



MHCRC COMMUNITY ACCESS CAPITAL GRANT PROGRAM PRESENTS

**DATA APPLICATION** FOR I-NET CONNECTIVITY INITIATIVE



Funding is only available to applicants that are designated access providers, educational institutions or government agencies located within Multnomah County and for capital expenses related to High Capacity site connections to the I-Net. **Deadline for Applications: APRIL 21, 2004, 4:30pm.**

<b>Organization Name:</b>		
<b>Address:</b>	<b>City/State/Zip:</b>	<b>County:</b>
<b>Purpose of Organization:</b> <input type="checkbox"/> Access Provider <input type="checkbox"/> Educational Institution <input type="checkbox"/> Government Agency		

<b>Primary Contact Name/Title:</b>	
<b>Address:</b>	
<b>Phone:</b>	<b>E-mail:</b>

<b>Have you contacted ComNet for IRNE Services?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Date Requested:</b>
<b>IRNE IGA Agreement No.:</b>	

\*Applicants must commit to contracting for I-Net/IRNE data services for the grant funded sites no later than December 31, 2004.

List Sites by Matter of Importance (1 being most important):

<b>1. Site Name:</b>	<b>Site Address:</b>	<b>Site Contact:</b>
Applying for: <input type="checkbox"/> I-Net Site Connection	<input type="checkbox"/> Edge Device	Phone:
<b>2. Site Name:</b>	<b>Site Address:</b>	<b>Site Contact:</b>
Applying for: <input type="checkbox"/> I-Net Site Connection	<input type="checkbox"/> Edge Device	Phone:
<b>3. Site Name:</b>	<b>Site Address:</b>	<b>Site Contact:</b>
Applying for: <input type="checkbox"/> I-Net Site Connection	<input type="checkbox"/> Edge Device	Phone:
<b>4. Site Name:</b>	<b>Site Address:</b>	<b>Site Contact:</b>
Applying for: <input type="checkbox"/> I-Net Site Connection	<input type="checkbox"/> Edge Device	Phone:
<b>5. Site Name:</b>	<b>Site Address:</b>	<b>Site Contact:</b>
Applying for: <input type="checkbox"/> I-Net Site Connection	<input type="checkbox"/> Edge Device	Phone:
<b>6. Site Name:</b>	<b>Site Address:</b>	<b>Site Contact:</b>
Applying for: <input type="checkbox"/> I-Net Site Connection	<input type="checkbox"/> Edge Device	Phone:
<b>7. Site Name:</b>	<b>Site Address:</b>	<b>Site Contact:</b>
Applying for: <input type="checkbox"/> I-Net Site Connection	<input type="checkbox"/> Edge Device	Phone:
<b>8. Site Name:</b>	<b>Site Address:</b>	<b>Site Contact:</b>
Applying for: <input type="checkbox"/> I-Net Site Connection	<input type="checkbox"/> Edge Device	Phone:
<b>9. Site Name:</b>	<b>Site Address:</b>	<b>Site Contact:</b>
Applying for: <input type="checkbox"/> I-Net Site Connection	<input type="checkbox"/> Edge Device	Phone:
<b>10. Site Name:</b>	<b>Site Address:</b>	<b>Site Contact:</b>
Applying for: <input type="checkbox"/> I-Net Site Connection	<input type="checkbox"/> Edge Device	Phone:

\*If you have more than ten sites, please detail on a separate sheet of paper.

<b>Total No. of Site Connections:</b>	<b>Total No. of Edge Devices:</b>
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**Evaluation Criteria:**

Project proposals will be evaluated and reviewed based on information provided below. (Attach additional pages if necessary, but limit attachments to 3 pages.)

1. Give detail as to why this site (or group of sites) is a priority for the applicant and how the organization, its constituencies, and/or the public at large will benefit? (Sites can be grouped or individually listed, however please be detailed in your response.) Public Benefits include:
  - (a) Provide functions less expensively;
  - (b) Improve the delivery or increase the effectiveness of services;
  - (c) Respond to a specific need of a targeted group;
  - (d) Reduce disparities among communities;
  - (e) Support and encourage improved community involvement in issues of importance to a community; or
  - (f) Allow the agency to offer a new or innovative service.
  
2. Will the I-Net connection serve more than one organization at the site? If yes, please provide details. If yes and seeking an edge device for the site, please detail any agreements among the participating organizations for ownership of the edge device and decisions regarding services and service providers.



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**PHASE III**

As the duly authorized representative of the applicant, I certify that the above information is correct.

Name of Legally Authorized Official: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Applications can be mailed or hand delivered to: **Community Access Capital Grant Program  
c/o Office of Cable Communications and Franchise Management  
Portland Building, Rm. 1305  
1120 SW Fifth Avenue  
Portland, OR 97204**

Applications can be E-mailed to [rgibbons@ci.portland.or.us](mailto:rgibbons@ci.portland.or.us), subject line 'Data Application: I-Net Capital Grant', if an electronic signature of the legally authorized official is provided.

**Applications must be received by April 21, 2004 to be considered for funding.** For more information about the I-Net/IRNE project or about grant funds related to this project, please contact Julie S. Omelchuck, grant program director, at 503.823.4188, Email: [julieo@ci.portland.or.us](mailto:julieo@ci.portland.or.us), -OR- Rebecca Gibbons, grant program specialist, at 503.823.5385, Email: [rgibbons@ci.portland.or.us](mailto:rgibbons@ci.portland.or.us).

For MHCRC Use Only

<b>Date Received:</b>	<b>By:</b>		
<b>Reviewer:</b>	<b>Date Reviewed:</b>	<b>Total \$\$: Site Connections:</b>	
		<b>Edge Devices:</b>	
		<b>GRAND TOTAL:</b>	
<b>Reviewer Comments:</b>			
<b>Grant Status:</b> <input type="checkbox"/> Approved <input type="checkbox"/> Declined	<b>Applicant Notify Date:</b>	<b>ComNet Notify Date:</b>	<b>Comcast Notify Date:</b>