

Entity Number 143585 Applicant's Form Identifier EM8INET
 Contact Person Lawrence Tang Contact Telephone Number 626-453-3739

Block 4: Discount Calculation Worksheet

Worksheet A-1
 Page 1 of 3

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

9a List entities and calculate discount(s):
 School District or Library System Name: El Monte City SD School District or Library System Entity Number: 143585 (For Administrator's Use)

1 Name of Eligible Entity	2 Entity Number AND NCES Code (for Schools) or FSCS Code (for Libraries)	3 Urban or Rural U or R	4 Total Number of Students	5 Number of Students Eligible for NSLP	6 Percent of 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)	9 Pre-K Adult Ed Or Juvenile Justice	10 All Disc Mech	11 Entity Number of School District in which Library Outlet/Branch is Located	12 Discount of Member Entity	13 Shared Discount
ALL ENTITIES			SCHOOLS AND LIBRARIES				Schools with Shared Services	Schools	Library Outlets/Branches	Consortia		
AHERRYVILLE	703734	U	377	27	74	80	299					
CLEMENSON	703774	U	477	27	62	277						
COLUMBIA	703777	U	707	77	92	776						
PORTRADAZ	703752	U	727	577	92	77	527					
PURPES	703777	U	770	772	76	777						
BIDLEY	703778	U	757	775	80	77	522					

9b Shared Services

SCHOOL DISTRICTS: (Including groups of schools within school districts.) Calculate the totals of Columns 4 and 8. Divide the total of Column 8 by the total of Column 4. Enter the result in Column 13.	- SEE NEXT											
LIBRARY SYSTEMS: Calculate the total of Column 7. Divide this total by the number of outlets/branches. Enter the result in Column 13.												
CONSORTIA: Calculate the total of Column 12. Divide this total by the number of member entities. Enter the result in Column 13.												

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9a List entities and calculate discount(s):
 School District or Library System Name: El Monte City SD School District or Library System Entity Number: 143585 (For Administrator's Use)

1 Name of Eligible Entity	2 Entity Number AND NCES Code (for Schools) or FSCS Code (for Libraries)	3 Urban or Rural U or R	4 Total Number of Students	5 Number of Students Eligible for NSLP	6 Percent of 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)	9 Pre-K Adult Ed Or Juvenile Justice	10 Alt Disc Mech	11 Entity Number of School District in which Library Outlet/Branch is Located	12 Discount of Member Entity	13 Shared Discount
ALL ENTITIES			SCHOOLS AND LIBRARIES				Schools with Shared Services	Schools	Library Outlets/Branches	Consortia		
LEGORE	103127	<input checked="" type="checkbox"/>	488	577	89	90	4392	<input type="checkbox"/>	<input type="checkbox"/>			
MULHOLLAND	703722	<input checked="" type="checkbox"/>	415	363	87	90	3726	<input type="checkbox"/>	<input type="checkbox"/>			
NEW LEXINGTON	703742	<input checked="" type="checkbox"/>	222	202	91	90	1998	<input type="checkbox"/>	<input type="checkbox"/>			
NORWOOD	702737	<input checked="" type="checkbox"/>	222	213	96	90	2016	<input type="checkbox"/>	<input type="checkbox"/>			
POTRERO	703745	<input checked="" type="checkbox"/>	222	202	91	90	1998	<input type="checkbox"/>	<input type="checkbox"/>			
RIDGEMOND	702796	<input checked="" type="checkbox"/>	925	772	83	90	7500	<input type="checkbox"/>	<input type="checkbox"/>			

9b Shared Services

SCHOOL DISTRICTS: (Including groups of schools within school districts.) Calculate the totals of Columns 4 and 8. Divide the total of Column 8 by the total of Column 4. Enter the result in Column 13.	SEE NEXT						SEE NEXT					
LIBRARY SYSTEMS: Calculate the total of Column 7. Divide this total by the number of outlets/branches. Enter the result in Column 13.												
CONSORTIA: Calculate the total of Column 12. Divide this total by the number of member entities. Enter the result in Column 13.												

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Block 4: Discount Calculation Worksheet

Worksheet A-1
 Page 3 of 3

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9a List entities and calculate discount(s): El Monte City SD School District or Library System Entity Number: 143585 (For Administrator's Use)

1 Name of Eligible Entity	2 Entity Number AND NCES Code (for Schools) or PSCS Code (for Libraries)	3 Urban or Rural U or R	4 Total Number of Students	5 Number of Students Eligible for NSLP	6 Percent of 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)	9 Pre-K Adult Ed Or Juvenile Justice	10 All Disc Mech	11 Entity Number of School District In which Library Outlet/Branch is Located	12 Discount of Member Entity	13 Shared Discount
ALL ENTITIES			SCHOOLS AND LIBRARIES				Schools with Shared Services	Schools	Library Outlets/Branches	Consortia		
ZONA	203758	U	251	270	70	90	228					
ZONA VISTA	203720	U	330	327	75	90	397					
SHARPER	203728	U	207	243	90	90	228					
WILKERSON	203756	U	292	223	70	90	223					
ORIGHT	203732	U	200	722	80	90	870					
THOMPSON	203730	U	382	287	70	90	374					

9b Shared Services

SCHOOL DISTRICTS: (Including groups of schools within school districts.) Calculate the totals of Columns 4 and 8. Divide the total of Column 8 by the total of Column 4. Enter the result in Column 13.	11230						20020					89
LIBRARY SYSTEMS: Calculate the total of Column 7. Divide this total by the number of outlets/branches. Enter the result in Column 13.												
CONSORTIA: Calculate the total of Column 12. Divide this total by the number of member entities. Enter the result in Column 13.												

Entity Number 143585 Applicant's Form Identifier EM8INET
 Contact Person Lawrence Tang Phone Number 626-452-3739

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

Block 5, page 3 of 3

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

11 Category of Service (only ONE category should be checked)
 PRIORITY 1 Telecommunications Service
 Internet Access
 PRIORITY 2 Internal Connections Other than Basic Maintenance
 Basic Maintenance of Internal Connections

12 Form 470 Application Number

13 SPIN - Service Provider Identification Number

14 Service Provider Name

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

15b Contract Number

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

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

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

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

17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 12/11/2004

18 Contract Award Date (mm/dd/yyyy)

19 Service Start Date (mm/dd/yyyy) 07/01/2005

20a Service End Date (mm/dd/yyyy) 06/30/2006

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

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

Attachment

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., 1):

23 Calculations	
Recurring Charges	A. Monthly charges (total amount per month for service) <input type="text"/>
	B. How much of the amount in A is ineligible? <input type="text"/>
	C. Eligible monthly pre-discount amount (A minus B) <input type="text"/>
	D. Number of months service provided in funding year <input type="text"/>
	E. Annual pre-discount amount for eligible recurring charges (C x D) <input type="text"/>
Non-Recurring Charges	F. Annual non-recurring charges <input type="text"/>
	G. How much of the amount in F is ineligible? <input type="text"/>
	H. Annual eligible pre-discount amount for non-recurring charges (F minus G) <input type="text"/>
Total Charges	I. Total funding year pre-discount amount (E + H) <input type="text"/>
	J. Discount from Block 4 Worksheet <input type="text"/>
	K. Funding Commitment Request (I x J) <input type="text"/>

Do not write in this area

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Contact Person Lawrence Tang Phone Number 626-453-3739

Block 6: Certifications and Signature

- 24 I certify that 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 **No Child Left Behind Act of 2001, 20 U.S.C. Secs. 7801(18) and (38)**, 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, secondary schools, colleges, or universities.
- 25 I certify that the entity I represent or the entities listed on this application have secured access, separately or through this program, to all of the resources, including computers, training, software, internal connections, maintenance, and electrical capacity, necessary to use the services purchased effectively. I recognize that some of the aforementioned resources are not eligible for support. I certify that the entities I represent or the entities listed on this application have secured access to all of the resources to pay the discounted charges for eligible services from funds to which access has been secured in the current funding year. I certify that the Billed Entity will pay the non-discount portion of the cost of the goods and services to the service provider(s).

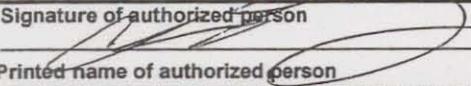
- | | | |
|---|---|--|
| a | Total funding year pre-discount amount on this Form 471
(Add the entries from Items 23I on all Block 5 Discount Funding Requests.) | |
| b | Total funding commitment request amount on this Form 471
(Add the entries from Items 23K on all Block 5 Discount Funding Requests.) | |
| c | Total applicant non-discount share
(Subtract Item 25b from Item 25a.) | |
| d | Total budgeted amount allocated to resources not eligible for E-rate support | |
| e | Total amount necessary for the applicant to pay the non-discount share of the services requested on this application AND to secure access to the resources necessary to make effective use of the discounts. (Add Items 25c and 25d.) | |
| f | <input checked="" type="checkbox"/> Check this box if you are receiving any of the funds in Item 25e directly from a service provider listed on any of the Forms 471 filed by this Billed Entity for this funding year, or if a service provider listed on any of the Forms 471 filed by this Billed Entity for this funding year assisted you in locating funds in Item 25e. | |

- 26 I certify that all of the schools and libraries or library consortia listed in Block 4 of this application are covered by technology plans that are written, that cover all 12 months of the funding year, and that have been or will be approved by a state or other authorized body, and an SLD-certified technology plan approver, prior to the commencement of service. The plans were written at the following level(s):
- 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, cellular, PCS, and/or long distance telephone service and/or voice mail only.
- 7 I certify that I posted my Form 470 and (if applicable) made my RFP available for at least 28 days before considering all bids received and selecting a service provider. I certify that all bids submitted were carefully considered and the most cost-effective service offering was selected, with price being the primary factor considered, and is the most cost-effective means of meeting educational needs and technology plan goals.
- 8 I certify that the entity responsible for selecting the service provider(s) has reviewed all applicable FCC, state, and local procurement/competitive bidding requirements and that the entity or entities listed on this application have complied with them.
- 9 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, except as permitted by the Commission's rules at 47 C.F.R. Sec. 54.500(k). Additionally, I certify that the Billed Entity has not received anything of value or a promise of anything of value, other than services and equipment requested under this form, from the service provider(s), or any representative or agent thereof or any consultant in connection with this request for services.
- I certify that I and the entity(ies) I represent have 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. There are signed contracts covering all of the services listed on this Form 471 except for those services provided under non-contracted tariffed or month-to-month arrangements. I acknowledge that failure to comply with program rules could result in civil or criminal prosecution by the appropriate law enforcement authorities.

Do not write in this area

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 Contact Person Lawrence Tang Phone Number 626-453-3739

- 31 I acknowledge 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 service, receive an appropriate share of benefits from those services.
- 32 I certify that I will retain required documents for a period of at least five years after the last day of service delivered. I certify that I will retain all documents necessary to demonstrate compliance with the statute and Commission rules regarding the application for, receipt of, and delivery of services receiving schools and libraries discounts, and that if audited, I will make such records available to the Administrator. I acknowledge that I may be audited pursuant to participation in the schools and libraries program.
- 33 I certify that I am authorized to order telecommunications and other supported services for the eligible entity(ies) listed on this application. I certify that I am authorized to submit this request on behalf of the eligible entity(ies) listed on this application, that I have examined this request, that all of the information on this form is true and correct to the best of my knowledge, that the entities that are receiving discounts pursuant to this application have complied with the terms, conditions and purposes of the program, that no kickbacks were paid to anyone and that 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 and civil violations of the False Claims Act.
- 34 I acknowledge that FCC rules provide that persons who have been convicted of criminal violations or held civilly liable for certain acts arising from their participation in the schools and libraries support mechanism are subject to suspension and debarment from the program. I will institute reasonable measures to be informed, and will notify USAC should I be informed or become aware that I or any of the entities listed on this application, or any person associated in any way with my entity and/or the entities listed on this application, is convicted of a criminal violation or held civilly liable for acts arising from their participation in the schools and libraries support mechanism.
- 35 I certify that if any of the Funding Requests on this Form 471 are for discounts for products or services that contain both eligible and ineligible components, that I have allocated the cost of the contract to eligible and ineligible components as required by the Commission's rules at 47 C.F.R. Sec. 54.504(g)(1), (2).
- 36 I certify that this funding request does not constitute a request for internal connections services, except basic maintenance services, in violation of the Commission requirement that eligible entities are not eligible for such support more than twice every five funding years beginning with Funding Year 2005 as required by the Commission's rules at 47 C.F.R. Sec. 54.506(c).
- 37 I certify that the non-discount portion of the costs for eligible services will not be paid by the service provider. The pre-discount costs of eligible services featured on this Form 471 are net of any rebates or discounts offered by the service provider. I acknowledge that, for the purpose of this rule, the provision, by the provider of a supported service, of free services or products unrelated to the supported service or product constitutes a rebate of some or all of the cost of the supported services.

38 Signature of authorized person  39 Date 11/25/04

40 Printed name of authorized person LAWRENCE TANG

41 Title or position of authorized person ADMINISTRATOR

42a Street Address, P.O. Box, or Route Number 170 N G G E M C S D O R S

City LA MONTE

State CA Zip Code 91731

42b Telephone number of authorized person 626 453 3739 Ext 42c Fax number of authorized person 626 453 0465

42d E-mail address of authorized person L.TANG@GEMCSD.ORG

42e Name of authorized person's employer LA MONTE CITY SD

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.

NOTICE: 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 services 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 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 any applicable 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. In addition, consistent with the Communications Act of 1934, FCC regulations and orders, the Freedom of Information Act, 5 U.S.C. § 552, or other applicable law, information provided in or submitted with this form or in response to subsequent inquiries may be disclosed to the public.

If you owe a past due debt to the Federal government, the 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 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**

For express delivery services or U.S. Postal Service, Return Receipt Requested, mail this form to:

**SLD Forms
ATTN: SLD Form 471
3833 Greenway Drive
Lawrence, Kansas 66046
(888) 203-8100**

Attachment # EM8INET

Billed entity: #143585

Service provider: SBC-Pacific Bell

Form 470 #404820000509872

Account #332-256-3074-975

The El Monte City School District, through e-rate funding, has provided internal wiring and switching equipment to make internet service available to over 630 classrooms and 27 computer labs in the 18 school sites within the district. In all, over 2200 computers are available to students and teachers, each having internet access.

We are applying for monthly reoccurring charges for Internet Services that was approved in Year 6 Erate.

(See attachment for price quote)

The existing configuration is:

1. District office is connected to the Internet via a 10mb ATM connection to Pacific Bell Internet.
2. All school sites connect to district office through two T1 lines for Internet services.
3. Centralized Internet service for the school sites allows for better filtering and maintenance services.

Lawrence Tang
Information Technology Administrator
El Monte City School District
Voice (626)453-3739
Fax: (626)442-0465
E-Mail ltang@emcsd.org

El Monte City School District

**3540 N. Lexington Ave.
El Monte, CA 91731-2684**

**Phase 8
ERATE Application**

**Form 470 Application Number:
404820000509872**

Identifier: EM8IMAGE

IMAGETIME

**Schools and Libraries Universal Service
Description of 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. (You can also file online at www.sl.universalservice.org.)

The instructions include information on the deadlines for filing this application.

Applicant's Form Identifier

LM8IMAGE

Form 471 Application#

(To be assigned by administrator)

(Create your own code to identify THIS Form 471)

Block 1: Billed Entity Information (The "Billed Entity" is the entity paying the bills for the services listed on this form.)

1 a Name of Billed Entity **EL MONTE CITY SCHOOL DISTRICT**

2 a Funding Year: July 1, **2005** through June 30, **2005** 3 Billed Entity Number **143585**

4 a Street Address, P.O. Box, or Route Number **3570 N LEXINGTON AVE**

City **EL MONTE**

State **CA** Zip Code **91731**

b Telephone Number **626 453 3739** Ext c Fax Number **626 452 0465**

- 5 a Type of Application
- Individual School (individual public or non-public school)
 - School District (LEA; public or non-public [e.g. diocesan] local district representing multiple schools)
 - Library (including library system, library outlet/branch or library consortium as defined under LSTA)
 - Consortium Check here if any members of this consortium are ineligible or non-governmental entities.

6 Contact Person's Name **LAWRENCE TANG**

First, if the Contact Person's Street Address is the same as in Item 4, check this box. If not, please complete the entries for the Street Address below.

b Street Address, P.O. Box, or Route Number

City

State Zip Code

Check the box next to your preferred mode of contact and provide your contact information. One box MUST be checked and an entry provided.

c Telephone Number **626 453 3739** Ext d Fax Number

E-mail Address

e **LTANG@EMCSD.ORG**

f Holiday/vacation/summer contact information: **REBECCA VALLEJO**
RVALLEJO@EMCSD.ORG



0 4 7 0 0 1 0 1 0

Entity Number 143585 Applicant's Form Identifier EM8.IMAGE
 Contact Person Lawrence Tang Phone Number 626-453-3739

This information will facilitate the processing of your applications. Please complete all rows that apply to services for which you are requesting discounts. Complete this information on the FIRST Form 471 you file, to encompass this and all other Forms 471 you will file for this funding year. You need not complete this information on subsequent Forms 471. Provide your best estimates for the services ordered across ALL of your Forms 471.

Schools/school districts complete Item 7. Libraries complete Item 8. Consortia complete Item 7 and/or Item 8.

Block 2: Impact of Services Ordered on Schools

IF THIS APPLICATION INCLUDES SCHOOLS...		BEFORE ORDER	AFTER ORDER
7a	Number of students to be served		11230
b	Telephone service: Number of classrooms with phone service		
c	Dial-up Internet access: Number of connections (up to 56kbps)		
d	Direct broadband services: Number of buildings served at the following speeds:		
	Less than 10 mbps		
	Between 10 mbps and 200 mbps		
	Greater than 200 mbps		
e	Direct connections to the Internet: Number of drops		
f	Number of classrooms with Internet access		
g	Number of computers or other devices with Internet access		

Block 3: Impact of Services Ordered on Libraries

IF THIS APPLICATION INCLUDES LIBRARIES...		BEFORE ORDER	AFTER ORDER
8a	Number of library patrons to be served		
b	Telephone service: Number of rooms with phone service		
c	Dial-up Internet access: Number of connections (up to 56kbps)		
d	Direct broadband services: Number of buildings served at the following speeds:		
	Less than 10 mbps		
	Between 10 mbps and 200 mbps		
	Greater than 200 mbps		
e	Direct connections to the Internet: Number of drops		
f	Number of buildings with Internet access		
g	Number of computers or other devices with Internet access		

Block 4: Discount Calculation Worksheets

You must complete a separate worksheet for each group of entities sharing one or more services. If you are filing as a consortium and your members include school districts or library systems, you must complete a separate worksheet for each of those members. In addition, if you are applying for discounts for administrative buildings or other non-instructional facilities, you must complete a worksheet for all schools in the school district or all library outlets/branches in the library system in order to calculate the appropriate discount for those facilities. In general, the following columns must be completed:

- | | |
|---|---|
| INDIVIDUAL SCHOOLS: | Columns 1-7 and Columns 9-10 |
| SCHOOLS IN ONE SCHOOL DISTRICT (SHARED SERVICES): | Columns 1-10 and Item 9b, Line 1 |
| SCHOOL DISTRICTS: | Columns 1-10 and Item 9b, Line 1 |
| LIBRARY OUTLETS/BRANCHES | Columns 1-7 and Column 11 |
| LIBRARY OUTLETS/BRANCHES IN ONE LIBRARY SYSTEM (SHARED SERVICES): | Columns 1-7, Column 11, and Item 9b, Line 2 |
| LIBRARY SYSTEMS: | Columns 1-7, Column 11, and Item 9b, Line 2 |
| CONSORTIA (after completing a worksheet or worksheet entry for each member entity as needed): | Columns 1-2, Column 12, and Item 9b, Line 3 |

Please refer to the Form 471 Instructions for specific information on each Item in the worksheet.

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Block 4: Discount Calculation Worksheet

Worksheet A-1
 Page 1 of 3

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

9a List entities and calculate discount(s):
 School District or Library System Name: El Monte City SD School District or Library System Entity Number: 143585 (For Administrator's Use)

1	2	3	4	5	6	7	8	9	10	11	12	13
Name of Eligible Entity	Entity Number AND NCES Code (for Schools) or FSCS Code (for Libraries)	Urban or Rural U or R	Total Number of Students	Number of Students Eligible for NSLP	Percent of Students Eligible for NSLP (Col. 5 / Col. 4)	Discount from Discount Matrix	Weighted Product for Calculating Shared Discount (Col. 4 x Col. 7)	Pre-K Adult Ed Or Juvenile Justice	Alt Disc Mech	Entity Number of School District In which Library Outlet/Branch is Located	Discount of Member Entity	Shared Discount
ALL ENTITIES		SCHOOLS AND LIBRARIES					Schools with Shared Services	Schools	Library Outlets/Branches	Consortia		
HERRYLEE	703134	<input checked="" type="checkbox"/>	372	22	22	80	299					
CLEMENTSON	703274	<input checked="" type="checkbox"/>	377	27	80	917						
COLUMBIA	703277	<input checked="" type="checkbox"/>	707	27	90	990						
CORTADA	703052	<input checked="" type="checkbox"/>	827	57	92	507						
DURFEE	703217	<input checked="" type="checkbox"/>	770	72	90	639						
BYDLEY	703218	<input checked="" type="checkbox"/>	657	65	90	512						

9b Shared Services

SCHOOL DISTRICTS: (Including groups of schools within school districts.) Calculate the totals of Columns 4 and 8. Divide the total of Column 8 by the total of Column 4. Enter the result in Column 13.	<i>SEE NEXT</i>											
LIBRARY SYSTEMS: Calculate the total of Column 7. Divide this total by the number of outlets/branches. Enter the result in Column 13.												
CONSORTIA: Calculate the total of Column 12. Divide this total by the number of member entities. Enter the result in Column 13.												

Entity Number 143585 Applicant's Form Identifier EM8
 Contact Person Lawrence Tang Contact Telephone Number 626-453-3739

Block 4: Discount Calculation Worksheet

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

9a List entities and calculate discount(s):
 School District or Library System Name: 21 Monte City SD School District or Library System Entity Number: 143585 (For Administrator's Use)

1 Name of Eligible Entity	2 Entity Number AND NCES Code (for Schools) or FSCS Code (for Libraries)	3 Urban or Rural U or R	4 Total Number of Students	5 Number of Students Eligible for NSLP	6 Percent of 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)	9 Pre-K Adult Ed Or Juvenile Justice	10 Alt Disc Mech	11 Entity Number of School District In which Library Outlet/Branch Is Located	12 Discount of Member Entity	13 Shared Discount
ALL ENTITIES			SCHOOLS AND LIBRARIES				Schools with Shared Services	Schools	Library Outlets/Branches	Consortia		
LEBORGNE	103127	<input checked="" type="checkbox"/>	1111	1111	89	90	100000			1111		
MUNYAPAZ	209727	<input checked="" type="checkbox"/>	415	363	87	90	3723			1111		
NEW LEXINGTON	203752	<input checked="" type="checkbox"/>	1111	1111	87	90	100000			1111		
NORWOOD	203735	<input checked="" type="checkbox"/>	1111	1111	87	90	100000			1111		
POTRERO	203755	<input checked="" type="checkbox"/>	1111	1111	86	90	100000			1111		
RED BOND	202758	<input checked="" type="checkbox"/>	1111	1111	86	90	100000			1111		

9b Shared Services

SCHOOL DISTRICTS: (Including groups of schools within school districts.) Calculate the totals of Columns 4 and 8. Divide the total of Column 8 by the total of Column 4. Enter the result in Column 13.	SEE NEXT						SEE NEXT					
LIBRARY SYSTEMS: Calculate the total of Column 7. Divide this total by the number of outlets/branches. Enter the result in Column 13.												
CONSORTIA: Calculate the total of Column 12. Divide this total by the number of member entities. Enter the result in Column 13.												

Entity Number 143585 Applicant's Form Identifier EM8
 Contact Person Lawrence Tang Contact Telephone Number 626-453-3739

Block 4: Discount Calculation Worksheet

Worksheet A-1
 Page 3 of 3

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

9a List entities and calculate discount(s):
 School District or Library System Name: El Monte City SD School District or Library System Entity Number: 143585 (For Administrator's Use)

1 Name of Eligible Entity	2 Entity Number AND NCES Code (for Schools) or FSCS Code (for Libraries)	3 Urban or Rural U or R	4 Total Number of Students	5 Number of Students Eligible for NSLP	6 Percent of 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)	9 Pre-K Adult Ed Or Juvenile Justice	10 Alt Disc Mech	11 Entity Number of School District in which Library Outlet/Branch is Located	12 Discount of Member Entity	13 Shared Discount
ALL ENTITIES			SCHOOLS AND LIBRARIES				Schools with Shared Services	Schools	Library Outlets/Branches		Consortia	
ZONA	709748	U	251	220	90	90	223					
ZIONISTA	709720	U		327	75	90	392					
SWANSEK	703724	U		243	90	90	219					
WILKERSON	703756	U		223	90	90	201					
WRIGHT	703732	U		220	80	90	198					
THOMPSON	703736	U		282	90	90	254					

9b Shared Services

SCHOOL DISTRICTS: (Including groups of schools within school districts.) Calculate the totals of Columns 4 and 8. Divide the total of Column 8 by the total of Column 4. Enter the result in Column 13.	11230						2000					89
LIBRARY SYSTEMS: Calculate the total of Column 7. Divide this total by the number of outlets/branches. Enter the result in Column 13.												
CONSORTIA: Calculate the total of Column 12. Divide this total by the number of member entities. Enter the result in Column 13.												

Entity Number 143585 Applicant's Form Identifier EM8IMAGE
 Contact Person Lawrence Tang Phone Number 626-453-3739

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

Block 5, page 5 of 19

FRN _____
 as processed by administrator _____

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

11 Category of Service (only ONE category should be checked)
 PRIORITY 1 Telecommunications Service
 PRIORITY 2 Internal Connections Other than Basic Maintenance
 Internet Access
 Basic Maintenance of Internal Connections

12 Form 470 Application Number
70282000329872

13 SPIN - Service Provider Identification Number
72000000

14 Service Provider Name
EM8IMAGE

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

15b Contract Number

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

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

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

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

17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing)
7/27/2007

18 Contract Award Date (mm/dd/yyyy)
02/12/2005

19 Service Start Date (mm/dd/yyyy)
07/07/2005

20a Service End Date (mm/dd/yyyy)
06/30/2005

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

23 Calculations

Recurring Charges
 A. Monthly charges (total amount per month for service)

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

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

D. Number of months service provided in funding year
12

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

Non-Recurring Charges
 F. Annual non-recurring charges
2058.54

G. How much of the amount in F is ineligible?
0.00

H. Annual eligible pre-discount amount for non-recurring charges (F minus G)
2058.54

Total Charges
 I. Total funding year pre-discount amount (E + H)
20058.54

J. Discount from Block 4 Worksheet
90

K. Funding Commitment Request (I x J)
18052.69

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

Attachment
EM8IMAGE

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:
103718
 b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., 1):

Entity Number 143585 Applicant's Form Identifier EM8IMAGE
 Contact Person Lawrence Tang Phone Number 626-452-3739

Block 5: Discount Funding Request(s)
 Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as needed, and number the completed pages to assure that they are all processed correctly.
 Block 5, page 7 of 19

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

11 Category of Service (only ONE category should be checked)
 PRIORITY 1 Telecommunications Service
 PRIORITY 2 Internal Connections Other than Basic Maintenance
 Internet Access
 Basic Maintenance of Internal Connections

12 Form 470 Application Number
 404726000529872

13 SPIN - Service Provider Identification Number
 22222222

14 Service Provider Name
 EM8IMAGE

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

15b Contract Number

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

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

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

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

17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing)
 7/27/2004

18 Contract Award Date (mm/dd/yyyy)
 02/17/2005

19 Service Start Date (mm/dd/yyyy)
 07/01/2005

20a Service End Date (mm/dd/yyyy)
 06/30/2005

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

23 Calculations
 A. Monthly charges (total amount per month for service)

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

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

D. Number of months service provided in funding year
 12

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

F. Annual non-recurring charges
 6887.89

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

H. Annual eligible pre-discount amount for non-recurring charges (F minus G)
 16887.89

I. Total funding year pre-discount amount (E + H)
 16887.89

J. Discount from Block 4 Worksheet
 90

K. Funding Commitment Request (I x J)
 15199.10

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

22 Entity/Entities Receiving This Service:
 a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service:
 703758
 b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., 1):

Attachment
 EM8IMAGE

Entity Number 143585 Applicant's Form Identifier EM8IMAGE
 Contact Person Lawrence Tang Phone Number 626-453-3739

Block 5: Discount Funding Request(s)
 Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as needed, and number the completed pages to assure that they are all processed correctly.
 Block 5, page 8 of 19

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

11 Category of Service (only ONE category should be checked)
 PRIORITY 1 Telecommunications Service
 PRIORITY 2 Internal Connections Other than Basic Maintenance
 Internet Access
 Basic Maintenance of Internal Connections

12 Form 470 Application Number
70482000549872

13 SPIN - Service Provider Identification Number
7200000000

14 Service Provider Name
EM8IMAGE

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

15b Contract Number
70482000549872

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

15d Check this box if this Funding Request is a continuation of an FRN from a previous funding year based on a multi-year contract. If so, provide that FRN here: 70482000549872

16a Billing Account Number (e.g., billed telephone number)
70482000549872

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

17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing)
7/27/2004

18 Contract Award Date (mm/dd/yyyy)
02/12/2005

19 Service Start Date (mm/dd/yyyy)
07/07/2005

20a Service End Date (mm/dd/yyyy)
06/30/2005

20b Contract Expiration Date (mm/dd/yyyy)
06/30/2005

21 Description of This Service:
 You MUST attach a description of the service, including a breakdown of components, costs, manufacturer name, make and model number. You must include any additional account or telephone numbers if the billed account has multiple numbers. Label the description with an Attachment Number, and note number in space provided.
 Attachment EM8IMAGE

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: 143585
 b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., 1): 1

23 Calculations

Recurring Charges
 A. Monthly charges (total amount per month for service)
2005854

B. How much of the amount in A is ineligible?
0000000000

C. Eligible monthly pre-discount amount (A minus B)
2005854

D. Number of months service provided in funding year
12

E. Annual pre-discount amount for eligible recurring charges (C x D)
24070248

Non-Recurring Charges
 F. Annual non-recurring charges
2005854

G. How much of the amount in F is ineligible?
0000000000

H. Annual eligible pre-discount amount for non-recurring charges (F minus G)
2005854

Total Charges
 I. Total funding year pre-discount amount (E + H)
2005854

J. Discount from Block 4 Worksheet
90

K. Funding Commitment Request (I x J)
1805269

Entity Number 143585 Applicant's Form Identifier EM8
 Contact Person Lawrence Tang Phone Number 626-453-3739

Block 5: Discount Funding Request(s)
 Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as needed, and number the completed pages to assure that they are all processed correctly.
 Block 5, page 9 of 19

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

11 Category of Service (only ONE category should be checked)
 PRIORITY 1 Telecommunications Service
 PRIORITY 2 Internal Connections Other than Basic Maintenance
 Internet Access Basic Maintenance of Internal Connections

12 Form 470 Application Number
 404820000509872

13 SPIN - Service Provider Identification Number
 243079537

14 Service Provider Name
 77757112

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

15b Contract Number

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

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

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

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

17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing)
 12/1/2004

18 Contract Award Date (mm/dd/yyyy)
 02/1/2005

19 Service Start Date (mm/dd/yyyy)
 07/01/2005

20a Service End Date (mm/dd/yyyy)
 03/30/2006

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

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

22 Entity/Entities Receiving This Service:
 a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service: 103137
 b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., 1):

23 Calculations

Recurring Charges
 A. Monthly charges (total amount per month for service)

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

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

 D. Number of months service provided in funding year
 E. Annual pre-discount amount for eligible recurring charges (C x D)

Non-Recurring Charges
 F. Annual non-recurring charges
 20058.54
 G. How much of the amount in F is ineligible?

 H. Annual eligible pre-discount amount for non-recurring charges (F minus G)
 20058.54

Total Charges
 I. Total funding year pre-discount amount (E + H)
 20058.54
 J. Discount from Block 4 Worksheet 90
 K. Funding Commitment Request (I x J)
 16046.83

Attachment
 EM81MB6E