





## LUMEN®

## **Application - Access for All Internet Service Connection**

For questions on this application, contact the City's Digital Equity Program at DigitalEquity@seattle.gov or 206-684-8498

Organization:  Name of site or program receiving internet service (if different from above):  Address: Room/Suite (if any):  Zip Code: Website:  Executive Director / CEO Name:  Phone: Email:  Primary Contact Name (for installation, if different from above):  Title:  Phone: Email:  Who will be your technical support person? (i.e. staff or volunteer)  DETAIL ON REQUESTED SERVICES In what room or specific area do you want the line and modern installed?  Additional information (such as business hours or other comments on the location of the install):  Do you rent or own the facility? Own Rent Other  If you rent, when does your current lease expire? (Attach a description if lease or ownership do not apply)  Does your site already have internet service? No Yes  If yes, which company provides your current internet service? Comcast (Xfinity) Astound Lumen (CenturyLink) Other		
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Do you want this new internet service to replace or add to it? Replace Add		
Is your current internet service bundled with other service(s) (eg, phone, security)? No Yes What services?		
When does your current internet service contract expire?		
Are you moving from another site where you had Access for All internet service?		
Which category(s) best describe this organization and groups you serve?		
Community & Civic Engagement Family Support Economic Opportunity/Education		
Immigrant and/or Refugee Services Senior Services Arts & Culture		
Youth/Teen Services disAbility Services Environment		
Housing & Homelessness Health & Wellness Other		



## Information Technology Department Access for All Internet Service Program



## **Application Page 2 of 2**

Service Provider:

Provide a short description of your organization, who you serve and what services are provided: (Write here or include as an		
attachment)		
How many computers or other connectivity devices will be served by this internet service?		
Please estimate the number of individuals who will use this internet connection in a year:		
What <i>community technology related programs</i> , such as computer access, Wi-Fi access, training for clients or the public, do you - or will you - provide with the internet connection?		
AUTHORIZATION BY ORGANIZATION		
I understand that once program requirements are met, the assigned internet service provider (ISP) will provide this facility with complimentary internet service that includes installation of a single internet connection and monthly internet service*.		
I understand this program <i>does not provide for other bundled services</i> , such as telephone or security services offered by the ISP, and our organization will need to continue paying for any of those other services. <i>initial</i> :		
My organization agrees to:		
Obtain building owner approval and ensure the necessary building access for the ISP to complete any service connection work.		
<ul> <li>Notify the City and the ISP providing our service if my organization wants to cancel or move the internet service.</li> </ul>		
• Return to the ISP the internet modem device if our office closes or discontinues the internet service.		
Complete an annual program <i>re-certification</i> survey requested by the City.		
Complete any other City surveys to determine the value of providing this service to non-profits.		
<ul> <li>Post acknowledgement of this service donation in our facility, including marketing materials for the ISP's low-income internet discount programs. Note: If approved for Comcast internet, visit <a href="https://partner.internetessentials.com">https://partner.internetessentials.com</a> to print free marketing materials to post.</li> </ul>		
* The internet service level provided is determined by existing ISP agreements with the City. Currently the service is 3rd tier business class service for Comcast (250/25 Mbps) and Astound (250/20 Mbps). Lumen connections require a site to be on Lumen's fiber network.		
Authorized Signature:	Date:	
Authorized Contact Name:	Title:	
·		
FOR INTERNAL USE ONLY (Applicant: leave this section blank)		
Status: Grant ID: City authorized signature:		

Date: