



City of Seattle

Information Technology Department

Access for All Broadband Internet Service program



Application - Access for All Broadband Internet Service Connection

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

Organization:

Name of site or program receiving internet service (if different from above):

Address (include 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:

DETAIL ON REQUESTED SERVICES

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):

AUTHORIZATION

I understand that once certain requirements are met, the internet service 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 internet service provider. My organization agrees to:

- Obtain building owner approval and ensure building access necessary for the broadband provider to complete any connection work.
- Complete any surveys requested by the City to determine the value of providing this service, including an annual re-certification survey.
- Post acknowledgement of this service donation in our facility, including marketing materials for internet provider low-income internet discount programs. Note: If approved for Comcast internet service, visit <https://partner.internetessentials.com> to print free marketing materials to post in your facility.
- Notify the City and internet service provider in the event my organization wishes to cancel or move service.

*Service level is determined by service provider agreements with the City and includes use of a cable modem device which must be returned if your office closes or discontinues the cable broadband service.

Authorized Signature:

Date:

Authorized Contact Name:

Title:

FOR INTERNAL USE ONLY (Applicant: leave this section blank)

Installation due date:

City authorized signature:

Service Provider:

Date:

Status: Grant ID: Speed:



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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|------------------------------------------------------------|
| Which company provides your current internet service? <input type="checkbox"/> Comcast <input type="checkbox"/> Astound (formerly Wave) <input type="checkbox"/> Lumen (CenturyLink) <input type="checkbox"/> Other/None | | |
| If you already have internet service, will this replace or add to it? | | |
| If this will replace your current internet service, when does your current internet service contract expire? | | |
| Are you moving from another site where you had Access for All internet service? | | |
| Do you rent or own the facility? | | |
| If you rent, when does your current lease expire? (Attach a description if lease or ownership do not apply) | | |
| Who will be your technical support person? (i.e. staff or volunteer) | | |
| 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 (please describe): | |
| 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: | | |
| Do you - or will you - provide any community technology related programs, such as computer access and training for the public or clients? If so, what will you offer? | | |