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August 2, 2001

RECEIVED

AUG 24 2001

FCC MAIL ROOM

Universal Service Administrative Company
Schools & Libraries Division
Correspondence Unit-Box 125
80 South Jefferson Road
Whippany, NJ 07981

Re: Fund Year 4 FORM 471-Rejection Letter Appeal
Letter dated July 26, 2001- CC Docket Nos. 96-45 and 97-21
Applicant's Form Identifier #471-01-71, Application Number 278572

Dear Schools and Libraries Division:

This letter of appeal concerns the following issues for Sentinel School District, entity number 142988. As stated in the instructions on Block 5, page one, copies of the original form were necessary and each completed page was consecutively numbered to assure that all were processed correctly. In an attempt to avoid filling out each numbered page by hand the original page was copied using a computer and filled out with the aid of a spreadsheet. When copied using this method, however, 'FCC Form 471 - October 2000' that appears on the original form in the lower right hand corner was omitted.

I disagree with the decision stated in the rejection letter because the correct OMB-approved FCC Forms were used and all instructions were followed. Copying forms on the computer saves time, both for the applicant and the reader of the application. I feel that since the instructions on Block 5, page one did not specify what method of copying to use, that a rejection of our application is unwarranted due to the fact that correct OMB-approved FCC Forms were indeed used.

Sincerely,

A handwritten signature in cursive script that reads "Debbie Munoz".

Debbie Munoz
Maricopa County School Superintendent's Office
301 W. Jefferson, Suite 660
Phoenix, AZ 85003

Phone: (602) 506-7912
Fax: (602) 506-3753
E-mail: dmunoz@schools.maricopa.gov

FILED
AUG 24 2001
FCC MAIL ROOM

cc: Enclosures



Universal Service Administrative Company
Schools & Libraries Division

Final Year 4 FORM 471 REJECTION LETTER

July 28, 2001

CHRISTOPHER MAYNES
SENTINEL ELEMENTARY DISTRICT 71
HC 1 BOX 17
DATEBAND AZ 85308

Re: Applicant's Form Identifier: 42101-71
Form 471 Application Number: 278572

Dear Applicant:

This letter is your notification that the mailed 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 is not the correct OMB approved FCC Form 471 dated October 2000 in the lower right hand corner of the form.

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 60 days of issuance of this letter. In your letter of appeal, please include: correct contact information for the applicant, 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 through mail 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 888-200-8100. While we encourage you to resolve your appeal with the SLD first, you do 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 90 days from the date of this letter.

Schools and Libraries Division
Universal Service Administrative Company

Enclosure

(1) Form 471

Correspondence Unit - Box 125, 80 South Jefferson Road, Whippany, NJ 07981
Visit us online at <http://www.universalservice.org>

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: 471-01-71
(Create your own code to identify THIS Form 471)

Form 471 Application #: _____
(To be inserted by Fund Administrator)

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.)	Sentinel Elementary District 71		
2	Funding Year: July 1, 2001 through June 30, 2002	3	Entity Number (up to 10 digits) <u>142988-454987</u>	
4a	Street Address, P.O. Box, or Route Number	HC 1, Box 57		
	City	Dateland	State	AZ
			Zip Code	85333 -
b	Telephone Number (10 digits + ext.) (520) 454-2474 ext.			
c	Fax Number (10 digits) (520) 454-2247			
d	E-mail Address (50 characters max.)			
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.

m2

6a Contact Person's Name Christopher Maynes

First, fill in **every** item of the Contact Person's information below that is different from Item 4, above.

Then check the box next to the preferred mode of contact. (At least one box **MUST** be checked.)

b	<input type="checkbox"/>	Street Address, P.O. Box, or Route Number				
		City	State	Zip Code	-	
c	<input type="checkbox"/>	Telephone Number (10 digits + ext.)	() -	ext.		
d	<input type="checkbox"/>	Fax Number (10 digits)	() -			
e	<input type="checkbox"/>	E-mail Address (50 characters max.)				
f	Holiday/vacation/summer contact information:					

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.

Entity Number 154987 Applicant's Form Identifier 471-01-71
 Contact Person Christopher Maynes Phone Number (520) 454-2474

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

Worksheet #A- 1 / 1
 Page 1 of 1

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: Sentinel Elementary District 71

School District Entity Number: 154987

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)
Sentinel Elementary District 71 School	154987 97879	R	35	27	77%	90%	31.5
mz - 4/26/01							
Totals for calculating Weighted Average Discount			35				31.5

10c Weighted Average Discount % for Shared Services (Col. 8 total divided by Col. 4 total. Round to nearest %) \rightarrow 90%

Entity Number 154987 Applicant's Form Identific 471-01-71
 Contact Person Christopher Maynes Phone Number (520) 454-2474

Block 5: Discount Funding Request(s)

Block 5, page 1 of 8

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) 714770000310545	16 Billing Account Number (e.g., billed telephone number) 020-558-8742-001
13 SPIN - Service Provider Identification Number (9 digits) 143001192	17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 12/15/00
14 Service Provider Name AT&T Corp.	18 Contract Award Date (mm/dd/yyyy) n/a
	19a Service Start Date (mm/dd/yyyy) 07/01/01
	19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services) 6/30/02
20 Contract Expiration Date (mm/dd/yyyy) n/a	

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 # A-1

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 : 154987
 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)
\$116.00	0	\$116.00	12	\$1,392.00	0	0	0	\$1,392.00	90%	\$1,253.00

Entity Number 154987 Applicant's Form Identifier 471-01-71
 Contact Person Christopher Maynes Phone Number (520) 454-2474

Block 5: Discount Funding Request(s)

Block 5, page 2 of 8

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)	80164022
12 Form 470 Application Number (15 digits) 714770000310545	17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing)	12/15/00
13 SPIN - Service Provider Identification Number (9 digits) 143018669	18 Contract Award Date (mm/dd/yyyy)	n/a
	19a Service Start Date (mm/dd/yyyy)	07/01/01
	19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services)	6/30/02
14 Service Provider Name Alltel	20 Contract Expiration Date (mm/dd/yyyy)	n/a

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 # A-2, A-3, A-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 : 154987
 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)
\$90.00	0	\$90.00	12	\$1,080.00	0	0	0	\$1,080.00	90%	\$972.00

Entity Number 154987 Applicant's Form Identifier 471-01-71
 Contact Person Christopher Maynes Phone Number (520) 454-2474

Block 5: Discount Funding Request(s)

Block 5, page 3 of 8

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) 714770000310545	16 Billing Account Number (e.g., billed telephone number) 520-454-2539
13 SPIN - Service Provider Identification Number (9 digits) 143002467	17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 12/15/00
14 Service Provider Name TDS Telecom	18 Contract Award Date (mm/dd/yyyy) n/a
	19a Service Start Date (mm/dd/yyyy) 07/01/01
	19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services) 6/30/02
20 Contract Expiration Date (mm/dd/yyyy) n/a	

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 # A-5, A-6, A-7

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 : 154987
 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)
\$335.00	0	\$335.00	12	\$4,020.00	0	0	0	\$4,020.00	90%	\$3,618.00

Entity Number 154987 Applicant's Form Identifier 471-01-71
 Contact Person Christopher Maynes Phone Number (520) 454-2474

Block 5: Discount Funding Request(s)

Block 5, page 4 of 8

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)	AD00187-009
	16 Billing Account Number (e.g., billed telephone number)	n/a
12 Form 470 Application Number (15 digits) 975950000310720	17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing)	12/15/00
13 SPIN - Service Provider Identification Number (9 digits) 143005734	18 Contract Award Date (mm/dd/yyyy)	01/12/01
	19a Service Start Date (mm/dd/yyyy)	07/01/01
	19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services)	6/30/02
14 Service Provider Name Ikon Office Solutions Technology Svcs.	20 Contract Expiration Date (mm/dd/yyyy)	06/30/02

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 # A-8

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 : 154987
 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)
\$0.00	0	\$0.00	0	\$0.00	\$5,433.20	0	\$5,433.20	\$5,433.20	90%	\$4,889.88

Entity Number 154987 Applicant's Form Identifier 471-01-71
 Contact Person Christopher Maynes Phone Number (520) 454-2474

Block 5: Discount Funding Request(s) Block 5, page 5 of 8
 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) AD990005-002
12 Form 470 Application Number (15 digits) 975950000310720	16 Billing Account Number (e.g., billed telephone number) n/a
13 SPIN - Service Provider Identification Number (9 digits) 143005734	17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 12/15/00
	18 Contract Award Date (mm/dd/yyyy) 01/12/01
	19a Service Start Date (mm/dd/yyyy) 07/01/01
14 Service Provider Name Ikon Office Solutions Technology Svcs.	19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services) 6/30/02
	20 Contract Expiration Date (mm/dd/yyyy) 06/30/02

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 # A-9, A-10

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 : 154987
 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)
\$0.00	0	\$0.00	0	\$0.00	\$30,107.00	0	\$30,107.00	\$30,107.00	90%	\$27,096.30

Entity Number 154987 Applicant's Form Identifier 471-01-71
 Contact Person Christopher Maynes Phone Number (520) 454-2474

Block 5: Discount Funding Request(s)

Block 5, page 6 of 8

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 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)	74-2765115-900
		16 Billing Account Number (e.g., billed telephone number)	n/a
12 Form 470 Application Number (15 digits)	833850000308481	17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing)	12/12/00
13 SPIN - Service Provider Identification Number (9 digits)		18 Contract Award Date (mm/dd/yyyy)	01/12/01
143010846		19a Service Start Date (mm/dd/yyyy)	07/01/01
		19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services)	6/30/02
14 Service Provider Name		20 Contract Expiration Date (mm/dd/yyyy)	06/30/02
D3 Technologies, Inc.			

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 # A-11

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 : 154987

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)
\$1,565.45	0	\$1,565.45	12	\$18,785.40	0	0	0	\$18,785.40	90%	\$16,906.86

Entity Number 154987 Applicant's Form Identifier 471-01-71
 Contact Person Christopher Maynes Phone Number (520) 454-2474

Block 5: Discount Funding Request(s)

Block 5, page 7 of 8

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) 74-2765115-900
12 Form 470 Application Number (15 digits) 975950000310720		16 Billing Account Number (e.g., billed telephone number) n/a
13 SPIN - Service Provider Identification Number (9 digits) 143010846		17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 12/15/00
14 Service Provider Name D3 Technologies, Inc.		18 Contract Award Date (mm/dd/yyyy) 01/12/01
		19a Service Start Date (mm/dd/yyyy) 07/01/01
		19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services) 6/30/02
		20 Contract Expiration Date (mm/dd/yyyy) 06/30/02

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 # A-12

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 : 154987
 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)
\$0.00	0	\$0.00	0	\$0.00	\$24,970.00	0	\$24,970.00	\$24,970.00	90%	\$22,473.00

Entity Number 154987 Applicant's Form Identifier 471-01-71
 Contact Person Christopher Maynes Phone Number (520) 454-2474

Block 5: Discount Funding Request(s)

Block 5, page 8 of 8

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)	AD000217-003
	16 Billing Account Number (e.g., billed telephone number)	n/a
12 Form 470 Application Number (15 digits) 975950000310720	17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing)	12/15/00
13 SPIN - Service Provider Identification Number (9 digits) 143005746	18 Contract Award Date (mm/dd/yyyy)	01/17/01
	19a Service Start Date (mm/dd/yyyy)	07/01/01
	19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services)	6/30/02
14 Service Provider Name Comlink Contracting Southwest	20 Contract Expiration Date (mm/dd/yyyy)	06/30/02

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 # A-13

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 : 154987
 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)
\$0.00	0	\$0.00	0	\$0.00	\$10,360.22	0	\$10,360.22	\$10,360.22	90%	\$9,324.20