <input type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input checked="" type="radio"/> Internal Connections	15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions)	SRCPT00313
	16 Billing Account Number (e.g., billed telephone number)	NA
12 Form 470 Application Number (15 digits) 225740000297481	17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 12/19/2000	
13 SPIN - Service Provider Identification Number (9 digits) 143999999	18 Contract Award Date (mm/dd/yyyy)	07/01/2001
	19a Service Start Date (mm/dd/yyyy)	07/01/2001
	19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services)	
14 Service Provider Name STATE REPLACEMENT CONTRACT	20 Contract Expiration Date (mm/dd/yyyy)	06/30/2002

21 **Description of This Service:** You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.
Attachment # 11A-B 12A

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 : 13548
b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): _____

Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)
					\$24,843.44	\$4,687.96	\$20,155.48	\$20,155.48	40%	\$8,062.19

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Block 5: Discount Funding Request(s)

Block 5, page 13 of 20

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 necessary, and number the completed pages to assure that they are all processed correctly.

FRN # **(to be assigned by administrator)**

11 Category of Service (only ONE category should be checked) <input type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input checked="" type="radio"/> Internal Connections		15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) SRCPT00313
		16 Billing Account Number (e.g., billed telephone number) NA
12 Form 470 Application Number (15 digits) 225740000297481	17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 12/19/2000	
13 SPIN - Service Provider Identification Number (9 digits) 143999999	18 Contract Award Date (mm/dd/yyyy) 07/01/2001	
	19a Service Start Date (mm/dd/yyyy) 07/01/2001	
	19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services)	
14 Service Provider Name STATE REPLACEMENT CONTRACT	20 Contract Expiration Date (mm/dd/yyyy) 06/30/2002	

21 Description of This Service: You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.
 Attachment # 11A-B 13A

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 : 13547
 b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): _____

23 Calculations										
Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)
					\$10,479.84	\$1,739.56	\$8,740.28	\$8,740.28	40%	\$3,496.11

Company Number 124065
 Contact Person Donn Dykstra

Applicant's Form Identifier 471 Yr 4
 Phone Number (518) 477-2757 ext. 133

Block 5: Discount Funding Request(s)

Block 5, page 14 of 30

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 necessary, and number the completed pages to assure that they are all processed correctly.

FRN # _____ (to be assigned by administrator)

11 Category of Service (only ONE category should be checked) <input type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input checked="" type="radio"/> Internal Connections	15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) SRCPT00313
12 Form 470 Application Number (15 digits) 225740000297481	16 Billing Account Number (e.g., billed telephone number) NA
13 SPIN - Service Provider Identification Number (9 digits) 143999999	17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 12/19/2000
14 Service Provider Name STATE REPLACEMENT CONTRACT	18 Contract Award Date (mm/dd/yyyy) 07/01/2001
	19a Service Start Date (mm/dd/yyyy) 07/01/2001
	19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services)
20 Contract Expiration Date (mm/dd/yyyy) 06/30/2002	

21 Description of This Service: You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.
 Attachment # 11A-B 14A

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 : _____ 13666 _____
 b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): _____

Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ (I x J)
					\$10,479.84	\$1,739.56	\$8,740.28	\$8,740.28	40%	\$3,496.11

Block 5: Discount Funding Request(s)

Block 5, page 15 of 20

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 necessary, and number the completed pages to assure that they are all processed correctly.

FRN # _____ **(to be assigned by administrator)**

11 Category of Service (only ONE category should be checked) <input type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input checked="" type="radio"/> Internal Connections		15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) SRCPT00313
12 Form 470 Application Number (15 digits) 225740000297481		16 Billing Account Number (e.g., billed telephone number) NA
13 SPIN - Service Provider Identification Number (9 digits) 143999999		17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 12/19/2000
		18 Contract Award Date (mm/dd/yyyy) 07/01/2001
		19a Service Start Date (mm/dd/yyyy) 07/01/2001
		19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services)
14 Service Provider Name STATE REPLACEMENT CONTRACT		20 Contract Expiration Date (mm/dd/yyyy) 06/30/2002

21 Description of This Service: You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.
 Attachment # 11A-B 15A

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 : 13610
 b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): _____

23 Calculations										
Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)
					\$5,239.92	\$869.78	\$4,370.14	\$4,370.14	50%	\$2,185.07

Block 5: Discount Funding Request(s)

Block 5, page 14 of 20

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 necessary, and number the completed pages to assure that they are all processed correctly.

FRN # _____ (to be assigned by administrator)

11 Category of Service (only ONE category should be checked) <input type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input checked="" type="radio"/> Internal Connections	15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) SRCPT00313 16 Billing Account Number (e.g., billed telephone number) NA
12 Form 470 Application Number (15 digits) 225740000297481	17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 12/19/2000
13 SPIN - Service Provider Identification Number (9 digits) 143999999	18 Contract Award Date (mm/dd/yyyy) 07/01/2001 19a Service Start Date (mm/dd/yyyy) 07/01/2001 19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services)
14 Service Provider Name STATE REPLACEMENT CONTRACT	20 Contract Expiration Date (mm/dd/yyyy) 06/30/2002

21 Description of This Service: You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.
 Attachment # 11A-B 16A

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 : 13515
 b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): _____

Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)
					\$5,239.92	\$869.78	\$4,370.14	\$4,370.14	40%	\$1,748.06

Block 5: Discount Funding Request(s)

Block 5, page 17 of 20

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 necessary, and number the completed pages to assure that they are all processed correctly.

FRN # _____ (to be assigned by administrator)

11 Category of Service (only ONE category should be checked) <input type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input checked="" type="radio"/> Internal Connections	15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) SRCPT00313 16 Billing Account Number (e.g., billed telephone number) NA
12 Form 470 Application Number (15 digits) 225740000297481	17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 12/19/2000
13 SPIN - Service Provider Identification Number (9 digits) 143999999	18 Contract Award Date (mm/dd/yyyy) 07/01/2001 19a Service Start Date (mm/dd/yyyy) 07/01/2001 19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services)
14 Service Provider Name STATE REPLACEMENT CONTRACT	20 Contract Expiration Date (mm/dd/yyyy) 06/30/2002

21 Description of This Service: You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.
 Attachment # 11A-B 17A

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 : 13623
 b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): _____

Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)
					\$5,239.92	\$869.78	\$4,370.14	\$4,370.14	40%	\$1,748.06

Block 5: Discount Funding Request(s)

Block 5, page 18 of 20

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 necessary, and number the completed pages to assure that they are all processed correctly.

FRN # _____ (to be assigned by administrator)

11 Category of Service (only ONE category should be checked) <input type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input checked="" type="radio"/> Internal Connections		15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) PT54156
12 Form 470 Application Number (15 digits) 209460000312891		16 Billing Account Number (e.g., billed telephone number) NA
13 SPIN - Service Provider Identification Number (9 digits) 143004340		17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 12/19/2000
14 Service Provider Name Dell Marketing LP		18 Contract Award Date (mm/dd/yyyy) 01/05/2001
		19a Service Start Date (mm/dd/yyyy) 07/01/01
		19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services)
		20 Contract Expiration Date (mm/dd/yyyy) 10/31/03

21 Description of This Service: You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.
 Attachment # 18A-C

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 : 13548
 b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): _____

Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)
					1368.33	0	1368.33	1368.33	40%	547.332

Block 5: Discount Funding Request(s)

Block 5, page 19 of 20

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 necessary, and number the completed pages to assure that they are all processed correctly.

FRN # (to be assigned by administrator)

11 Category of Service (only ONE category should be checked) <input type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input checked="" type="radio"/> Internal Connections	15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions)	PT54156	
	16 Billing Account Number (e.g., billed telephone number)	NA	
12 Form 470 Application Number (15 digits)	209460000312891	17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 12/19/2000	
13 SPIN - Service Provider Identification Number (9 digits)	143004340	18 Contract Award Date (mm/dd/yyyy)	01/05/2001
		19a Service Start Date (mm/dd/yyyy)	07/01/01
		19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services)	
14 Service Provider Name	Dell Marketing LP	20 Contract Expiration Date (mm/dd/yyyy)	10/31/03

21 Description of This Service: You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.
 Attachment # 18A-B 19A

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 : 13546
 b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): _____

23 Calculations										
Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)
					1919.18	0	1919.18	1919.18	40%	767.672

Block 5: Discount Funding Request(s)

Block 5, page 20 of 20

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 necessary, and number the completed pages to assure that they are all processed correctly.

FRN # _____ (to be assigned by administrator)

11 Category of Service (only ONE category should be checked) <input type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input checked="" type="radio"/> Internal Connections	15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) PT54156 16 Billing Account Number (e.g., billed telephone number) NA
12 Form 470 Application Number (15 digits) 209460000312891	17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 12/19/2000
13 SPIN - Service Provider Identification Number (9 digits) 143004340	18 Contract Award Date (mm/dd/yyyy) 01/05/2001 19a Service Start Date (mm/dd/yyyy) 07/01/01 19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services)
14 Service Provider Name Dell Marketing LP	20 Contract Expiration Date (mm/dd/yyyy) 10/31/03

21 Description of This Service: You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.
 Attachment # 18A-B 20A

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 : _____

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

Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)
					8733.26	322.01	8411.25	8411.25	41%	3448.6125