

Advance E-Rate Training\Workshop Session

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Topics to be Covered

- Form 470
- Form 471 w/Item 21
- Form 486
- BEAR Form 472
- Form 500 (optional)
- Deadline & Reminders



Form 470 Overview

- Purpose
- Tech Plan required?
- What eligible services will I request?
- Can I use a SMC or Tariff?
- What contract term do I prefer?
- When can I sign a contract?
- Competitive Bid Evaluation
 - Must be open and fair
 - Review all bids received
 - \$-MOST heavily weighted factor
 - Keep all documentation
 - I can...
 - ✓ File and certify online or paper
 - <http://www.sl.universalservice.org/menu.asp>
 - ✓ File multiple forms
 - I can't...
 - Sign a contract before my ACD
 - Have service provider assistance



FCC Form 470

Do not write in this area.

Approval by OMB
3060-0806

Schools and Libraries Universal Service Description of Services Requested and Certification Form 470

Estimated Average Burden Hours per Response: 3 hours

This form is designed to help you describe the eligible services you seek so that this data can be posted on the Fund Administrator Internet Site and interested service providers can identify you as a potential customer and compete to serve you.

Please read instructions before beginning this form. (You can also file online at www.usac.org/si)

Applicant's Form Identifier (Optional: Create an identifier for your own reference) _____	Form 470 Application # _____ <small>(To be assigned by administrator)</small>
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Block 1: Applicant Address and Information

1 Name of Applicant _____

2 Funding Year _____ (Funding years run from July 1 through the following June 30)

3 Entity Number _____

4a Street Address, P.O. Box, or Route Number

City _____ State _____ Zip Code _____

4b Telephone Number _____ Ext _____

4c Fax Number _____

5a Eligible Entities That Will Receive Services:

Check the ONE choice in 5a that best describes the eligible entities that will receive the services described in this form. You will then list in Item 15 the entity/entities that will pay the bills for these services.

- Individual School (individual public or non-public school)
- School District (LEA; public or non-public [e.g. diocesan] local district representing multiple schools)
- Library (including library system, library outlet/branch or library consortium as defined under LSTA)
- Consortium (intermediate service agencies, non-statewide or regional consortia of schools and/or libraries)
- Statewide application for (enter 2-letter state code) _____
representing (check all that apply)
 - All public schools/districts in the state
 - All non-public schools in the state
 - All libraries in the state

5b Recipient(s) of Services - Check all that apply:

- Private
- Public
- Charter
- Tribal
- Head Start
- State Agency

5c Number of eligible entities for which services are sought _____

Entity Number _____	Applicant's Form Identifier _____
Contact Person _____	Contact Telephone Number _____
Block 1: Applicant Address and Information (continued)	
6a Contact Person's Name _____	
If the Contact Person's Street Address is the same as Item 4a above, check here <input type="checkbox"/> If not, complete Item 6b.	
6b Street Address, P.O. Box, or Route Number _____	
NOTE: USAC will use this address to mail correspondence about this form.	

City _____	State _____ Zip Code _____
Check the box next to your preferred mode of contact and provide your contact information. One box MUST be checked and an entry provided.	
<input type="checkbox"/> 6c Telephone Number _____	Ext. _____
<input type="checkbox"/> 6d Fax Number _____	
<input type="checkbox"/> 6e E-mail Address _____	
Re-enter E-mail Address _____	
If a consultant is assisting you with your application process, please complete Item 7 below:	
7 Consultant Name _____	
Name of Consultant's Employer _____	
Consultant's Street Address _____	
City _____	State _____ Zip Code _____
Consultant's Telephone Number _____	Ext. _____
Consultant's Fax Number _____	
Consultant's E-mail Address _____	
Re-enter E-mail Address _____	
Consultant Registration Number _____	

Entity Number _____	Applicant's Form Identifier _____
Contact Person _____	Contact Telephone Number _____
Block 2: Summary Description of Needs or Services Requested (Attach additional pages if needed)	
8 Telecommunications Services	
<p><i>If you check YES to indicate you have a Request for Proposals (RFP) that specifies the services you are seeking, your RFP must be available to all interested bidders for at least 28 days. If your RFP is not available to all interested bidders, or if you check NO and you have or intend to have an RFP, you risk denial of your funding requests.</i></p>	
<p><input type="checkbox"/> YES, I have released or intend to release an RFP for these services. It is available or will become available on the Internet at:</p> <p>a _____</p> <p>or via (check one) <input type="checkbox"/> the contact person in Item 6 or <input type="checkbox"/> the contact person listed in Item 12</p> <p>Your RFP Identifier: _____</p>	
<p><input type="checkbox"/> NO, I have not released and do not intend to release an RFP for these services.</p> <p>Whether you check YES or NO, you must list below the Telecommunications Services you seek. Specify each service (e.g., local voice service) and quantity and/or capacity (e.g., 20 existing lines plus 10 new ones).</p>	
Service	Quantity and/or Capacity
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
9 Internet Access	
<p><i>If you check YES to indicate you have a Request for Proposals (RFP) that specifies the services you are seeking, your RFP must be available to all interested bidders for at least 28 days. If your RFP is not available to all interested bidders, or if you check NO and you have or intend to have an RFP, you risk denial of your funding requests.</i></p>	
<p><input type="checkbox"/> YES, I have released or intend to release an RFP for these services. It is available or will become available on the Internet at:</p> <p>a _____</p> <p>or via (check one) <input type="checkbox"/> the contact person in Item 6 or <input type="checkbox"/> the contact person listed in Item 12.</p> <p>Your RFP Identifier: _____</p>	
<p><input type="checkbox"/> NO, I have not released and do not intend to release an RFP for these services.</p> <p>Whether you check YES or NO, you must list below the Internet Access services you seek. Specify each service (e.g., monthly Internet service) and quantity and/or capacity (e.g., for 500 users).</p>	
Service	Quantity and/or Capacity
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Entity Number _____	Applicant's Form Identifier _____
Contact Person _____	Contact Telephone Number _____
Block 2: Summary Description of Needs or Services Requested (Attach additional pages if needed)	
10 Internal Connections Other Than Basic Maintenance	
<p><i>If you check YES to indicate you have a Request for Proposals (RFP) that specifies the services you are seeking, your RFP must be available to all interested bidders for at least 28 days. If your RFP is not available to all interested bidders, or if you check NO and you have or intend to have an RFP, you risk denial of your funding requests.</i></p>	
<p>a <input type="checkbox"/> YES, I have released or intend to release an RFP for these services. It is available or will become available on the Internet at:</p> <p>_____</p> <p>or via (check one) <input type="checkbox"/> the contact person in Item 6 or <input type="checkbox"/> the contact person listed in Item 12.</p> <p>Your RFP Identifier: _____</p>	
<p>b <input type="checkbox"/> NO, I have not released and do not intend to release an RFP for these services.</p> <p>Whether you check YES or NO, you must list below the Internal Connections services you seek. Specify each service (e.g., a router, hub and cabling) and quantity and/or capacity (e.g., connecting 1 classroom of 30 students).</p>	
Service	Quantity and/or Capacity
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
11 Basic Maintenance of Internal Connections	
<p><i>If you check YES to indicate you have a Request for Proposals (RFP) that specifies the services you are seeking, your RFP must be available to all interested bidders for at least 28 days. If your RFP is not available to all interested bidders, or if you check NO and you have or intend to have an RFP, you risk denial of your funding requests.</i></p>	
<p>a <input type="checkbox"/> YES, I have released or intend to release an RFP for these services. It is available or will become available on the Internet at:</p> <p>_____</p> <p>or via (check one) <input type="checkbox"/> the contact person in Item 6 or <input type="checkbox"/> the contact person listed in Item 12.</p> <p>Your RFP Identifier: _____</p>	
<p>b <input type="checkbox"/> NO, I have not released and do not intend to release an RFP for these services.</p> <p>Whether you check YES or NO, you must list below the Basic Maintenance services you seek. Specify each service (e.g., basic maintenance of routers) and quantity and/or capacity (e.g., for 10 routers).</p>	
Service	Quantity and/or Capacity
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Entity Number _____	Applicant's Form Identifier _____
Contact Person _____	Contact Telephone Number _____
Block 2: Summary Description of Needs or Services Requested (Continued)	
12 (Optional) Please name the person on your staff or project who can provide additional technical details or answer specific questions from service providers about the services you are seeking. This person does not need to be the contact person(s) listed in Item 6 nor the Authorized Person who signs this form. Name _____ Title _____ Telephone Number _____ Ext. _____ Fax Number _____ Email Address _____ Re-enter E-mail Address _____	
13 <input type="checkbox"/> Check this box if there are any restrictions imposed by state or local laws or regulations on how or when service providers may contact you or on other bidding procedures. Please describe below any such restrictions or procedures and/or provide an Internet address where they are posted and a contact name and telephone number. <input type="checkbox"/> Check this box if no state and local procurement/competitive bidding requirements apply to the procurement of services sought on this Form 470. If you are requesting services for a funding year for which a Form 470 cannot yet be filed online, include that information here. _____ _____ _____ _____ _____ _____ _____ _____	
Block 3:	
14 [Reserved]	

Entity Number _____	Applicant's Form Identifier _____
Contact Person _____	Contact Telephone Number _____

Block 4: Recipients of Service

15 Billed Entities

List the entity/entities that will be paying the bills directly to the provider for the services requested in this form. These are known as Billed Entities. At least one line of this item must be completed. If a Billed Entity cited on your Form 471 is not listed below, funding may be denied for the funding requests associated with this Form 470. Attach additional pages if needed.

Entity Number	Entity Name
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____
11. _____	_____
12. _____	_____
13. _____	_____
14. _____	_____
15. _____	_____
16. _____	_____
17. _____	_____
18. _____	_____
19. _____	_____
20. _____	_____

Do not write in this area.

Entity Number _____	Applicant's Form Identifier _____
Contact Person _____	Contact Telephone Number _____
Block 5: Certifications and Signature	
<p>16 <input type="checkbox"/> I certify that the applicant includes: (Check one or both.)</p> <p style="margin-left: 20px;">a <input type="checkbox"/> schools under the statutory definitions of elementary and secondary schools found in the No Child Left Behind Act of 2001, 20 U.S.C. §§ 7801 (18) and (38), that do not operate as for-profit businesses, and do not have endowments exceeding \$50 million; and/or</p> <p style="margin-left: 20px;">b <input type="checkbox"/> libraries or library consortia eligible for assistance from a State library administrative agency under the Library Services and Technology Act of 1996 that do not operate as for-profit businesses and whose budgets are completely separate from any schools (including, but not limited to elementary and secondary schools, colleges, and universities).</p> <p>17 <input type="checkbox"/> I certify that, if required by Commission rules, all of the individual schools and libraries receiving services under this form are covered by technology plans that do or will cover all 12 months of the funding year, and that have been or will be approved by a state or other authorized body, or an SLD-certified technology plan approver, prior to the commencement of service.</p> <p style="margin-left: 20px;"><input type="checkbox"/> Or I certify that no technology plan is required by Commission rules.</p> <p>18 <input type="checkbox"/> I certify that I will post my Form 470 and (if applicable) make my RFP available for at least 28 days before considering all bids received and selecting a service provider. I certify that all bids submitted will be carefully considered and the bid selected will be for the most cost-effective service or equipment offering, with price being the primary factor, and will be the most cost-effective means of meeting educational needs and technology plan goals.</p> <p>19 <input type="checkbox"/> I certify that I will retain required documents for a period of at least five years after the last day of service delivered. I certify that I will retain all documents necessary to demonstrate compliance with the statute and Commission rules regarding the form for, receipt of, and delivery of services receiving schools and libraries discounts. I acknowledge that I may be audited pursuant to participation in the schools and libraries program.</p> <p>20 <input type="checkbox"/> I certify that the services the applicant purchases at discounts provided by 47 U.S.C. § 254 will be used primarily for educational purposes and will not be sold, resold or transferred in consideration for money or any other thing of value, except as permitted by the Commission's rules at 47 C.F.R. §§ 54.500, 54.513. Additionally, I certify that the entity or entities listed on this form have not received anything of value or a promise of anything of value, other than services and equipment sought by means of this form, from the service provider, or any representative or agent thereof or any consultant in connection with this request for services.</p> <p>21 <input type="checkbox"/> I acknowledge that support under this support mechanism is conditional upon the school(s) and/or library(ies) I represent securing access, separately or through this program, to all of the resources, including computers, training, software, internal connections, maintenance, and electrical capacity necessary to use the services purchased effectively. I recognize that some of the aforementioned resources are not eligible for support. I certify that I have considered what financial resources should be available to cover these costs.</p> <p>22 <input type="checkbox"/> I certify that I am authorized to procure eligible services for the eligible entity(ies). I certify that I am authorized to submit this request on behalf of the eligible entity(ies) listed on this form, that I have examined this request, and to the best of my knowledge, information, and belief, all statements of fact contained herein are true.</p> <p>23 <input type="checkbox"/> I certify that I have reviewed all applicable FCC, state, and local procurement/competitive bidding requirements and that I have complied with them. I acknowledge that persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> <p>24 <input type="checkbox"/> I acknowledge that FCC rules provide that persons who have been convicted of criminal violations or held civilly liable for certain acts arising from their participation in the schools and libraries support mechanism are subject to suspension and debarment from the program.</p>	

Do not write in this area.

Entity Number _____ Applicant's Form Identifier _____	
Contact Person _____ Contact Telephone Number _____	
Block 5: Certifications and Signature (Continued)	
25 Signature of authorized person _____	26 Date _____
27a Printed name of authorized person _____	
27b Title or position of authorized person _____	
<input type="checkbox"/> Check here if the consultant in Item 7 is the Authorized Person.	
27c Street Address, P.O. Box, or Route Number _____	
City _____	
State _____ Zip Code _____	
27d Telephone Number of Authorized Person _____ Ext. _____	
27e Fax Number of Authorized Person _____	
27f E-mail Address of Authorized Person _____	
Re-enter E-mail Address _____	
27g Name of Authorized Person's Employer _____	
<p>Service provider involvement with preparation or certification of a Form 470 can taint the competitive bidding process and result in the denial of funding requests. For more information, refer to the Schools and Libraries area of the USAC web site at www.usac.org/sl or call the SLD Client Service Bureau at 1-888-203-8100.</p>	

Entity Number _____ Applicant's Form Identifier _____
 Contact Person _____ Contact Telephone Number _____

Block 5: Certifications and Signature (Continued)

NOTICE: In accordance with Section 54.504 of the Federal Communications Commission's rules, certain schools and libraries ordering services that are eligible for and seeking universal service discounts must file this Description of Services Requested and Certification Form (FCC Form 470) with the Universal Service Administrator. 47 C.F.R. § 54.504(b). The collection of information stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended, 47 U.S.C. § 254. The data in the report will be used to ensure that schools and libraries comply with the competitive bidding requirement contained in 47 C.F.R. § 54.504. Schools and libraries must file this form themselves or as part of a consortium.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

The FCC is authorized under the Communications Act of 1934, as amended, to collect the information we request in this form. We will use the information you provide to determine whether approving this application is in the public interest. If we believe there may be a violation or a potential violation of any applicable statute, regulation, rule or order, your application may be referred to the Federal, state, or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation or order. In certain cases, the information in your application may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government is a party of a proceeding before the body or has an interest in the proceeding. In addition, information provided in or submitted with this form or in response to subsequent inquiries may also be subject to disclosure consistent with the Communications Act of 1934, FCC regulations, the Freedom of Information Act, 5 U.S.C. § 552, or other applicable law.

If you owe a past due debt to the federal government, the information you provide may also be disclosed to the Department of the Treasury Financial Management Service, other Federal agencies and/or your employer to offset your salary, IRS tax refund or other payments to collect that debt. The FCC may also provide the information to these agencies through the matching of computer records when authorized.

If you do not provide the information we request on the form, the FCC may delay processing of your application or may return your form without action.

The foregoing Notice is required by the Paperwork Reduction Act of 1995, Pub. L. No. 104-13, 44 U.S.C. § 3501, *et seq.*

Public reporting burden for this collection of information is estimated to average 3 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing, and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the reporting burden to the Federal Communications Commission, Performance Evaluation and Records Management, Washington, DC 20554.

Please submit this form to:

SLD-Form 470
P.O. Box 7026
Lawrence, Kansas 66044-7026
1-888-203-8100

For express delivery services or U.S. Postal Service, Return Receipt Requested, mail this form to:

SLD Forms
ATTN: SLD Form 470
3833 Greenway Drive
Lawrence, Kansas 66046
1-888-203-8100

Questions?



Form 471 w/Item 21



Form 471 w/Item 21 Overview

- Purpose
- When can the form be filed?
- What eligible SVC's will I file for?
- How many and what do they cost?
- I can....
 - File multiple Form 471s w/multiple FRNs
 - Let a vendor assistance me with my item 21
 - File online or paper
<http://www.sl.universalservice.org/menu.asp>
- I need....
 - A list of my schools & NSLP or alternate method to determine discounts
 - To eCertify or certify on paper for delivery before the window closes!



FCC Form 471	Do not write in this area.	Approval by OMB 3060-0808
<p>Schools and Libraries Universal Service Description of Services Ordered and Certification Form 471 Estimated Average Burden Hours per Response: 4 hours This form is designed to help schools and libraries to list the eligible services they have ordered and estimate the annual charges for them so that the Fund Administrator can set aside sufficient support to reimburse providers for services. Please read instructions before beginning this application. (You can also file online at www.usac.org/sl.) The instructions include information on the deadlines for filing this application.</p>		
Applicant's Form Identifier (Create an identifier for your own reference) _____	Form 471 Application #: _____ (To be assigned by administrator)	

Block 1: Billed Entity Address and Information

1 Name of Billed Entity _____

2 Funding Year _____ (Funding years run from July 1 through the following June 30)

3a Entity Number _____

3b FCC Registration Number _____

4a Street Address, P.O. Box, or Route Number _____

City _____ State _____ Zip Code _____

4b Telephone Number _____ Ext _____

4c Fax Number _____

5a Type of Application (check only one)

- Individual School (individual public or non-public school)
- School District (LEA; public or non-public [e.g. diocesan] local district representing multiple schools)
- Library (including library system, library outlet/branch or library consortium as defined under LSTA)
- Consortium (intermediate service agencies, consortia of schools and/or libraries)
- Statewide application for (enter 2-letter state code) _____
 representing (check all that apply)
 - All public schools/districts in the state
 - All non-public schools in the state
 - All libraries in the state

5b Recipient(s) of Services:

- Private
- Public
- Charter
- Tribal
- Head Start
- State Agency

Entity Number _____	Applicant's Form Identifier _____	
Contact Person _____	Contact Telephone Number _____	
Block 1: Billed Entity Address and Information (continued)		
6a Contact Person's Name _____		
If the Contact Person's Street Address is the same as Item 4 above, check here. <input type="checkbox"/> If not, complete Item 6b.		
6b Street Address, P.O. Box, or Route Number NOTE: USAC will use THIS address to mail correspondence about this form.		

City _____	State _____	Zip Code _____
Check the box next to your preferred mode of contact and provide your contact information. One box MUST be checked and an entry provided.		
<input type="checkbox"/> 6c Telephone Number _____	Ext. _____	
<input type="checkbox"/> 6d Fax Number _____		
<input type="checkbox"/> 6e E-mail Address _____		
Re-enter E-mail Address _____		
6f Holiday/vacation/summer contact information: please include name of alternate contact (if applicable) and alternate phone, fax or E-mail address		

If a consultant is assisting you with your application process, please complete Item 6g below:		
6g Consultant Name _____		
Name of Consultant's Employer _____		
Consultant's Street Address _____		
City _____	State _____	Zip Code _____
Consultant's Telephone Number _____	Ext. _____	
Consultant's Fax Number _____		
Consultant's E-mail Address _____		
Re-enter E-mail Address _____		
Consultant Registration Number _____		

Entity Number _____ Applicant's Form Identifier _____		
Contact Person _____ Phone Number _____		
<p>Complete this information on EVERY Form 471 you file for the services requested on that form. Please complete all rows that apply to services for which you are requesting discounts.</p> <p>Schools/school districts complete the left-hand column and libraries complete the right-hand column. Consortia complete all that apply.</p>		
Block 2: Impact of Services Ordered for Schools and Libraries from this Form 471		
	Schools	Libraries
7a Number of students or patrons to be served		
b Telephone service: Number of classrooms or rooms with phone service		
c Direct connections to the Internet: Number of drops		
d Number of classrooms or rooms with Internet access		
e Number of computers or other devices with Internet access		
f Number of dial-up Internet access and other connections of up to 200 kbps:		
g High-speed Internet access services: Number of buildings served at the following speeds (please use advertised download speed coming into building, not actual speed in classroom or work area):	At or greater than 200 kbps and less than 1.5 mbps	
	At or greater than 1.5 mbps and less than 3 mbps	
	At or greater than 3 mbps and less than 10 mbps	
	At or greater than 10 mbps and less than 25 mbps	
	At or greater than 25 mbps and less than 50 mbps	
	At or greater than 50 mbps and less than 100 mbps	
	Greater than 100 mbps	
Block 3:		
8. [Reserved]		

Block 2: Impact of Services Ordered – Item 7g

- Direct broadband services: Number of buildings served at the following speeds:

___ < 200 kbps ISDN	___ 10 – 25 mbps
___ 200 kbps – 1.5 mbps	___ 25 – 50 mbps T3
___ 1.5 – 3 mbps T1	___ 50 – 10 mbps
___ 3 – 10 mbps	___ > 100 mbps

Entity Number _____ Applicant's Form Identifier _____
 Contact Person _____ Contact Telephone Number _____

Block 4: Discount Calculation Worksheet

Worksheet _____
 Page _____ of _____

The Block 4 worksheet is used to calculate your discount for services. You will complete one or more worksheets depending on the type of application you are filing. If you file more than one worksheet, please number the completed worksheets to assure that they are all processed correctly. Please refer to the instructions for information specific to the Type of Application you indicated in Block 1, Item 5.

Check here if this worksheet contains all eligible entities in the school district or library system.

9a List entities and calculate discount(s):

(For Administrator's Use)

School District or Library System Name: _____ School District or Library System Entity Number: _____

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Name of Eligible Entity	Entity Number AND NCEB Code (for Schools) or FICS Code (for Libraries)	Urban or Rural U or R	Total Number of Students	Number of Students Eligible for NSLP	Percent of Students Eligible for NSLP (Col. 5 / Col.4)	Disc. from Disc. Matrix	New Cons. Instruct on	Admin. Entity or NF	Alt. Disc. Mech.	Weighted Product for Calculating Shared Discount (Col. 4 + Col. 7)	Insert appropriate code(s): P = pre-K, H = Head Start, A = Adult Education, J = Juvenile Justice, E = ESA, D = Dormitory	Entity Number of School District in which Library Outlet/Branch is Located	Discount of Member Entity	Shared Discount
ALL ENTITIES		SCHOOLS AND LIBRARIES								Schools with shared services	Schools	Library Outlet/Branch	Consortia	

9b Shared Services

SCHOOL DISTRICTS: (Including groups of schools within school districts.) Calculate the totals of Columns 4 and 11. Divide the total of Column 11 by the total of Column 4. Enter the result in Column 15.														
LIBRARY SYSTEMS: Calculate the total of Column 7. Divide this total by the number of outlets/branches. Enter the result in Column 15.														
CONSORTIA: Calculate the total of Column 14. Divide this total by the number of member entities. Enter the result in Column 15.														

Discount Matrix Table

INCOME Measured by % of students eligible for the National School Lunch Program	URBAN LOCATION Discount	RURAL LOCATION Discount
If the % of students in your school that qualifies for the National School Lunch Program is...	...and you are in an URBAN area, your discount will be...	...and you are in a RURAL area, your discount will be...
Less than 1%	20%	25%
1% to 19%	40%	50%
20% to 34%	50%	60%
35% to 49%	60%	70%
50% to 74%	80%	80%
75% to 100%	90%	90%



Alternative Discount Mechanism

There have been many requests for USAC to provide guidance with respect to what information should be included as you use the Income survey to determine your school's discount. Below is an example of information that may be helpful. In addition, retaining this type of information will be very helpful if USAC requests this information in the future. This example is not mandatory or intended to serve any other purpose than to respond to requests for guidance.

Please complete this survey Income Survey #: 1127 E-Rate Form 471 Application #: 123456

INCOME SURVEY FOR E-RATE CALCULATIONS

FACILITY / INSTITUTION – this section must be completed by a school official*

Name of School	Little Red School Elem
Street Address	123 USAC Lane
City, State Zip Code	Washington, DC 200036
Telephone Number	202-555-1212
Fax Number	202-555-2323
Email Address	ired@school.net

These sections must be completed by head of household or designee

1. SIZE OF FAMILY* - Please indicate the total number of individuals in your household, including all adults and children. 5
2. STUDENT INFORMATION* – please complete for each student Pre-K through 12th Grade

Last Name	First Name
1. Smith - Jones	Joe
2. Smith - Jones	[REDACTED]
3.	
4.	
5.	
6.	

Note: The applicant may hide the names of the students when submitting the completed survey to USAC.

If you need more space, please use the reverse side of this survey or attach a copy of this survey marked clearly as a continuation of this information.

3. TOTAL HOUSEHOLD INCOME* – please report for all members of household:

Type of Income	Job 1	Job 2	Check if no income
1. Gross Monthly Earnings: wages, salary, commissions	\$500	\$	<input type="checkbox"/>
2. Monthly Welfare Payments, Child Support, Alimony	\$200		<input type="checkbox"/>
3. Monthly Payments from Pensions, Retirement, Social Security	\$		<input type="checkbox"/>
4. Monthly Dividends or interest on savings	\$		<input type="checkbox"/>
5. Monthly Worker's compensation, Unemployment, Strike Benefits	\$		<input type="checkbox"/>
6. Other Monthly (SSI, VA, Disability, Farm, other)	\$		<input type="checkbox"/>
Totals for Columns Job 1 and Job 2	\$ 700		<input type="checkbox"/>

For additional information, please refer to the USAC website at:
<http://www.universalservice.org/si/applicants/step05/alternative-discount-mechanisms.aspx>

Revised 9/2007

Entity Number _____ Applicant's Form Identifier _____																	
Contact Person _____ Phone Number _____																	
Block 5: Discount Funding Request(s) Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as needed, and number the completed pages to assure that they are all processed correctly.																	
Block 5, page _____ of _____																	
FRN _____ (to be assigned by administrator)																	
10 <input type="checkbox"/> If this is a duplicate Funding Request (e.g., of an FRN that is not yet approved, under appeal, etc.), check this box and enter the original FRN in the space provided: _____																	
11 Category of Service (only ONE category should be checked) <table style="width:100%; border:none;"> <tr> <td style="width:50%; border:none;"> <input type="checkbox"/> PRIORITY 1 Telecommunications Service <input type="checkbox"/> Internet Access </td> <td style="width:50%; border:none;"> <input type="checkbox"/> PRIORITY 2 Internal Connections Other than Basic Maintenance <input type="checkbox"/> Basic Maintenance of Internal Connections </td> </tr> </table>	<input type="checkbox"/> PRIORITY 1 Telecommunications Service <input type="checkbox"/> Internet Access	<input type="checkbox"/> PRIORITY 2 Internal Connections Other than Basic Maintenance <input type="checkbox"/> Basic Maintenance of Internal Connections	23 Calculations <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td rowspan="5" style="writing-mode: vertical-rl; transform: rotate(180deg);">Recurring Charges</td> <td>A. Monthly charges (total amount per month for service) _____</td> </tr> <tr> <td>B. How much of the amount in A is ineligible? _____</td> </tr> <tr> <td>C. Eligible monthly pre-discount amount (A minus B) _____</td> </tr> <tr> <td>D. Number of months service provided in funding year _____</td> </tr> <tr> <td>E. Annual pre-discount amount for eligible recurring charges (C x D) _____</td> </tr> <tr> <td rowspan="3" style="writing-mode: vertical-rl; transform: rotate(180deg);">Non-Recurring Charges</td> <td>F. Annual non-recurring charges _____</td> </tr> <tr> <td>G. How much of the amount in F is ineligible? _____</td> </tr> <tr> <td>H. Annual eligible pre-discount amount for non-recurring charges (F minus G) _____</td> </tr> <tr> <td rowspan="3" style="writing-mode: vertical-rl; transform: rotate(180deg);">Total Charges</td> <td>I. Total funding year pre-discount amount (E + H) _____</td> </tr> <tr> <td>J. Discount from Block 4 Worksheet _____</td> </tr> <tr> <td>K. Funding Commitment Request (I x J) _____</td> </tr> </table>	Recurring Charges	A. Monthly charges (total amount per month for service) _____	B. How much of the amount in A is ineligible? _____	C. Eligible monthly pre-discount amount (A minus B) _____	D. Number of months service provided in funding year _____	E. Annual pre-discount amount for eligible recurring charges (C x D) _____	Non-Recurring Charges	F. Annual non-recurring charges _____	G. How much of the amount in F is ineligible? _____	H. Annual eligible pre-discount amount for non-recurring charges (F minus G) _____	Total Charges	I. Total funding year pre-discount amount (E + H) _____	J. Discount from Block 4 Worksheet _____	K. Funding Commitment Request (I x J) _____
<input type="checkbox"/> PRIORITY 1 Telecommunications Service <input type="checkbox"/> Internet Access	<input type="checkbox"/> PRIORITY 2 Internal Connections Other than Basic Maintenance <input type="checkbox"/> Basic Maintenance of Internal Connections																
Recurring Charges	A. Monthly charges (total amount per month for service) _____																
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	D. Number of months service provided in funding year _____																
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	G. How much of the amount in F is ineligible? _____																
	H. Annual eligible pre-discount amount for non-recurring charges (F minus G) _____																
Total Charges	I. Total funding year pre-discount amount (E + H) _____																
	J. Discount from Block 4 Worksheet _____																
	K. Funding Commitment Request (I x J) _____																
12 Form 470 Application Number _____																	
13 SPIN – Service Provider Identification Number _____																	
14 Service Provider Name _____																	
15a <input type="checkbox"/> Check this box if this Funding Request is for non-contracted (tariffed or month-to-month) services.																	
15b Contract Number _____																	
15c <input type="checkbox"/> Check this box if this Funding Request is covered under a master contract (a contract negotiated by a third party, the terms and conditions of which are then made available to an eligible entity that purchases directly from the service provider).																	
15d <input type="checkbox"/> Check this box if this Funding Request is a continuation of an FRN from a previous funding year based on a multi-year contract. If so, provide that FRN here: _____																	
16a Billing Account Number (e.g., billed telephone number) _____																	
16b <input type="checkbox"/> Check this box if there are multiple Billing Account Numbers and attach a complete list of those numbers to this page.																	
17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) _____																	
18 Contract Award Date (mm/dd/yyyy) _____																	
19 Service Start Date (mm/dd/yyyy) _____																	
20a Service End Date (mm/dd/yyyy) _____																	
20b Contract Expiration Date (mm/dd/yyyy) _____																	
21 Description of This Service: NOTE: All Item 21 Attachments must be filed before the close of the filing window. Attachment You MUST attach a description of the service, including a breakdown of components, costs, manufacturer name, make and model number. You must include any additional account or telephone numbers if the billed account has multiple numbers. Label the description with an Attachment Number, and note number in space provided. _____																	
22 Entity/Entities Receiving This Service: a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service: _____ b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., 1): _____																	

Item 21

Should generally consist of.....

- Narrative overview or description
- Line item detail and cost associated with the eligible and ineligible products and services requested
- Any additional details, if needed, such as equipment locations or other information to support the funding request

Service Provider Assistance

- An online submission
- Applicant-provided documentation
- A quote or bill from the vendor
- A copy of the contract for the service

Narrative Description

- "Additional email servers for three locations"
- "Internet access for new library branch"
- "New data distribution equipment to replace old equipment"



Item 21 Example

Example for Internal Connections:

Item 21 Attachment				
Applicant: Little Red School District		Attachment: IC-1		
BEN: 1234567		Application: 987654		
Narrative description: This equipment will provide dedicated ports to classrooms for Internet and WAN connectivity.				
Quantity	Product or Service Description	Unit Cost	Extended Pre-discount Cost	
			Recurring	Non-Recurring
4	Brand X 24-port network switch model ABC	\$1,599.00		\$6,396.00
2	Brand X 12-port network switch model DEF	\$1,065.00		\$2,130.00
2	Brand Y interconnecting cable for above	\$22.00		\$44.00
1	Brand X switch chasis model QRT	\$2,120.00		\$2,120.00
		TOTAL:	\$0.00	\$10,690.00
Additional Information: Equipment will be located in the main data distribution room of Little Red School.				

Additional information can be found:

<http://www.usac.org/sl/applicants/step07/form471-attachments.aspx#5>

Online Item 21 Attachment

<http://www.sl.universalservice.org/menu.asp>

USAC
Universal Service Administrative Company

Schools & Libraries

Helping Keep Americans Connected

Home > Schools and Libraries > Apply Online

Apply Online

Click on the appropriate button below to file or certify a program form online. Buttons marked "Interview" provide a simple question-and-answer format you can use to complete the form.

- Use [Internet Explorer 6.0](#) and above for PCs or [Netscape Version 7.0](#) and above for Macs. Other browsers may cause errors.
- Do not use the "Back" and "Forward" buttons on your browser or the "Enter" key to move through the forms.
- Clear your Internet cache and your temporary Internet files before you begin.
- Turn off your pop-up blocker or set your browser to allow pop-ups in order to receive valuable warnings and error messages.
- When you file a Form 486 or a Form 472, make sure the funding year, Form 471 application number, and FRN all match.

Refer to [Tips and Troubleshooting](#) for more help.

Refer to the [Required Forms page](#) to access detailed form instructions. You can also [Submit a Question](#) or call our Client Service Bureau at 1-888-203-8100 for assistance.

Form 470 Description of Services Requested and Certification Form	Form 471 Services Ordered and Certification Form	Form 486 Receipt of Service Confirmation Form	Utilities
Form 470 Interview	Form 471 Interview	Form 486 Interview	BEAR Online
Create Form 470	Create Form 471	Create Form 486	FRN Extension Status
Search Posted	Continue Incomplete	Continue Incomplete	Entity Search
Continue Incomplete	Certify Complete	Display	Two-In-Five Tool
Certify Complete	Display	Certify Complete	
	Application Status		
	Item 21 Attachment		

USAC Schools & Libraries

Online Item 21 Attachment

You may use this automated system to create and electronically submit your Item 21 Attachment for FCC Form 471. To use this interface you must have already submitted an electronically-filed Form 471 and know the Security Code provided during that process.

For each Item 21 Attachment you file online, the service provider whose SPIN is featured on the associated FRN will be able to view and download the information specific to that FRN once you click the "Submit Item 21" button.

USAC encourages the use of this online filing system. However Item 21 Attachments also may be manually submitted by mail, by fax, or by e-mail. [Click here](#) for further information about manual filing options.

Please provide this information to begin.

Billed Entity Number:

Application Number:

Form 471 Security Code:

[Continue](#)

[SLO Home](#) | Phone: 1-888-203-8100 | [Submit a Question](#)



Do not write in this area

Entity Number _____	Applicant's Form Identifier _____
Contact Person _____	Phone Number _____

Block 6: Certifications and Signature

- 24 I certify that the entities listed in Block 4 of this application are eligible for support because they are: (Check one or both.)
- a schools under the statutory definitions of elementary and secondary schools found in the No Child Left Behind Act of 2001, 20 U.S.C. §§ 7801(18) and (38), that do not operate as for-profit businesses and do not have endowments exceeding \$50 million; and/or
 - b libraries or library consortia eligible for assistance from a State library administrative agency under the Library Services and Technology Act of 1996 that do not operate as for-profit businesses and whose budgets are completely separate from any schools, including, but not limited to, elementary, secondary schools, colleges, or universities.
- 25 I certify that the entity I represent or the entities listed on this application have secured access, separately or through this program, to all of the resources, including computers, training, software, internal connections, maintenance, and electrical capacity, necessary to use the services purchased effectively. I recognize that some of the aforementioned resources are not eligible for support. I certify that the entities I represent or the entities listed on this application have secured access to all of the resources to pay the discounted charges for eligible services from funds to which access has been secured in the current funding year. I certify that the Billed Entity will pay the non-discount portion of the cost of the goods and services to the service provider(s).

a Total funding year pre-discount amount on this Form 471 (Add the entries from Items 23I on all Block 5 Discount Funding Requests.)	_____
b Total funding commitment request amount on this Form 471 (Add the entries from Items 23K on all Block 5 Discount Funding Requests.)	_____
c Total applicant non-discount share (Subtract Item 25b from Item 25a.)	_____
d Total budgeted amount allocated to resources not eligible for E-rate support	_____
e Total amount necessary for the applicant to pay the non-discount share of the services requested on this application AND to secure access to the resources necessary to make effective use of the discounts. (Add Items 25c and 25d.)	_____
f <input type="checkbox"/> Check this box if you are receiving any of the funds in Item 25e directly from a service provider listed on any of the Forms 471 filed by this Billed Entity for this funding year, or if a service provider listed on any of the Forms 471 filed by this Billed Entity for this funding year assisted you in locating funds in Item 25e.	

- 26 I certify that, if required by Commission rules, all of the individual schools and libraries receiving services under this form are covered by technology plans that do or will cover all 12 months of the funding year, and that have been or will be approved by a state or other authorized body or an SLD-certified technology plan approver prior to the commencement of service.
- Or I certify that no technology plan is required by Commission rules.
- 27 I certify that (if applicable) I posted my Form 470 and (if applicable) made any related RFP available for at least 28 days before considering all bids received and selecting a service provider. I certify that all bids submitted were carefully considered and the most cost-effective service offering was selected, with price being the primary factor considered, and is the most cost-effective means of meeting educational needs and technology plan goals.
- 28 I certify that the entity responsible for selecting the service provider(s) has reviewed all applicable FCC, state, and local procurement/competitive bidding requirements and that the entity or entities listed on this application have complied with them.
- 29 I certify that the services the applicant purchases at discounts provided by 47 U.S.C. § 254 will be used primarily for educational purposes and will not be sold, resold or transferred in consideration for money or any other thing of value, except as permitted by the Commission's rules at 47 C.F.R. §§ 54.500, 54.513. Additionally, I certify that the entity or entities listed on this application have not received anything of value or a promise of anything of value, other than services and equipment sought by means of this form, from the service provider, or any representative or agent thereof or any consultant in connection with this request for services.
- 30 I certify that I and the entity(ies) I represent have complied with all program rules and I acknowledge that failure to do so may result in denial of discount funding and/or cancellation of funding commitments. There are signed contracts covering all of the services listed on this Form 471 except for those services provided under non-contracted tariffed or month-to-month arrangements. I acknowledge that failure to comply with program rules could result in civil or criminal prosecution by the appropriate law enforcement authorities.

Do not write in this area

Entity Number _____	Applicant's Form Identifier _____
Contact Person _____	Phone Number _____

Block 6: Certification and Signature (Continued)

- 31 I acknowledge that the discount level used for shared services is conditional, for future years, upon ensuring that the most disadvantaged schools and libraries that are treated as sharing in the service, receive an appropriate share of benefits from those services.
- 32 I certify that I will retain required documents for a period of at least five years after the last day of service delivered. I certify that I will retain all documents necessary to demonstrate compliance with the statute and Commission rules regarding the application for, receipt of, and delivery of services receiving schools and libraries discounts, and that if audited, I will make such records available to the Administrator. I acknowledge that I may be audited pursuant to participation in the schools and libraries program.
- 33 I certify that I am authorized to order telecommunications and other supported services for the eligible entity(ies) listed on this application. I certify that I am authorized to submit this request on behalf of the eligible entity(ies) listed on this application, that I have examined this request, that all of the information on this form is true and correct to the best of my knowledge, that the entities that are receiving discounts pursuant to this application have complied with the terms, conditions and purposes of the program, that no kickbacks were paid to anyone and that false statements on this form can be punished by fine or forfeiture under the Communications Act, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001 and civil violations of the False Claims Act.
- 34 I acknowledge that FCC rules provide that persons who have been convicted of criminal violations or held civilly liable for certain acts arising from their participation in the schools and libraries support mechanism are subject to suspension and debarment from the program. I will institute reasonable measures to be informed, and will notify USAC should I be informed or become aware that I or any of the entities listed on this application, or any person associated in any way with my entity and/or the entities listed on this application, is convicted of a criminal violation or held civilly liable for acts arising from their participation in the schools and libraries support mechanism.
- 35 I certify that if any of the Funding Requests on this Form 471 are for discounts for products or services that contain both eligible and ineligible components, that I have allocated the eligible and ineligible components as required by the Commission's rules at 47 C.F.R. § 54.504(g)(1), (2).
- 36 I certify that this funding request does not constitute a request for internal connections services, except basic maintenance services, in violation of the Commission requirement that eligible entities are not eligible for such support more than twice every five funding years as required by the Commission's rules at 47 C.F.R. § 54.508(c).
- 37 I certify that the non-discount portion of the costs for eligible services will not be paid by the service provider. The pre-discount costs of eligible services featured on this Form 471 are net of any rebates or discounts offered by the service provider. I acknowledge that, for the purpose of this rule, the provision, by the provider of a supported service, of free services or products unrelated to the supported service or product constitutes a rebate of some or all of the cost of the supported services.

38 Signature of authorized person _____	39 Date _____
40 Printed name of authorized person _____	
41 Title or position of authorized person _____	
<input type="checkbox"/> Check here if the consultant in Item 6g is the Authorized Person.	
42a Street Address, P.O. Box, or Route Number _____	

City _____	

State _____ Zip Code _____	

Entity Number _____ Applicant's Form Identifier _____	
Contact Person _____ Contact Telephone Number _____	
42b	Telephone Number of Authorized Person _____ Ext. _____
42c	Fax Number of Authorized Person _____
42d	E-mail Address of Authorized Person _____
	Re-enter E-mail Address _____
42e	Name of Authorized Person's Employer _____

NOTICE: Section 54.504 of the Federal Communications Commission's rules requires all schools and libraries ordering services that are eligible for and seeking universal service discounts to file this Services Ordered and Certification Form (FCC Form 471) with the Universal Service Administrator. 47 C.F.R. § 54.504(c). The collection of information stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended. 47 U.S.C. § 254. The data in the report will be used to ensure that schools and libraries comply with the competitive bidding requirement contained in 47C.F.R. § 54.504. All schools and libraries planning to order services eligible for universal service discounts must file this form themselves or as part of a consortium.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

The FCC is authorized under the Communications Act of 1934, as amended, to collect the information we request in this form. We will use the information you provide to determine whether approving this application is in the public interest. If we believe there may be a violation or a potential violation of any applicable statute, regulation, rule or order, your application may be referred to the Federal, state, or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation or order. In certain cases, the information in your application may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government is a party of a proceeding before the body or has an interest in the proceeding. In addition, consistent with the Communications Act of 1934, FCC regulations and orders, the Freedom of Information Act, 5 U.S.C. § 552, or other applicable law, information provided in or submitted with this form or in response to subsequent inquiries may be disclosed to the public.

If you owe a past due debt to the Federal government, the information you provide may also be disclosed to the Department of the Treasury Financial Management Service, other Federal agencies and/or your employer to offset your salary, IRS tax refund or other payments to collect that debt. The FCC may also provide the information to these agencies through the matching of computer records when authorized.

If you do not provide the information we request on the form, the FCC may delay processing of your application or may return your application without action.

The foregoing Notice is required by the Paperwork Reduction Act of 1995, Pub. L. No. 104-13, 44 U.S.C. § 3501, et seq.

Public reporting burden for this collection of information is estimated to average 4 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing, and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the reporting burden to the Federal Communications Commission, Performance Evaluation and Records Management, Washington, DC 20554.

Please submit this form to:

SLD-Form 471
P.O. Box 7026
Lawrence, Kansas 66044-7026

For express delivery services or U.S. Postal Service, Return Receipt Requested, mail this form to:

SLD Forms
ATTN: SLD Form 471
3833 Greenway Drive
Lawrence, Kansas 66046
(888) 203-8100

Questions?



From 486



Form 486 Overview

- Purpose
- When can the form be filed?
- What is my deadline to file?
 - 120 calendar days after the Service Start Date featured on the Form 486
or
 - 120 calendar days after the date of the FCDL
- What about CIPA?
 - Internet and IC requirement
- What about my Tech Plan?
- I need....
 - Information from my FCDL
 - To eCertify or certify on paper
 - To file a Form 486 for every FCDL



FCC Form 486	Do Not Write In this Area	Approval by OMB 3060-0853 Estimated time per response: 1.5 hours
<p>Schools and Libraries Universal Service Receipt of Service Confirmation Form</p> <p>To be completed by the Billed Entity Please read instructions before completing. (You can also file online at www.usac.org/si.)</p>		
Applicant's Form Identifier (Create your own code to identify THIS Form 486)		Form 486 Application#: (To be assigned by administrator)
Block 1: Billed Entity Information		
1. Name of Billed Entity		
2. Billed Entity Number	3. Funding Year July 1, _____ through June 30, _____	
4. Complete Mailing Address of Billed Entity Street Address, P.O. Box, or Route Number		
City	State	Zip Code
Telephone Number	Extension	Fax Number
5. Contact Person Information Contact Person Name		
Street Address, P.O. Box or Route Number		
City		
State		Zip Code
Check the box next to the preferred mode of contact. (At least one box MUST be checked.)		
<input type="checkbox"/> Telephone Number	Extension	<input type="checkbox"/> Fax Number
<input type="checkbox"/> Email Address		



Entity Number _____ Applicant's Form Identifier _____
Contact Person _____ Phone Number _____
Block 2: Early Filing Information and CIPA Waiver Requests
6a. Early Filing
CHECK THE BOX BELOW IF THE FRNS ON THIS FORM 486 ARE FOR SERVICES STARTING ON OR BEFORE JULY 31 OF THE FUNDING YEAR.
<input type="checkbox"/> The Funding Requests listed in Block 3 have been approved by USAC as shown in my Funding Commitment Decision Letter (FCDL). I have confirmed with the service provider(s) featured in those Funding Requests that these services will start on or before July 31 of the Funding Year.
Remember: Early filing using Item 6a is an option if and ONLY if services will start within the month of July of the relevant Funding Year, all relevant certifications in Block 4 can be accurately made, and the Form 486 is postmarked on or before July 31 of the Funding Year.
6b. CIPA Waiver
CHECK THE BOX BELOW IF YOU ARE REQUESTING A WAIVER OF CIPA REQUIREMENTS FOR THE SECOND FUNDING YEAR AFTER APRIL 20, 2001 IN WHICH YOU HAVE APPLIED FOR DISCOUNTS IF YOU AS THE BILLED ENTITY ARE THE ADMINISTRATIVE AUTHORITY.
<input type="checkbox"/> I am providing notification that, as of the date of the start of discounted services, I am unable to make the certifications required by the Children's Internet Protection Act, as codified at 47 U.S.C. § 254(h) and (l), because my state or local procurement rules or regulations or competitive bidding requirements prevent the making of the certification(s) otherwise required. I certify that the schools or libraries represented in the Funding Request Number(s) on this Form 486 will be brought into compliance with the CIPA requirements before the start of the Third Funding Year after April 20, 2001 in which they apply for discounts.
6c. CIPA Waiver for Libraries for Funding Year 2004
CHECK THE BOX BELOW IF YOU ARE REQUESTING A WAIVER OF CIPA REQUIREMENTS FOR FUNDING YEAR 2004 IF YOU AS THE BILLED ENTITY ARE THE ADMINISTRATIVE AUTHORITY FOR THE LIBRARY(IES) REPRESENTED ON THIS FORM 486.
<input type="checkbox"/> I am providing notification that, as of the date of the start of discounted services in Funding Year 2004, I am unable to make the certifications required by the Children's Internet Protection Act, as codified at 47 U.S.C. § 254(h) and (l), because my state or local procurement rules or regulations or competitive bidding requirements prevent the making of the certification(s) otherwise required. I certify that the libraries represented in the Funding Request Number(s) on this Form 486 will be brought into compliance with the CIPA requirements before the start of the Funding Year 2005.



Entity Number _____ Applicant's Form Identifier _____
 Contact Person _____ Phone Number _____

Block 3: Service Information

7. Please provide the following information for each Form 471 Block 5 (Discount Funding Request) item for which the Billed Entity is indicating that the named service provider may begin submitting invoices to SLD. You will need your FCDL for some of the information required below.
 Remember: The FRNs listed below must be from the same Funding Year as is listed in Block 1, Item 3.
 If you need additional pages, please label them 4A, 4B, 4C, etc. and indicate the number in the space provided here: Page 3 _____

	(A) 471 Application Number From FCDL	(B) Funding Request Number (FRN) From FCDL	(C) Service Provider Identification Number (SPIN) From FCDL	(D) Service Provider Name From FCDL	(E) Funding Year Service Start Date (Earliest Date that Discounted Services Will Begin)
1					
2					
3					
4					
5					
6					
7					
8					
10					
11					
12					



Entity Number _____	Applicant's Form Identifier _____
Contact Person _____	Phone Number _____

Block 4: Certifications and Signature

8. I certify that the entity(ies) receiving discounted services as indicated on this Form 486 are covered by technology plan(s) that have been approved by a state or other authorized body – a USAC-certified technology plan approver – prior to the commencement of service and that cover all 12 months of the funding year. If applicable, provide the name(s) of the organization(s) that approved a technology plan for any eligible entity that is receiving services covered under this Form 486. If EVERY FRN listed in the Form 486 is for basic telephone service only, enter "NONE" here.

9. I certify that the services listed on this Form 486 have been, are planned to be, or are being provided to all or some of the eligible entities identified in the Form 471 application(s) cited above. I certify that there are signed contracts covering all of the services listed on this Form 486 except for those services provided on a tariff or month-to-month basis. I certify that I am authorized to submit this receipt of service confirmation on behalf of the above-named Billed Entity; that I have examined this request; and that, to the best of my knowledge, information, and belief, all statements of fact contained herein are true.

10. I understand that the discount level used for shared services is conditional, for future years, upon ensuring that the most disadvantaged schools and libraries that are treated as sharing in the services receive an appropriate share of benefits from those services. I recognize that I may be audited pursuant to this application and will retain for five years any and all records, including Forms 479 where required, that I rely upon to complete this form and, if audited, will make available to the Administrator such records.

NOTES FOR COMPLETING THE CERTIFICATIONS IN ITEM 11: A Billed Entity who is the Administrative Authority must check item 11a or 11b or 11c. Check only ONE item. If the Billed Entity is not the Administrative Authority, skip to item 11d. A Billed Entity who represents one or more Administrative Authorities must check item 11d or 11e. (See the Form 486 Instructions for Item 11, "Special Notes for Billed Entities Who Represent One or More Administrative Authorities.") A Billed Entity who represents one or more Administrative Authorities in Funding Years after Funding Year 2001 and who checks item 11d must check item 11f or 11g. (See the Form 486 Instructions for Item 11, "Special Notes for Billed Entities Who Represent One or More Administrative Authorities.")

IF THIS FORM PERTAINS TO A FUNDING YEAR PRIOR TO FUNDING YEAR 2001 (THE FUNDING YEAR BEGINNING JULY 1, 2001), SKIP TO ITEM 12.



Entity Number _____	Applicant's Form Identifier _____
Contact Person _____	Phone Number _____

11. FOR A BILLED ENTITY WHO IS THE ADMINISTRATIVE AUTHORITY:

I certify that as of the date of the start of discounted services:

a. the recipient(s) of service represented in the Funding Request Number(s) on this Form 486 has (have) complied with the requirements of the Children's Internet Protection Act, as codified at 47 U.S.C. § 254(h) and (i).

b. pursuant to the Children's Internet Protection Act, as codified at 47 U.S.C. § 254(h) and (i), the recipient(s) of service represented in the Funding Request Number(s) on this Form 486:

(FOR SCHOOLS and FOR LIBRARIES IN THE FIRST FUNDING YEAR FOR PURPOSES OF CIPA) is (are) undertaking such actions, including any necessary procurement procedures, to comply with the requirements of CIPA for the next funding year, but has (have) not completed all requirements of CIPA for this funding year.

(FOR FUNDING YEAR 2003 ONLY: FOR LIBRARIES IN THE SECOND OR THIRD FUNDING YEAR FOR PURPOSES OF CIPA) is (are) in compliance with the requirements of CIPA under 47 U.S.C. § 254(i) and undertaking such actions, including any necessary procurement procedures, to comply with the requirements of CIPA under 47 U.S.C. § 254(h) for the next funding year.

c. the Children's Internet Protection Act, as codified at 47 U.S.C. § 254(h) and (i), does not apply because the recipient(s) of service represented in the Funding Request Number(s) on this Form 486 is (are) receiving discount services only for telecommunications services.

FOR A BILLED ENTITY WHO REPRESENTS ONE OR MORE ADMINISTRATIVE AUTHORITIES ¹:

d. I certify as the Billed Entity for the consortium that I have collected duly completed and signed Forms 479 from all eligible members of the consortium.

e. I certify as the Billed Entity for the consortium that the only services that have been approved for discounts under the universal service support mechanism on behalf of eligible members of the consortium are telecommunications services, and therefore the requirements of the Children's Internet Protection Act, as codified at 47 U.S.C. § 254(h) and (i), do not apply.

For Funding Years after Funding Year 2001: If you checked item 11d above, check ONE of the boxes below:

f. I certify that some or all of the eligible consortium members checked Form 479 Item 6d or Item 6e to seek a CIPA Waiver, and upon request from the Administrator I can provide this information; OR

g. I certify that no eligible consortium members checked Form 479 Item 6d or Item 6e to seek a CIPA Waiver.

The certification language above is not intended to fully set forth or explain all the requirements of the statute.

¹ See the Form 486 Instructions for Item 11, "Special Notes for Billed Entities Who Represent One or More Administrative Authorities."

The certification language above is not intended to fully set forth or explain all the requirements of the statute.



FCC Form
486

Do Not Write In This Area

Entity Number _____	Applicant's Form Identifier _____
Contact Person _____	Phone Number _____

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

12. Signature of authorized person _____	13. Date _____
14. Printed name of authorized person _____	
15. Title or position of authorized person _____	
16a. Street Address, P.O. Box, or Route Number _____	

City _____	
State _____	Zip Code _____
16b. Telephone number of authorized person _____	Extension _____
16c. Fax number of authorized person _____	
16d. Email address of authorized person _____	



Entity Number _____	Applicant's Form Identifier _____
Contact Person _____	Phone Number _____

FCC NOTICE FOR INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT

Part 54 of the Commission's Rules authorizes the FCC to collect the information on this form. Failure to provide all requested information will delay the processing of the application or result in the application being returned without action. Information requested by this form will be available for public inspection. Your response is required to obtain the requested authorization.

The public reporting for this collection of information is estimated to range from 1 to 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the required data, and completing and reviewing the collection of information. If you have any comments on this burden estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, AMD-PERM, Paperwork Reduction Act Project (3060-0853), Washington, DC 20554. We will also accept your comments regarding the Paperwork Reduction Act aspects of this collection via the Internet if you send them to PRA@fcc.gov. PLEASE DO NOT SEND YOUR RESPONSE TO THIS FORM TO THIS ADDRESS.

Remember - You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0853.

THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, PUBLIC LAW 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3) AND THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

Please submit this form to:

SLD Form 486
P. O. Box 7026
Lawrence, Kansas 66044-7026

For express delivery services or U.S. Postal Service, Return Receipt Requested, send this form to:

SLD Forms
ATTN: SLD Form 486
3833 Greenway Drive
Lawrence, Kansas 66046
888-203-8100



Questions?



BEAR Form 472



BEAR Form 472 Overview

- Purpose
- When can the form be filed?
- What is my deadline to file?
- How often can I file?
- How can I file
- I need....
 - A PIN to file online
 - To eCertify or certify on paper
 - To file a different Form 472 for individual FRN
 - Note...
 - Can't be amended after online submission online
 - BEAR becomes "stale" after 15 days and must be resubmitted



FCC Form 472

Do not write in this space.

Approval by OMB
3060 – 0856
Estimated time per response: 1.5 hours

Universal Service for Schools and Libraries

Please read instructions before completing.

(To be completed by schools, libraries, or consortia.)

BILLED ENTITY APPLICANT REIMBURSEMENT FORM

For reimbursement of discounts on approved services already paid for by the Billed Entity Applicant.
Only one Service Provider Identification Number (SPIN) per form.
Must be completed and signed by the Billed Entity Applicant and signed by the relevant service provider.

Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, 47 U.S.C. Secs. 602, 603(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

FCC NOTICE FOR INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT

Part 54 of the Commission's Rules authorizes the FCC to collect the information on this form. Failure to provide all requested information will delay the processing of the application or result in the application being returned without action. Information requested by this form will be available for public inspection. Your response is required to obtain the requested authorization.

The public reporting burden for this collection of information is estimated to range from 1 to 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the required data, and completing and reviewing the collection of information. If you have any comments on this burden estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, AMD-PERM, Paperwork Reduction Act Project (3060-0856), Washington, DC 20554. We will also accept your comments regarding the Paperwork Reduction Act aspects of this collection via the Internet if you send them to PRA@fcc.gov. PLEASE DO NOT SEND YOUR RESPONSE TO THIS FORM TO THIS ADDRESS.

Remember – You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0856.

THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, PUBLIC LAW 93-578, DECEMBER 31, 1974, 6 U.S.C. 662a(e)(3) AND THE PAPERWORK REDUCTION ACT OF 1986, PUBLIC LAW 104-13, OCTOBER 1, 1986, 44 U.S.C. SECTION 3507.

BLOCK 1: HEADER INFORMATION

1. 471 Billed Entity Name	
2. 471 Billed Entity Number	
3. Service Provider Identification Number (SPIN)	
4. Contact Name	
5. Contact Telephone Number	
6. Reimbursement Form Number	
7. Reimbursement Date to USAC	
8. Total Reimbursement Amount (total of Block 2, Item 15 – 14.2 digits maximum)	

Billed Entity Applicant Reimbursement Form							
For reimbursement of discounts on approved services already paid for by the Billed Entity Applicant.							
471 Billed Entity Name _____				471 Billed Entity Number _____			
Contact Name _____				Contact Telephone Number _____			
Reimbursement Form Number _____							
BLOCK 2: LINE ITEM INFORMATION PER FUNDING REQUEST NUMBER							
	(9)	(10)	(11)	(12)	(13)	(14)	(15)
	FCC Form 471 Application Number (10 digits) (from Funding Commitment Decision Letter)	Funding Request Number (FRN) (10 digits) (from Funding Commitment Decision Letter)	Bill Frequency	Customer Billed Date (mm/yyyy)	Shipping Date to Customer or Last Day of Work Performed (mm/dd/yyyy)	Total (Undiscounted) Amount for Service (14.2 digits max.)	Discount Amount Billed to USAC (14.2 digits max.)
			DO NOT WRITE IN THIS COLUMN.	For each FRN, complete either Column (12) or Column (13), but not both Columns		14.2 digits allows for dollars and cents	
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
TOTAL REIMBURSEMENT AMOUNT TO BE ENTERED INTO ITEM (8)							

BILLED ENTITY APPLICANT Reimbursement Form	
471 Billed Entity Name _____	
471 Billed Entity Number _____	
Contact Name _____	
Reimbursement Form Number _____	
Block 3: Billed Entity Certification	
I certify that I am authorized to submit this Billed Entity Applicant Reimbursement Form on behalf of the eligible schools, libraries, or consortia of those entities represented on this Form, and certify to the best of my knowledge, information and belief, as follows:	
<p>A. The discount amounts listed in Column (15) of this Billed Entity Applicant Reimbursement Form represent charges for eligible services delivered to and used by eligible schools, libraries, or consortia of those entities for educational purposes, on or after the service start date reported on the associated Form 486.</p> <p>B. The discount amounts listed in Column (15) of this Billed Entity Applicant Reimbursement Form were already billed by the service provider and paid by the Billed Entity Applicant on behalf of eligible schools, libraries, and consortia of those entities.</p> <p>C. The discount amounts listed in Column (15) of this Billed Entity Applicant Reimbursement Form are for eligible services approved by the fund administrator pursuant to a Form 471 Funding Commitment Decision Letter.</p> <p>D. I recognize that I may be audited pursuant to this application and will retain for five years any and all records that I rely upon to fill in this form.</p>	
16. Signature of authorized person	17. Date _____
18. Printed name of authorized person _____	
19. Title or position of authorized person _____	
20. Telephone number of authorized person _____	
21. Address of authorized person _____ _____ _____	

BILLED ENTITY APPLICANT Reimbursement Form	
471 Billed Entity Name _____	
471 Billed Entity Number _____	
Contact Name _____	
Reimbursement Form Number _____	
Block 4: Service Provider Acknowledgment	
I certify that I am authorized to submit this Service Provider Acknowledgment for this Billed Entity Applicant Reimbursement Form, and acknowledge to the best of my knowledge, information and belief, as follows:	
A. The service provider must remit the discount amount authorized by the fund administrator to the Billed Entity Applicant who prepared and submitted this Billed Entity Applicant Reimbursement Form as soon as possible after the fund administrator's notification to the service provider of the amount of the approved discounts on this Billed Entity Applicant Reimbursement Form, but in no event later than 20 business days after receipt of the reimbursement payment from the fund administrator, subject to the restriction set forth in B. below.	
B. The service provider must remit payment of the approved discount amount to the Billed Entity Applicant prior to tendering or making use of the payment issued by the Universal Service Administrative Company to the service provider of the approved discounts for the Billed Entity Applicant Reimbursement Form.	
22. Signature of authorized person (fax, copy or original signature)	23. Date _____
24. Printed name of authorized person _____	
25. Title or position of authorized person _____	
26. Telephone number of authorized person _____	
27. Address of authorized person _____ _____ _____	

A paper copy of this Form (pages 1-4) should be mailed to:

SLD BEAR Form
P. O. Box 7026
Lawrence, KS 66044-7026

If sent by express delivery services or U.S. Postal Service, Return Receipt Requested, the form (pages 1-4) should be mailed to:

SLD Forms
ATTN: SLD BEAR Form 472
3833 Greenway Drive
Lawrence, KS 66046
Phone: 1-888-203-8100

Questions?



Form 500 (optional)



Form 500 Overview

- Purpose
- When can the form be filed?
- How can I file?
- Note...
 - Reduction or cancellations of funding commitments are irreversible
 - Must be filed and certified on paper



FCC Form 500		Do Not Write In This Area		Approval by 3060-0853 Estimated time per response: 1.5 hours	
Universal Service for Schools and Libraries Adjustment to Funding Commitment and Modification to Receipt of Service Confirmation Form					
Please read instructions before completing.			(To be completed by Schools and Libraries or Consortia.)		
Applicant's Form Identifier: (Create your own code to identify THIS Form 500)			Form 500 Application Number: (To be assigned by administrator.)		
Block 1: Applicant Information					
1. Name of Billed Entity		2. Billed Entity Number		3. Funding Year	
4. Complete Mailing Address of Billed Entity Applicant					
Street Address, P. O. Box or Route Number				City	State
				Zip Code	
10-Digit Phone Number		Fax Telephone Number		Email Address	
5. Contact Person Information					
Contact Person Name					
Mailing Address					
Street Address, P. O. Box or Route Number				City	State
				Zip Code	
10-Digit Phone Number		Fax Telephone Number		Email Address	
FCC NOTICE FOR INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT					
<p>Part 54 of the Commission's Rules authorizes the FCC to collect the information on this form. Failure to provide all requested information will delay the processing of the application or result in the application being returned without action. Information requested by this form will be available for public inspection. Your response is required to obtain the requested authorization.</p> <p>The public reporting for this collection of information is estimated to range from 1 to 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the required data, and completing and reviewing the collection of information. If you have any comments on this burden estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, AMD-PERM, Paperwork Reduction Act Project (3060-0853), Washington, DC 20554. We will also accept your comments regarding the Paperwork Reduction Act aspects of this collection via the Internet if you send them to PRA@fcc.gov. PLEASE DO NOT SEND YOUR RESPONSE TO THIS FORM TO THIS ADDRESS.</p> <p>Remember - You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0853.</p> <p>THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, PUBLIC LAW 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3) AND THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.</p>					

Billed Entity Name _____		Contact Name _____
Billed Entity Number _____		Contact Telephone Number _____
<p>Block 2: Services Adjustment: Fill in one Block 2 for EACH Funding Request (FRN) affected. If you are submitting more than one Block 2, please number your pages 2A, 2B, 2C, etc. and write the number in the space provided here: Page 2</p>		
<p>5. Provide the following information about each service cited in your Form 471 Block 5, Discount Funding Request (FRN) for which you want to take one of the following actions: Remember: The FRNs listed on this form must be for the same Funding Year as listed in Item 3, Block 1. New Start Date: If you wish to change the Funding Year Service Start Date you listed on a previously filed Form 486 in this funding year. This action will NOT result in more funding. Contract Expiration Date: If you wish to change the ending date for services. This action will not result in more funding but you could combine it with a reduction in funding. Cancel: If you wish to cancel a Funding Request Number. Please note: This action is irrevocable and the FRN can NOT be reinstated later. This action would allow money to be put back into the Universal Service fund for possible commitment to other applicants. Reduce: If you wish to reduce the amount of your funding commitment for a particular FRN. This action is irrevocable and the FRN can NOT be increased later. This action would allow money to be put back into the Universal Service fund for possible commitment to other applicants.</p> <p>The information required can be found in your Funding Commitment Decision Letter (FCDL) pertaining to the Funding Request (FRN) being affected.</p> <p>To launch the submission of invoices for payment, please file Form 486.</p>		
IDENTIFICATION OF THE FRN TO BE ADJUSTED		
(A) Form 471 Application Number: _____		
(B) Funding Request Number: _____		
(C) Billing Account Number: _____		
(D) Service Provider Name: _____		
(E) Service Provider SPIN: _____		
ADJUSTMENT TO FRN LISTED ABOVE:		
(F) Service Start Date	Original Date (mm/dd/yyyy):	New Date (mm/dd/yyyy):
Change Date		
(G) Contract Expiration Date	Original Date (mm/dd/yyyy):	New Date (mm/dd/yyyy):
Change Date		
(H) Cancel FRN	Original Commitment Amount:	New Commitment Amount:
Please Cancel		\$0.00
(I) Reduce FRN	Original Commitment Amount from FCDL:	New Commitment Amount AFTER Reduction:
Please Reduce		

<div style="border: 1px solid black; border-radius: 15px; width: 250px; margin: 0 auto; padding: 5px;">Do Not Write In This Area</div>	
Billed Entity Name _____ Contact Name _____	
Billed Entity Number _____ Contact Telephone Number _____	
Block 3: Certification	
7. I certify that I am authorized to submit this form on behalf of the above-named billed entity, that I have examined this request, and that, to the best of my knowledge, information, and belief, all statements of fact contained herein are true.	
8. I understand that the discount level used for shared services is conditional, for future years, upon ensuring that the most disadvantaged schools and libraries that are treated as sharing in the services receive an appropriate share of benefits from those services.	
9. I recognize that I may be audited pursuant to this application and will retain for five years any and all records that I rely upon to fill in this form.	
10. Signature	11. Date
12. Printed name of authorized person	
13. Title or position of authorized person	
14. Telephone number of authorized person	
15. E-Mail address of authorized person	
16. Address of authorized person	

A paper copy of this form, with an authorized signature in Block 3, Item 10 should be mailed to:

SLD Form 500
 P. O. Box 7026
 Lawrence, Kansas 66044-7026

If sent by express delivery services or U.S. Postal Service, Return Receipt Requested, the form should be mailed to:

SLD-Forms
 ATTN: SLD Form 500
 3833 Greenway Drive
 Lawrence, Kansas 66046
 888-203-8100

Questions?



Deadlines & Reminders

- File 470s & Certify A.S.A.P
- Check Tech Plan Approval Letter Status
- Get signed Site Verification Documents to DSIT by 12/15
- Verify DOE NSLP Data for accuracy when posted
- Look out for CIPA form request (Spring 2011)

Good Luck !

