

Entity Number _____ Applicant's Form Identifier _____
 Contact Person _____ Phone Number _____

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 _____ of _____

FRN _____
 (to be assigned 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**

13 **SPIN – Service Provider Identification Number**
 1 4 3 0 2 8 0 1 0

14 **Service Provider Name**
 F o u n d a t i o n f o r
 E d u c a t i o n a l S v s

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) _____

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) _____

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:
 I A - 1

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)
 \$ 1 1 6 . 6 6

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

C. Eligible monthly pre-discount amount (A minus B)
 \$ 1 1 6 . 6 6

D. Number of months service provided in funding year 1 2

E. Annual pre-discount amount for eligible recurring charges (C x D)
 \$ 1 4 0 0

Non-Recurring Charges

F. Annual non-recurring charges

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

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

Total Charges

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

J. Discount from Block 4 Worksheet _____

K. Funding Commitment Request (I x J)

Attachment
