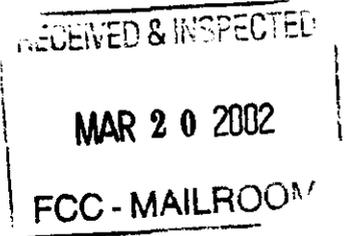




City of Phoenix

PARKS, RECREATION & LIBRARY DEPARTMENT
PHOENIX PUBLIC LIBRARY



March 19, 2002

Federal Communication Commission
Office of the Secretary
9300 East Hampton Drive
Capital Heights, MD 20743

Dear Sir/Madame:

APPEAL LETTER

Re: **CC Docket Nos. 96-45 and 97-21/**
Billed Entity Number: 142893
471 Application Number: 231636
Funding Request Number(s): 690949, 690650, 690651, 690652, 690653
690654, 690655, 690656, 690657, 690658,
690669, 690670, 690671, 690672, 690673

SLD Correspondence Dated: January 21, 2002

The Phoenix Public Library is appealing the Schools and Libraries Division ("SLD") of the Universal Administrative Company ("USAC") January 21, 2002 decision (Attachment 1) in which the Phoenix Public Library's Amended SLD-Form 471 (Attachment 2) was denied.

FRN# 690649, 690650, 690651, 690652, 690653, 690654, 690655, 690656, 690657, 690658, 690669, 690670, 690671, 690672, 690673 were denied for the following reason:

"FCC rules require that except under limited circumstances, all Forms 470 received be posted on the website for 28 days, and that applicants carefully consider all bids received before selecting a vendor, entering into agreement or signing a contract, and signing and submitting Form 471."

No. of Originals 0
List ABOVE

The Library filed our 470 Funding Application in Year 2. We were informed by the Arizona State Library, Archives and Public Records that the Phoenix Public Library did not have to file a 470 Application for Year 3 and Year 4 because nothing had changed since the approval of the Year 2 Technology Plan. In addition, the City of Phoenix / the Phoenix Public Library can only do business for phone and data/telecommunications as governed by an existing contract with Qwest. Attached is a memo from Peg Davis, Deputy ITD Director explaining the situation (Attachment 3).

I have attached copies of the Library's 470 Funding Year 2 Application (Attachment 4) along with the Original Analog Contract (Contract #75254), Attachment 5) and Renewal Analog Contract (Contract #97897, Attachment 6) with Qwest. The Original Analog Contract covered period from 7/1/96-6/30/01 and the Renewal Analog Contract covers the period from 7/01/01-6/30/06.

FRN# 690651 was denied for the following reason:

“The accuracy of the information submitted is the responsibility of the applicant. We are unable to accept amended information during the appeal process”.

The connection is for charges incurred for 56K lines used by the Library Branches and therefore should have been marked as Internet Access instead of Internal Connections. Enclosed is a copy of the Library's T1/56K contract (Contract #89295, Attachment 7).

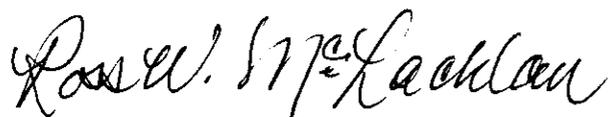
Form-471, Year 4 Application was amended (Attachment 2) to correct this error. Additionally, the Library amended Block 5 Section of Form 471 to reflect the reduction in Telecommunication Services that the Library is being charged by the City Of Phoenix. On 7/01/01 the City of Phoenix reduced the amount the Phoenix Public Library is charged for each phone line from \$66 to \$25.60.

Attached are the following forms:

1. USAC Funding Commitment Decision Letter, Funding Year 4, 1/21/02
2. Amended Form 471, Funding Year 4
3. Peg Davis, Deputy ITD Director's Memo
4. Form 470, Funding Year 2
5. Qwest Renewal Analog Contract
6. Qwest Original Analog Contract
7. Qwest Original T1/56K Contract
8. USAC Funding Commitment Decision Letter, Funding Year 4, 9/28/01
9. Phoenix Public Library's 10/23/01 Appeal Letter
10. Technology Plan, Funding Year 1
11. Technology Plan, Funding Year 2

If you need any additional information you can contact me at 602-262-7036 or David Michael at 602-262-4733.

Sincerely,

A handwritten signature in black ink that reads "Ross W. McLachlan". The signature is written in a cursive style with a large initial 'R' and 'M'.

Ross W. McLachlan
Library Services Administrator
Phoenix Public Library
1221 N Central Avenue
Phoenix, AZ 85004
PH# 602-262-7036
FAX# 602-261-8836
rmclachl@lib.ci.phoenix.az.us



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

January 21, 2002

Ross McLachlan
Library Services Administrator
Phoenix Public Library
1221 N central Ave
Phoenix, AZ 85004

Re: Billed Entity Number: 142893
471 Application Number: 231636-6
Funding Request Number(s): 690949, 690650, 690651, 690652, 690653,
690654, 690655, 690656, 690657, 690658,
690669, 690670, 690671, 690672, 690673
Your Correspondence Dated: October 23, 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: 690949, 690650, 690651, 690652, 690653, 690654,
690655, 690656, 690657, 690658, 690669, 690670,
690671, 690672, 690673

Decision on Appeal: **Denied in full.**
Explanation:

- In your letter of appeal you claim that the Arizona State Library, Archives and Public record that the Phoenix Public Library did not have to file a Form 470 in funding year 3 or 4 because Qwest Corporation is the only service provider that can do business with the library.
- Tariff and month-to-month services are subject to competitive bidding requirements every year.

Attachment 1

- FCC rules require that except under limited circumstances, all Forms 470 received be posted on the website for 28 days, and that applicants carefully consider all bids received before selecting a vendor, entering into an agreement or signing a contract, and signing and submitting a Form 471. *See* 47 C.F.R. §§ 54.504; 54.511(a), (c). These competitive bidding requirements help ensure that applicants receive the lowest pre-discount price from vendors. *See Federal-State Joint Board on Universal Service*, CC Docket No. 96-45, Order on Reconsideration, 12 FCC Rcd 10095, 10098 ¶ 9 (1997). The only exceptions to the posting requirement are for: (1) contracts signed on or before July 10, 1997 for the life of the contract; (2) contracts signed between July 10, 1997 and before January 30, 1998 (the date on which the website became operational) for services provided through June 30, 1999. *See* 47 C.F.R. § 54.511(c); *Fifth Reconsideration Order*, 13 FCC Rcd at 14916 ¶ 2, and 14920 ¶ 8 (extending Year One funding period through June 30, 1999).

Funding Request Number: 690651
Decision on Appeal: **Denied in full.**
Explanation:

- In your letter of appeal you state that you made a mistake when you were filling out your Form 471 by checking internal connections instead of Internet access which was the services you were seeking.
- The accuracy of the information submitted is the responsibility of the applicant. We are unable to accept amended information during the appeal process.
- You filed a Form 471 as an individual applicant seeking funding for internal connections. You indicated on your Form 471 that your discount eligibility is 55%. FCC rules require that where demand for funding exceeds available support, first priority be given to requests for telecommunications services and Internet access. *See* 47 C.F.R. §54.507(g)(1)(i). FCC rules further require that requests for internal connections be given second priority, and be funded only if funds remain after support has been provided for telecommunications and Internet access through all discount levels in a funding year. *See* 47 C.F.R. § 54.507(g)(1)(ii). Where demand for discounts for internal connections exceeds available support, FCC rules require that funding be allocated to the most economically disadvantaged schools as determined by the matrix at 47 C.F.R. § 54.505(c). *See* 47 C.F.R. § 54.507(g)(1)(ii). Pursuant to the matrix, funds are allocated first to applicants eligible for a 90 percent discount, then to schools eligible for an 80 percent discount, and in the same manner until no funds remain. *See* 47 C.F.R. § 54.507(g)(1)(ii)-(iii). For schools and libraries that create consortia for the purposes of making funding requests and sharing services, the discount level is calculated by averaging the applicable discounts of the schools and libraries that are

members of the consortia. *See* 47 C.F.R. § 54.505(4). Because discount levels for consortia are determined in this manner, the discount levels for shared services requests are single discount level percentages rather than the broad discount level percentages for individual applicants as determined by the matrix. *See* 64 Fed. Reg. 33785 (1999). Consequently, where demand for discounts for internal connections exceeds available support, funds are allocated first to applicants at the 90 percent discount level, and then at each descending single percentage until there are no remaining funds. *See* 47 C.F.R. § 54.507(g)(1)(iii).

If you believe there is a basis for further examination of your application, you may file an appeal with the Federal Communications Commission (FCC) via United States Postal Service: FCC, Office of the Secretary, 445-12th Street SW, Washington, DC 20554. If you are submitting your appeal to the FCC by other than United States Postal Service, check the SLD web site for more information. Please reference CC Docket Nos. 96-45 and 97-21 on the first page of your appeal. **The FCC must RECEIVE your appeal WITHIN 60 DAYS OF THE ABOVE DATE ON THIS LETTER for your appeal to be filed in a timely fashion.** Further information and new options for filing an appeal directly with the FCC can be found in the "Appeals Procedure" posted in the Reference Area of the SLD web site, www.sl.universalservice.org.

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

Schools and Libraries Division
Universal Service Administrative Company

Amended YR 4

FCC Form 471

Do not write in this area.

Approval by OMB
3060-0806

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: PPL00 ERATE 471

(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.) **Phoenix Public Library**

2 Funding Year: July 1, 2001 through June 30, 2002 3 Entity Number (up to 10 digits) **142893**

4a Street Address, P.O. Box, **1221 N Central Avenue**
or Route Number

City **Phoenix** State **AZ** Zip Code **85004 -**

b Telephone Number (10 digits + ext.) **(602) 262 - 7036 ext.**

c Fax Number (10 digits) **(602) 261 - 8836**

d E-mail Address (50 characters max.) **rmclachi@lib.ci.phoenix.az.us**

5 Type of Application School (public or non-public school)
 School District (LEA; public or non-public (e.g., diocesan) local district representing multiple schools)
 Library (library (i.e. outlet/branch, system))
 Consortium Check here if any members of this consortium are ineligible non-governmental entities.

6a Contact Person's Name **Ross W. McLachlan**
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 Street Address, P.O. Box, or Route Number
City State Zip Code

c Telephone Number (10 digits + ext.) () - ext.

d Fax Number (10 digits) () -

e 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	142893	Applicant's Form Identifier	PPL00 ERATE 471
Contact Person	Ross W. McLachlan	Phone Number	602-262-7036

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?		
b	High-bandwidth voice/data/video service: How many buildings served before and after your order?	13	13
c	High-bandwidth voice/data/video service: Highest speed to a building before and after your order?	T-1	T-1
d	Dial-up Internet connections: How many before and after your order?		
e	Dial-up Internet connections: Highest speed before and after your order?		
f	Direct connections to the Internet: How many before and after your order?	1	1
g	Direct connections to the Internet: Highest speed before and after your order?	T-1	T-1
h	Internet access (for schools): How many rooms have Internet access before and after your order?		
i	Internet access (for libraries): How many buildings have Internet access before and after your order?		
j	Internet access: How many computers (or other devices) with Internet access before and after your order?		
k	Other technology outcomes: (please specify):	N/A	N/A

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.

Entity Number <u>142893</u>	Applicant's Form Identifier <u>PPL00 ERATE 471</u>
Contact Person <u>Ross W. McLachlan</u>	Phone Number <u>602-262-7036</u>

Block 4: Discount Calculation Worksheet B For Libraries

Worksheet #B- 1
Page 1 of 2

Instructions: If you are filing a library application, use this worksheet to calculate the discount rate(s) for outlets/branches and systems.

(For Administrator's Use)

10a If you are:

- Applying for discounts **ONLY** for one outlet/branch or **ONLY** for site-specific services:
Complete columns 1-5 only for each outlet/branch. Add and number pages as needed.
- Applying for discounts on services shared by **ALL** outlets/branches in the library system (with or without site-specific services as well):
Complete columns 1-5 PLUS 10c below.
- Applying for discounts on different shared services that are shared by different groups of outlets/branches:
Complete one worksheet, columns 1-5 PLUS 10c, for EACH different group of outlets/branches sharing a service. Designate this worksheet B-1, B-2, B-3, etc.

10b List entities and calculate discount(s).

Library System Name: Phoenix Public Library

Library System Entity Number: 142893

1 Name of Eligible Library (outlet/branch)	2 Entity Number (1-10 digits)	3	4 Name of School District in which outlet/branch in Column 1 is located	5 Weighted Average Discount for the School District in Column 4 (round to nearest %)
Burton Barr Central Library	167895	U	Phoenix Elementary School Dist #1	90%
Acacia Branch	97161	U	Washington School District	45%
Century Branch	97106	U	Madison School District	42%
Cholla Branch	97358	U	Washington School District	45%
Desert Sage Branch	205580	U	Cartwright School District	71%
Harmon Branch	96996	U	Phoenix Elementary School Dist #1	90%
Ironwood Branch	97348	U	Kyrene School District	20%
Juniper Branch	97213	U	Deer Valley Unified School District	20%
Mesquite Branch	97270	U	Paradise Valley School District	23%
Totals for calculating Shared Discount				

10c Shared Discount % (Col. 5 total divided by # of outlets/branches in Col. 1. Round to nearest %) →

Entity Number 142893 Applicant's Form Identifier PPL00 ERATE 471
 Contact Person Ross W. McLachlan Phone Number 602-262-7036

Block 4: Discount Calculation Worksheet B For Libraries

Worksheet #B- 1
Page 2 of 2

Instructions: If you are filing a library application, use this worksheet to calculate the discount rate(s) for outlets/branches and systems.

(For Administrator's Use)

10a If you are:

- Applying for discounts **ONLY** for one outlet/branch or **ONLY** for site-specific services:
Complete columns 1-5 only for each outlet/branch. Add and number pages as needed.
- Applying for discounts on services shared by **ALL** outlets/branches in the library system (with or without site-specific services as well):
Complete columns 1-5 PLUS 10c below.
- Applying for discounts on different shared services that are shared by different groups of outlets/branches:
Complete one worksheet, columns 1-5 PLUS 10c, for EACH different group of outlets/branches sharing a service. Designate this worksheet B-1, B-2, B-3, etc.

10b List entities and calculate discount(s).

Library System Name: Phoenix Public Library

Library System Entity Number: 142893

1	2	3	4	5
Name of Eligible Library (outlet/branch)	Entity Number (1-10 digits)		Name of School District in which outlet/branch in Column 1 is located	Weighted Average Discount for the School District in Column 4 (round to nearest %)
Ocotillo Branch	97328		Roosevelt School District	86%
Palo Verde Branch	97241		Alhambra School District	85%
Saguaro Branch	97023		Scottsdale Unified School District	20%
Yucca Branch	97089		Osborn School District	83%
Totals for calculating Shared Discount				55%

10c Shared Discount % (Col. 5 total divided by # of outlets/branches in Col. 1. Round to nearest %) →

Entity Number 142893 Applicant's Form Identifier PPL00 ERATE 471
 Contact Person Ross W. McLachlan Phone Number 602-262-7036

Block 5: Discount Funding Request(s)

Block 5, page 1 of 15

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) 806280000230519	16 Billing Account Number (e.g., billed telephone number) 602-262-7036
13 SPIN - Service Provider Identification Number (9 digits) 143005231	17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 04/02/1999
14 Service Provider Name US West	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 # 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: 167895
 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)
\$2,611	\$0	\$2,611	12	\$31,334	\$0	\$0	\$0	\$31,334	90%	\$28,200.96

Entity Number 142893 Applicant's Form Identifier PPL00 ERATE 471
 Contact Person Ross W. McLachlan Phone Number 602-262-7036

Block 5: Discount Funding Request(s)

Block 5, page 2 of 15

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) T
	16 Billing Account Number (e.g., billed telephone number) 602-262-7036
12 Form 470 Application Number (15 digits) 806280000230519	17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 04/02/1999
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	19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services) 06/30/2002
14 Service Provider Name US West	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 # 2

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: 167895
 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)
\$599	\$0	\$599	12	\$7,189	\$0	\$0	\$0	\$7,189	90%	\$6,470.39

Entity Number 142893 Applicant's Form Identifier PPL00 ERATE 471
 Contact Person Ross W. McLachlan Phone Number 602-262-7036

Block 5: Discount Funding Request(s)

Block 5, page 3 of 15

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 # _____

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) T 16 Billing Account Number (e.g., billed telephone number) 602-262-7036
12 Form 470 Application Number (15 digits) 806280000230519	17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 04/02/1999
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	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 US West	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 # 3

22 Entity/Entities Receiving This Service:
 a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : _____
 b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): B-1 (199457)

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)
\$958	\$0	\$958	12	\$11,496	\$0	\$0	\$0	\$11,496	55%	\$6,322.54

Entity Number 142893 Applicant's Form Identifier PPL00 ERATE 471
 Contact Person Ross W. McLachlan Phone Number 602-262-7036

Block 5: Discount Funding Request(s)

Block 5, page 4 of 15

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.

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) 806280000230519	16 Billing Account Number (e.g., billed telephone number) 602-262-7036									
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	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 # <u>4</u>										
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 : <u>97161</u> 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)
\$77	\$0	\$77	12	\$922	\$0	\$0	\$0	\$922	45%	\$414.72

Entity Number <u>142893</u>	Applicant's Form Identifier <u>PPL00 ERATE 471</u>	
Contact Person <u>Ross W. McLachlan</u>	Phone Number <u>602-262-7036</u>	

Block 5: Discount Funding Request(s)

Block 5, page 5 of 15

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.

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) <div style="text-align: right;">80628000230519</div>	16 Billing Account Number (e.g., billed telephone number) 602-262-7036									
13 SPIN - Service Provider Identification Number (9 digits) <div style="text-align: right;">143005231</div>	17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 04/02/1999									
14 Service Provider Name <div style="text-align: right;">US West</div>	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									
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 # <u>5</u>									
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 : <u>97106</u> 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)
\$102	\$0	\$102	12	\$1,229	\$0	\$0	\$0	\$1,229	42%	\$516.10

Block 5: Discount Funding Request(s)

Block 5, page 6 of 15

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 [REDACTED]

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) 806280000230519	16 Billing Account Number (e.g., billed telephone number) 602-262-7036
13 SPIN - Service Provider Identification Number (9 digits) 143005231	17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 04/02/1999
14 Service Provider Name US West	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 # 6

22 Entity/Entities Receiving This Service:
 a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : 97358
 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 (1 x J)
\$282	\$0	\$282	12	\$3,379	\$0	\$0	\$0	\$3,379	45%	\$1,520.64

Block 5: Discount Funding Request(s)

Block 5, page 7 of 15

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) 806280000230519					16 Billing Account Number (e.g., billed telephone number) 602-262-7036					
13 SPIN - Service Provider Identification Number (9 digits) 143005231					17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 04/02/1999					
14 Service Provider Name US West					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 # <u>7</u>					
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: <u>205580</u> 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)
\$102	\$0	\$102	12	\$1,229	\$0	\$0	\$0	\$1,229	71%	\$872.45

Block 5: Discount Funding Request(s)

Block 5, page 8 of 15

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: (b) (6)

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) 806280000230519		16 Billing Account Number (e.g., billed telephone number) 602-262-7036	
13 SPIN - Service Provider Identification Number (9 digits) 143005231		17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 04/02/1999	
14 Service Provider Name US West		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 # 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 : 96996
 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)
\$154	\$0	\$154	12	\$1,843	\$0	\$0	\$0	\$1,843	90%	\$1,658.88

Entity Number 142893 Applicant's Form Identifier PPL00 ERATE 471
 Contact Person Ross W. McLachlan Phone Number 602-262-7036

Block 5: Discount Funding Request(s)

Block 5, page 9 of 15

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 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) 806280000230519		16 Billing Account Number (e.g., billed telephone number) 602-262-7036
13 SPIN - Service Provider Identification Number (9 digits) 143005231		17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 04/02/1999
		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 US West		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 # 9

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 : 97348
 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)
\$256	\$0	\$256	12	\$3,072	\$0	\$0	\$0	\$3,072	20%	\$614.40

Block 5: Discount Funding Request(s)

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

FRN [REDACTED] (to be assigned by grantee)

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) 602-262-7036
12 Form 470 Application Number (15 digits) 806280000230519	17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 04/02/1999
13 SPIN - Service Provider Identification Number (9 digits) 143005231	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 US West	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 # 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: 97213
 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)
\$179	\$0	\$179	12	\$2,150	\$0	\$0	\$0	\$2,150	20%	\$430.08

Block 5: Discount Funding Request(s)

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

FRN: [REDACTED] (to be assigned by utility)

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) 602-262-7036
12 Form 470 Application Number (15 digits) 806280000230519	17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 04/02/1999
13 SPIN - Service Provider Identification Number (9 digits) 143005231	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 US West	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 # 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 : 97270
 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)
\$154	\$0	\$154	12	\$1,843	\$0	\$0	\$0	\$1,843	23%	\$423.94

Block 5: Discount Funding Request(s)

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

FRN: (to be assigned by the utility)

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) 806280000230519	16 Billing Account Number (e.g., billed telephone number) 602-262-7036
13 SPIN - Service Provider Identification Number (9 digits) 143005231	17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 04/02/1999
14 Service Provider Name US West	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 # 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 : 97328
 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)
\$77	\$0	\$77	12	\$922	\$0	\$0	\$0	\$922	86%	\$792.58

Block 5: Discount Funding Request(s)

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

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) 806280000230519	16 Billing Account Number (e.g., billed telephone number) 602-262-7036
13 SPIN - Service Provider Identification Number (9 digits) 143005231	17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 04/02/1999
	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 US West	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 # 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 : 97241
 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)
\$128	\$0	\$128	12	\$1,536	\$0	\$0	\$0	\$1,536	85%	\$1,305.60

Entity Number 142893 Applicant's Form Identifier PPL00 ERATE 471
 Contact Person Ross W. McLachlan Phone Number 602-262-7036

Block 5: Discount Funding Request(s)

Block 5, page 14 of 15

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.

ERN # _____ (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) 806280000230519	16 Billing Account Number (e.g., billed telephone number) 602-262-7036
13 SPIN - Service Provider Identification Number (9 digits) 143005231	17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 04/02/1999
14 Service Provider Name US West	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 # 14

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 : 97023
 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)
\$102	\$0	\$102	12	\$1,229	\$0	\$0	\$0	\$1,229	20%	\$245.76

Entity number 142893 Applicant's Form Identifier PPL00 ERATE 471
 Contact Person Ross W. McLachlan Phone Number 602-262-7036

Block 5: Discount Funding Request(s)

Block 5, page 15 of 15

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 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) 602-262-7036
12 Form 470 Application Number (15 digits) 806280000230519	17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 04/02/1999
13 SPIN - Service Provider Identification Number (9 digits) 143005231	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 US West	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 # 15

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 : 97089
 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)
\$154	\$0	\$154	12	\$1,843	\$0	\$0	\$0	\$1,843	83%	\$1,529.86