Entity Number 213177 Applicant's Form Identifier MID-FL FY2011-FCC Appeal

Contact Person _____ Phone Number 813-728-8426

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.

New

Block 5, page 3 **of** 4

FRN: [redacted]

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** 143006677

14 **Service Provider Name** Verizon

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

15b **Contract Number** DMS-1011-008C

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) _____

18 **Contract Award Date (mm/dd/yyyy)** _____

19 **Service Start Date** (mm/dd/yyyy) _____

20a **Service End Date** (mm/dd/yyyy) _____

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

23 Calculations

Recurring Charges

A. Monthly charges (total amount per month for service) $1,695.51

B. How much of the amount in A is ineligible? $0

C. Eligible monthly pre-discount amount (A minus B) $1,695.51

D. Number of months service provided in funding year 12

E. Annual pre-discount amount for eligible recurring charges (C x D) $20,346.12

Non-Recurring Charges

F. Annual non-recurring charges $20,346.12

G. How much of the amount in F is ineligible? $0

H. Annual eligible pre-discount amount for non-recurring charges (F minus G) $20,346.12

Total Charges

I. Total funding year pre-discount amount (E + H) $20,346.12

J. Discount from Block 4 Worksheet 90%

K. Funding Commitment Request (I x J) $18,311.50

21 **Description of This Service: NOTE: All Item 21 Attachments must be filed before the close of the filing window.**

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 V 1,2

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: Spreadsheet attached

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