

Contact Name _____

Contact Telephone Number _____

Page __ of __ (Total Grid Pages)

Schools and Libraries Universal Service Program Form 471 Pre-Discount Cost Calculation Optional Grid

Please read instructions before completing

(To be completed by Schools, Libraries, or Consortia)

Block A: General Information	
1. Name of Applicant	2. Universal Service Control Number (from 470 Application)
3a. SLC Service Provider Number (SPIN) if known, and Full Legal Name of your Service Provider	3b. Contract or Tariff Number (If Applicable -- from Item 15-16)
4. Shared Services: Telecommunications Services <input type="checkbox"/> Internal Connections <input type="checkbox"/> Internet Access <input type="checkbox"/>	5. Average Discount Rate for Entities Receiving Services Listed Below in Block B (Per Column 11 of Items 15 or 16)
Site Specific Services: Internal Connections <input type="checkbox"/> Dedicated Services <input type="checkbox"/>	

Block B: Services Ordered Information													
6. Services & Products Ordered Details													
1	2	3	4	5	6	7	8	9	10	11	12	13	14
Account Information	Service Description	Quantity	One-Time Charges	One-Time Taxes and Surcharges	Unit Monthly Charges	Unit Monthly Taxes and Surcharges	Number of Months	Annual Amount of Monthly Charges	% Eligible Services and/or % Eligible Uses	% of Service/Product Used w/ Eligible Entities	Estimated Eligible Pre-Discount One-Time Charges	Total Annual Amount of Estimated Eligible Pre-Discount Monthly Charges	Estimated Eligible Pre-Discount Total Charges
a.													
b.													
c.													
d.													
e.													
f.													
g.													
7. Total													

Attach this grid to your Form 471 application to support Block 5, Items 15 & 16 Columns 8-10 and Item 17.