

## ReConnect Program: Pre-subscription Form for Other Businesses

\_\_\_\_ [ Insert Name of Applicant ] \_\_\_\_ is applying for funding from the U.S. Department of Agriculture’s ReConnect Program. If successful, this funding will allow \_\_\_\_ [ Insert Name of Applicant ] \_\_\_\_ to bring broadband service to your location. If you are interested in receiving broadband service, please share your responses to the questions below.

Question	Answer
1. What communications services are you currently using? Select all that apply.	<input type="checkbox"/> Internet <input type="checkbox"/> Landline Phone <input type="checkbox"/> Cell Phone <input type="checkbox"/> Video <input type="checkbox"/> Other (specify)
2. Approximately how much do you pay per month for each of the services that you use?	\$ ____ Internet    \$ ____ Landline Phone    \$ ____ Cell Phone \$ ____ Video    \$ ____ Other (specify)
3. What is the broadband speed that you currently are receiving with your Internet service?	<input type="checkbox"/> None <input type="checkbox"/> < 10 Mbps downstream <input type="checkbox"/> < 25 Mbps downstream, but at least 10 Mbps downstream <input type="checkbox"/> < 100 Mbps downstream, but at least 25 Mbps downstream <input type="checkbox"/> 100 Mbps downstream or above <input type="checkbox"/> I don’t know
4. What broadband speed would you need to meet your business needs?	<input type="checkbox"/> < 10 Mbps downstream <input type="checkbox"/> < 25 Mbps downstream, but at least 10 Mbps downstream <input type="checkbox"/> < 100 Mbps downstream, but at least 25 Mbps downstream <input type="checkbox"/> 100 Mbps downstream or above <input type="checkbox"/> I don’t know
5. Are you interested in receiving broadband service from (Insert Name of Applicant)?*	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. How would you like us to let you know when service will be available?	<input type="checkbox"/> Email <input type="checkbox"/> Phone call <input type="checkbox"/> Mailer

\*This Pre-subscription form is not a binding commitment made by \_\_\_\_ [ Insert Name of Applicant ] \_\_\_\_.

### Respondent Contact Information

Owner Name:	Phone Number:
	Email Address:
Other Business Name:	Address:
	City, State, Zip Code:

Respondent Signature: \_\_\_\_\_ Date: \_\_\_\_\_