

| | | | | | | | | | | | | | | | | |
|---|--|--|--|--|---|-------------------|---|----------|--|--------|---|----------|--|----|--|-------------|
| Entity Number: 50966 | | Applicant's Form Identifier: 471FM1314 | | | | | | | | | | | | | | |
| Contact Person: Sarah Pester | | Contact Phone Number: (419) 943-2801 | | | | | | | | | | | | | | |
| 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 1 of 1 FRN 2496942 (to be assigned by administrator) | | | | | | | | | | | | | | |
| 10 <input type="checkbox"/> 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) | | 23 Calculations | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"> PRIORITY 1 <input type="checkbox"/> Telecommunications Service <input checked="" type="checkbox"/> Internet Access </td> <td style="width:50%;"> PRIORITY 2 <input type="checkbox"/> Internal Connections Other than Basic Maintenance <input type="checkbox"/> Basic Maintenance of Internal Connections </td> </tr> </table> | | PRIORITY 1 <input type="checkbox"/> Telecommunications Service <input checked="" type="checkbox"/> Internet Access | PRIORITY 2 <input type="checkbox"/> Internal Connections Other than Basic Maintenance <input type="checkbox"/> Basic Maintenance of Internal Connections | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td rowspan="5" style="width:10%; vertical-align: middle;">Recurring Charges</td> <td>A. Monthly charges (total amount per month for service)</td> <td style="text-align: right;">\$900.00</td> </tr> <tr> <td>B. How much of the amount in A is ineligible?</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>C. Eligible monthly pre-discount amount (A minus B)</td> <td style="text-align: right;">\$900.00</td> </tr> <tr> <td>D. Number of months service provided in funding year</td> <td style="text-align: right;">12</td> </tr> <tr> <td>E. Annual pre-discount amount for eligible recurring charges (C x D)</td> <td style="text-align: right;">\$10,800.00</td> </tr> </table> | | Recurring Charges | A. Monthly charges (total amount per month for service) | \$900.00 | B. How much of the amount in A is ineligible? | \$0.00 | C. Eligible monthly pre-discount amount (A minus B) | \$900.00 | D. Number of months service provided in funding year | 12 | E. Annual pre-discount amount for eligible recurring charges (C x D) | \$10,800.00 |
| PRIORITY 1 <input type="checkbox"/> Telecommunications Service <input checked="" type="checkbox"/> Internet Access | PRIORITY 2 <input type="checkbox"/> Internal Connections Other than Basic Maintenance <input type="checkbox"/> Basic Maintenance of Internal Connections | | | | | | | | | | | | | | | |
| Recurring Charges | A. Monthly charges (total amount per month for service) | \$900.00 | | | | | | | | | | | | | | |
| | B. How much of the amount in A is ineligible? | \$0.00 | | | | | | | | | | | | | | |
| | C. Eligible monthly pre-discount amount (A minus B) | \$900.00 | | | | | | | | | | | | | | |
| | D. Number of months service provided in funding year | 12 | | | | | | | | | | | | | | |
| | E. Annual pre-discount amount for eligible recurring charges (C x D) | \$10,800.00 | | | | | | | | | | | | | | |
| 12 Form 470 Application Number 238900001060651 | | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td rowspan="3" style="width:10%; vertical-align: middle;">Non-Recurring Charges</td> <td>F. Annual non-recurring charges</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>G. How much of the amount in F is ineligible?</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>H. Annual eligible pre-discount amount for non-recurring charges (F minus G)</td> <td style="text-align: right;">\$0.00</td> </tr> </table> | | Non-Recurring Charges | F. Annual non-recurring charges | \$0.00 | 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) | \$0.00 | | | | | | |
| Non-Recurring Charges | F. Annual non-recurring charges | \$0.00 | | | | | | | | | | | | | | |
| | 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) | \$0.00 | | | | | | | | | | | | | | |
| 13 SPIN – Service Provider Identification Number 143024461 | | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td rowspan="2" style="width:10%; vertical-align: middle;">Total Charges</td> <td>I. Total funding year pre-discount amount (E + H)</td> <td style="text-align: right;">\$10,800.00</td> </tr> <tr> <td>J. Discount from Block 4 Worksheet</td> <td style="text-align: right;">40.00</td> </tr> </table> | | Total Charges | I. Total funding year pre-discount amount (E + H) | \$10,800.00 | J. Discount from Block 4 Worksheet | 40.00 | | | | | | | | |
| Total Charges | I. Total funding year pre-discount amount (E + H) | \$10,800.00 | | | | | | | | | | | | | | |
| | J. Discount from Block 4 Worksheet | 40.00 | | | | | | | | | | | | | | |
| 14 Service Provider Name Northwest Ohio Area Computer Services Cooperative | | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">K. Funding Commitment Request (I x J)</td> <td style="text-align: right;">\$4,320.00</td> </tr> </table> | | K. Funding Commitment Request (I x J) | | \$4,320.00 | | | | | | | | | | |
| K. Funding Commitment Request (I x J) | | \$4,320.00 | | | | | | | | | | | | | | |
| 15a <input type="checkbox"/> Check this box if this Funding Request is for non-contracted tariffed or month-to-month services. | | | | | | | | | | | | | | | | |
| 15b Contract Number FY12-1052 | | | | | | | | | | | | | | | | |
| 15c <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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) 12/11/2012 | | | | | | | | | | | | | | | | |
| 18 Contract Award Date (mm/dd/yyyy) 07/01/2013 | | | | | | | | | | | | | | | | |
| 19 Service Start Date (mm/dd/yyyy) 07/01/2013 | | | | | | | | | | | | | | | | |
| 20a Service End Date (mm/dd/yyyy) | | | | | | | | | | | | | | | | |
| Contract Expiration Date 20b (mm/dd/yyyy) 06/30/2014 | | | | | | | | | | | | | | | | |
| 21 Description of This Service: NOTE: All Item 21 Attachments must be filed before the close of the filing window. Attachment 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: 50966 b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., 1): | | | | | | | | | | | | | | |