



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 Brenda Tate at brenda.tate@seattle.gov or 206-386-1989

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 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: <ul style="list-style-type: none"> 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 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: https://partner.internetessentials.com/ Notify the City and broadband provider in the event my organization wishes to cancel or move service. 	
*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.	
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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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?		