



**City of Seattle**

Information Technology Department

Access for All Broadband Internet Service program



## Application for Free Broadband Internet Service

If you have questions regarding this application, please contact The Cable Office at [cable\\_support@seattle.gov](mailto:cable_support@seattle.gov) or 206-684-8498

<b>Organization:</b>	
<b>Name of site or program receiving internet service</b> (if different from above):	
Address (include room/suite if any):	
Zip Code:	Website:
<b>Executive Director / CEO Name:</b>	
Phone:	Email:
<b>Primary Contact Name</b> (for installation, if different from above):	
Title:	
Phone:	Email:
<b>DETAIL ON REQUESTED SERVICES</b>	
In what room or specific area do you want the line and modem installed?	
Additional information (such as business hours or other comments on the location of the install):	
<b>AUTHORIZATION</b>	
<p>I understand that once certain requirements are met, the cable provider will provide this facility with complimentary service that includes installation of a single connection and monthly internet service*, unless otherwise determined by the City and cable provider. My organization agrees to:</p> <ul style="list-style-type: none"> <li>Obtain building owner approval and ensure building access necessary for the broadband provider to complete any connection work.</li> <li>Complete any surveys requested by the City to determine the value of providing this service, including an annual re-certification survey.</li> <li>Post acknowledgement of this service donation in our facility, including marketing materials for broadband provider low-income internet discount programs. Note: If approved for Comcast service, go to this site to print free marketing materials to post in your facility: <a href="https://partner.internetessentials.com/">https://partner.internetessentials.com/</a></li> <li>Notify the City and broadband provider in the event my organization wishes to cancel or move service.</li> </ul> <p>*Service level is determined by franchise agreement and includes use of a cable modem device which must be returned if your office closes or discontinues the cable broadband service.</p>	
Authorized Signature:	Date:
Authorized Contact Name:	Title:

<b>FOR INTERNAL USE ONLY</b> (Applicant: leave this section blank)	
Installation due date:	City authorized signature:
Service Provider:	Date:
Status:   Grant ID:   Speed:	

### Application Page 2 of 2

What is your current internet service? <input type="checkbox"/> Comcast <input type="checkbox"/> Wave <input type="checkbox"/> Other <input type="checkbox"/> None		
If you already have internet service, will this replace or add to it?		
Are you moving from another site where you had <i>Access for All</i> internet service?		
Do you rent or own the facility?		
If you rent, when does your current lease expire? <i>(Attach a description if lease or ownership do not apply)</i>		
Who will be your technical support person? <i>(i.e. staff or volunteer)</i>		
Which category best describes this organization?		
<input type="checkbox"/> Arts & Culture	<input type="checkbox"/> Environment	<input type="checkbox"/> Immigrant and/or Refugee Services
<input type="checkbox"/> Community & Civic Engagement	<input type="checkbox"/> Health & Wellness	<input type="checkbox"/> Parent & Family Support
<input type="checkbox"/> Economic Opportunity	<input type="checkbox"/> Housing & Homelessness	<input type="checkbox"/> Senior and/or Disability Services
<input type="checkbox"/> Education & Youth	<input type="checkbox"/> Other <i>(please describe):</i>	
Provide a short description of your organization, who you serve and what services are provided: <i>(Write here or include as an attachment)</i>		
How many computers will be served by this install?		
Please estimate the number of individuals who will use this internet connection in a year:		
Do you or will you provide any community technology programs, such as computer access and training for the public or clients? If so, what will you offer?		