

Form 471 for FY 2011

Step by Step PDF

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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. 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. If you will be submitting multiple forms, clear your Internet cache after each form.
- 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, SPIN 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

- Create Form 470
- Form 470 Interview
- Search Posted
- Continue Incomplete
- Certify Complete

Form 471
Services Ordered
and Certification Form

- Create Form 471
- Form 471 Interview
- Continue Incomplete
- Certify Complete
- Display
- Application Status
- Item 21 Attachment

Form 486
Receipt of
Service
Confirmation
Form

- Create Form 486
- Form 486 Interview
- Continue Incomplete
- Display
- Certify Complete

Utilities

- BEAR Online
- FRN Extension Status
- Entity Search
- Two-In-Five Tool

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This tool is best viewed with screen resolution set to 1024 x 768.

HOME CANCEL HELP

FCC Form 471

Services Ordered and Certification Form



Add New 471 - Search

Select the type of search, then enter the search value, then click *Begin 471 Process*

Zip Code (5 digit)
 Entity Number (up to 10 digits)
 470 Application Number (15 digits)

145909 (enter value here)

Menu Options Reset Page Begin 471 Process

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Add New 471 - Search Results

Select an entity from the list below and then click **Accept**

If after careful review your entity is not found or any information displayed for your entity is incorrect, please contact the SLD Client Service Bureau at 1-888-203-8100 for assistance.

Select	Entity #	Name	Street Address	City	State
<input checked="" type="radio"/>	145909	APPLICANT	2000 L. STREET N.W., SUITE 200	WASHINGTON	DC

Search Again Accept

FCC Form 471

Services Ordered and Certification Form



Approval by OMB 3060-0806

Estimated Average Burden Hours Per Response: 4 hours

This form asks schools and libraries to list the eligible telecommunications-related 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.sl.universalservice.org.) The instructions include information on the deadlines for filing this application.

Applicant's Form Identifier:

(Insert your own code to identify THIS Form 471)
471-2011

Form 471 Application #:

(To be assigned by administrator)

Block 1: Billed Entity Address and Information

(The "Billed Entity" is the entity paying the bills for the services listed on this form.)

1 Name of Billed Entity APPLICANT		2 Funding Year: FY 2011: July 01, 2011 through June 30, 2012	
3a Entity Number 145909	3b. FCC Registration Number 0001110001		
4 Billed Entity (Applicant) Address, etc.			
a Street Address, P.O. Box, or Route Number 2000 L. STREET N.W., SUITE 200			
City WASHINGTON		State DC	Zip Code + 4 20036 - 4924
b Telephone Number (10 digits + extension) (202) 776 - 0200		c Fax Number (10 digits) (202) 776 - 0080	
5a Type of Application (Select only one type)			
<input type="radio"/> Individual School (individual public or non-public school) <input type="radio"/> School District (LEA; public or non-public (e.g., diocesan) local district representing multiple schools) <input checked="" type="radio"/> Library (including library system, library outlet/branch or library consortium as defined under LSTA) <input type="radio"/> Consortium (intermediate service agencies, consortia of schools and/or libraries) <input type="radio"/> Statewide application for (enter 2-letter state code) <input type="text" value=""/> representing (check all that apply) <input type="checkbox"/> All public schools/districts in the state <input type="checkbox"/> All non-public schools in the state <input type="checkbox"/> All libraries in the state			
If you selected "Consortium" in #5 above, check here <input type="checkbox"/> if any members are ineligible non-governmental entities.			
5b. Receipt(s) of Service:			
<input type="checkbox"/> Private <input type="checkbox"/> Charter <input type="checkbox"/> Head Start <input checked="" type="checkbox"/> Public <input type="checkbox"/> Tribal <input type="checkbox"/> State Agency			
6a Contact Person's Name: Your name		Copy 4a-c above to 6b-d below	
First, if the Contact Person's Street Address is the same as in Item 4 , check this box <input type="checkbox"/> If not, please complete Item 6b .			

Select FY2011

New this year. Go to MSL E-rate page for assistance.

All libraries should select Public

6b Street Address, P.O.Box, or Route Number NOTE: USAC will use THIS address to mail correspondence about this form.			
2000 L. STREET N.W., SUITE 200			
City WASHINGTON		State DC	Zip Code + 4 20036 - 4924
<i>Check the box next to your preferred mode of contact and provide your contact information. One box MUST be checked and an entry provided.</i>			
<input type="radio"/> 6c Telephone Number (10 digits + ext.)	(202) 776	- 0200	ext.
<input type="radio"/> 6d Fax Number (10 digits)	(202) 776	- 0080	
<input checked="" type="radio"/> 6e E-mail Address (50 characters max.)	yourname@lib.me.us		
Reenter E-mail Address:	yourname@lib.me.us		
6f Holiday/vacation/summer contact information: please include name of alternate contact (if applicable) and alternate phone, fax or E-mail address			
Skip			
6g Consultant Information			
Consultant Registration Number:	<input type="text"/>	<input type="button" value="Search"/>	Skip

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FCC Form 471

Services Ordered and Certification Form

[Block 1](#)[Block 2 & 3](#)[Block 4](#)[Block 5](#)[Block 6](#)

Applicant's Form Identifier: 471-2011

Entity Number: 145909

Contact Person: Your Name

Phone Number: (202) 776-0200

IMPORTANT

Please record your Form 471 application number and security code. You will need this information if you wish to exit and return later to this online Form 471 application or if you wish to file your Item 21 Attachment Online.

471 Application Number: 731631

Billed Entity Number: 145909

Security Code Number: 90212

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FCC Form 471

Services Ordered and Certification Form



Block 1 **Block 2 & 3** Block 4 Block 5 Block 6

Applicant's Form Identifier: 471-2011

Entity Number: 145909

Contact Person: Your Name

Phone Number: (202) 776-0200

Block 2: Summary Description of Needs or Services Requested.

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.

Schools/school districts complete the left-hand column and libraries complete the right-hand column. Consortia complete all that apply.

Block 2: Impact of Services Ordered for Schools and Libraries from Form 471		Schools	Libraries
7a Number of students or patrons to be served			4500
b Telephone service: Number of classrooms or rooms with phone service			3
c Direct connections to the Internet: Number of drop			10
d Number of classrooms or rooms with Internet access			0
e Number of computers or other devices with Internet access			0
f Number of dial-up Internet access and other connections of up to 200 kbps:			0
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 24 than 1.5 mbps		0
	At or greater than 1. than 3 mbps		0
	At or greater than 3 mbps and less than 10 mbps		0
	At or greater than 10 mbps and less than 25 mbps		0
	At or greater than 25 mbps and less than 50 mbps		0
	At or greater than 50 mbps and less than 100 mbps		0
	Greater than 100 mbps		0

Use your LSA or registered patrons

For telephone applications, fill this out

Not needed for telephone but you must enter zeros to go to the next page

Block 1 Reset Page Block 4 Print Preview

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FCC Form 471

Services Ordered and Certification Form

[Block 1](#)[Block 2 & 3](#)[Block 4](#)[Block 5](#)[Block 6](#)

471 Block 4 Confirm Continuation

Block 1, Item 5 (Application Type): "Library"

You are about to enter Block 4 where the discount is calculated based on the selection you made in Block 1, Item 5 (Application Type) as displayed above. If you enter any data in Block 4, the Application Type selection cannot be changed.

If you would like to correct your Application Type in Block 1, Item 5, choose "Go Back to Block 1" below.

Are you sure you want to continue on to Block 4?

[Go back to Block 1](#)[Continue on to Block 4](#)[Copy Block 4 Worksheet](#)[Bulk Upload](#)

The "Copy Block 4 Worksheet" function will allow you to copy the entities and discounts from a Prior Year 471 or a Current Year 471. Using this function saves considerable data entry time. You will need the 471 Application Number and Billed Entity Number that you wish to copy in order to proceed.

[Click here for Bulk Upload Help](#)

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471 Block 4 Add New Entity - Search

Select the type of search, then enter the search value, then click **Search**

Zip Code (5 digit)
 Entity Number (up to 10 digits)
 Entity Name (% sign can be used as wildcard character)

145909 (enter value here)

Block 2&3 Reset Page Display Worksheet **Search**

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FCC Form 471

Services Ordered and Certification Form



Block 1 Block 2 & 3 **Block 4** Block 5 Block 6

471 Block 4 Add New Entity - Search Results

Select entity for Entity Number: 121687 and then click **Accept**

If after careful review your entity is not found or any information displayed for your entity is incorrect, please contact the SLD Client Service Bureau at 1-888-203-8100 for assistance.

Select	Entity #	Name	Street Address	City	State
<input checked="" type="radio"/>	121687	VETERANS MEMORIAL LIBRARY	PO BOX 240	PATTEN	ME

Search Again **Accept**

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FCC Form 471

Services Ordered and Certification Form



471 Block 4 Add/Edit Library Entity **Search for School District**

Select the type of search (for School District where your Library Outlet/Branch is located), then enter the search value, then click **Next >>**

Zip Code (5 digit)
 Entity Number (up to 10 digits)
 Entity Name (% sign can be used as wildcard character)

(enter value here)

This info can be found in the NSLP spreadsheet on the MSL E-rate webpage.

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FCC Form 471

Services Ordered and Certification Form



Block 1

Block 2 & 3

Block 4

Block 5

Block 6

471 Block 4 Add/Edit Library Entity - Search Results for School District
Select the School District (where your Library Outlet/Branch is located) for Entity
Number: 121359
and then click Accept

If after careful review your entity is not found or any information displayed for your entity is incorrect, please contact the SLD Client Service Bureau at 1-888-203-8100 for assistance.

Select	Entity #	Name	Street Address	City	State
<input checked="" type="radio"/>	121359	GORHAM SCHOOL DEPARTMENT	75 SOUTH STREET, SUITE 2	GORHAM	ME

Search Again

Accept

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FCC Form 471

Services Ordered and Certification Form



Block 1

Block 2 & 3

Block 4

Block 5

Block 6

Applicant's Form Identifier: 471-2011
Contact Person: Your Name

Entity Number: 145909
Phone Number: (202) 776-0200

Block 4 Add/Edit Entity

To calculate the appropriate discount for your library, determine the percentage of students eligible for the National School Lunch Program (NSLP) for the school district in which the library is located by dividing the number of students eligible for the NSLP by the total number of students in the school district. Use this percentage and the Rural or Urban status of your library to determine the appropriate discount from the Discount Matrix.

Type "B" Worksheet No. TBD	
1. Name of Library Outlet/Branch	VETERANS MEMORIAL LIBRARY
2. Entity Number	121687
School District Entity Number	121359
Name of School District where outlet/branch is located	GORHAM SCHOOL DEPARTMENT
New Library Construction	<input type="checkbox"/>
Administrative Entity	<input checked="" type="checkbox"/> ← Check this box only
Check here if alternative discount mechanism	<input type="checkbox"/>
Total number of students in public school district in which the library outlet/branch is located	2527 ← These numbers can be found in the NSLP spreadsheet on the MSL E-rate webpage.
Number of students eligible for NSLP in public school district	577 ←
Percentage of students eligible for NSLP (divide number of students eligible for NSLP by total number of students)	0.23 ← This is calculated for you
Non-Instructional Facility	<input type="checkbox"/>
FSCS Code	ME - 0169 - 002 ← This data is also on the NSLP spreadsheet
3. Urban or Rural	<input type="radio"/> Urban <input checked="" type="radio"/> Rural ←

Previous Entity

Next Entity

Remove Entity

Reset Page

Add New Entity

Block 2&3

Display Worksheet

Block 5

FCC Form 471

Services Ordered and Certification Form



471 Block 5 Add New Funding Request - Search for Service Provider

Select the category of service, enter the Service Provider Identification (SPIN) value, and then click Search. Refer to the current [Eligible Services List](#) for more information about categories of service and eligible services.

<p>Category of Service:</p> <p><input checked="" type="radio"/> Telecommunications Service</p> <p><input type="radio"/> Internet Access</p> <p><input type="radio"/> Internal Connections Other than Basic Maintenance</p> <p><input type="radio"/> Basic Maintenance of Internal Connections</p>	<p>SPIN (9 digits):</p> <p>143032501</p>
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Block 4 Reset Page Block 5 Display Search

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FCC Form 471

Services Ordered and Certification Form



Block 1 Block 2 & 3 Block 4 **Block 5** Block 6

471 Block 5 Add New Funding Request - Search Results for Service Provider

For service type *Telecommunications Service*, select your service provider, then click *Accept*

Select	S.P.I.N	Name	Street	City	State
<input checked="" type="radio"/>	143032501	Northern New England Telephone Operations LLC	155 Gannett Dr	South Portland	ME

Search Again

Accept

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FCC Form 471

Services Ordered and Certification Form



Block 1

Block 2 & 3

Block 4

Block 5

Block 6

Applicant's Form Identifier: 471-2011

Entity Number: 145909

Contact Person: Your Name

Phone Number: (202) 776-0200

Block 5: Discount Funding Request(s)

Funding Request Number (FRN): (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)	
	PRIORITY 1 <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access	PRIORITY 2 <input type="radio"/> Internal Connections Other than Basic Maintenance <input type="radio"/> Basic Maintenance of Internal Connections

12	Form 470 Application Number (15 digits)	163510000815346
13	SPIN - Service Provider Identification Number (9 digits)	143032501 ← Filled in for
14	Service Provider Name	Northern New England Telephone Operations LLC
15a	<input checked="" type="checkbox"/> Check this box if this Funding Request is for non-contracted tariffed or month-to-month services.	
15b	Use Contract Number for contracted services (indicate N/A if not available); use "T" if tariffed services; use "MTM" if month-to-month services.	MTM
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 year based on a multi-year contract. If so, provide that FRN here:	
16a	Billing Account Number (e.g. billed telephone number)	207-455-3245
16b	<input type="checkbox"/> Check this box if there are multiple Billing Account Numbers and attach a complete list of those numbers to your Item 21 attachment for this FRN.	
17	Allowable Vendor Selection/Contract Date (mm/dd/yyyy, based on Form 470 filing)	02/17/2010 ← Filled in for you.
18	Contract Award Date (mm/dd/yyyy)	
19	Service Start Date (mm/dd/yyyy)	07/01/2011
20a	Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services)	06/30/2012

Most libraries don't have contracts. So fill these two in only.

20b	Contract Expiration Date (mm/dd/yyyy)	<input type="text"/>
------------	--	----------------------

21. Description of This Service: You MUST forward a description of this service on paper, 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 this paper description with an Attachment#, and note number here :

Attachment #

22. Entity/Entities Receiving This Service:

a. If the service is site-specific (provided to one site and not shared by others), select the Entity Number of the entity from Block 4 receiving this service:
 #121687 - 60% - VETERANS MEMORIAL LIBRARY ← Select from arrow drop down

b. If the service is shared by all entities on a Block 4 worksheet, select the worksheet number:

23. Calculations

a.	Monthly charges (total amount per month for service)	<input type="text" value="50.00"/>
b.	How much of the amount in (a) is ineligible?	<input type="text" value="0"/>
f.	Annual non-recurring (one-time) charges	<input type="text" value="0"/>
g.	How much of the amount in (f) is ineligible?	<input type="text" value="0"/>

Fill in amount ONLY if you have installation charges, otherwise zero.

FCC Form 471
Services Ordered and Certification Form



Block 1 Block 2 & 3 Block 4 Block 5 **Block 6**

Applicant's Form Identifier: 471-2011

Entity Number: 145909

Contact Person: Your Name

Phone Number: (202) 776-0200

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.)	600
b.	Total funding commitment request amount on this Form 471 (Add the entries from Items 23K on all Block 5 Discount Funding Requests.)	360
c.	Total applicant non-discount share (Subtract Item 25b from Item 25a.)	240
d.	Total budgeted amount allocated to resources not eligible for E-rate support.	1200
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.)	1440
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.	

All pre-filled except for 25d. Enter your total technology budget here.

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.

Check all certifications 27-37.

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.
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. § 54.506(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 services.

Fill in all below with the name of the person who has the PIN to certify the Form 471.

40. Printed name of Authorized Person <input type="checkbox"/> Check here if the consultant in Item 6g is the Authorized Person.	Your Name
41. Title or Position of Authorized Person	Library Director
42a. Street Address, P.O. Box, or Route Number	PO Box 123
City	Yourtown
State	ME
Zip	04001 -
42b. Telephone number of Authorized Person	207 287 - 5600
42c. Fax number of Authorized Person	-
42d. E-mail address of Authorized Person	yourname@lib.me.us
Reenter E-mail Address of Authorized Person	yourname@lib.me.us
42e. Name of Authorized Person's Employer	Your Library

Select if you do not have a PIN.

Select if you have a PIN

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FCC Form 471

Services Ordered and Certification Form



Applicant's Form Identifier: 471-2011
Contact Person: Your Name

Entity Number: 145909
Phone Number: (202) 776-0200

REMEMBER TO SEND IN YOUR SIGNED CERTIFICATION



Before You Submit Your Application:

1. Review your application. Click the Print Preview button at the bottom of this page to bring up a complete copy of your application. *Review it carefully.* If you have changes/corrections, click the Previous button below, then use the Navigation Bar at the top of the page to go to any appropriate block(s) to make changes/corrections.

2. Print a copy of this application for your records. If satisfied, click the Print Preview button at the bottom of this page and use your browser to print a copy for your records.

3. Electronically submit your application. Click the "Submit" button at the bottom of this page to submit this Form 471 to the SLD. When you take this step, no further changes can be made to this Form 471. *To complete your application, you must still complete your electronic certification and then submit your attachments so that your application can be processed (see below).*

After clicking the "Submit" button below, you will be directed to the electronic certification page. You will need to enter the 6-8 digit PIN assigned to you by the SLD. Then you must click the checkbox to affirm your compliance with the electronic certification process, and click the "Done" button. If your electronic certification is successful, you will receive a confirmation indicating that your certification was successful along with a Certification ID Number. **If your electronic certification is successful, do not mail the certification to the SLD.** If you fail to enter a correct PIN after 5 attempts, you will be re-directed to the manual certification page which you must print, sign, date and mail to the SLD.

IMPORTANT NOTE: You must have obtained a PIN from the SLD before clicking the "Submit" button on this page.

4. Print out the Block 6 Certification page (using your browser). When you print Block 6 using your browser, the form will automatically include your Form 471 Application Number, Applicant Name, and Applicant Address. Please save a copy for your records. Be sure to include a copy of this page when mailing attachments to the SLD. This page is necessary to match the attachments with the correct application.

Note: Do not mail any part of the completed Form 471.

IMPORTANT NOTE: by clicking "Submit" you are simultaneously releasing your completed application to the SLD. Clicking "Submit" will prevent any further changes to the application. Please be sure you are satisfied that all entries to the application are correct and you are fully authorized to release this form and that you have obtained a PIN from the SLD before clicking "Submit" on this page

You MUST be authorized to click the "Submit" button. Doing so irreversibly submits this Form 471 to the SLD. You MUST possess an SLD PIN to click the "Submit" button.

Print a copy using
Print Preview then
SUBMIT

<< Previous

Print Preview

Submit

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Sample of Print
Preview. Save in
your files.

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.

Applicant's Form Identifier (Create an identifier for your own reference) 471-2011	Form 471 Application #: 731631 (To be assigned by administrator)
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Block 1: Billed Entity Address and Identifications

1 Name of Billed Entity
APPLICANT

2 Funding Year 2011

3a Entity Number 145909

3b FCC Registration Number 0001110001

4a Street Address, P.O. Box, or Route Number
2000 L. STREET N.W., SUITE 200

City WASHINGTON State DC Zip Code 20036-4924

4b Telephone Number (202) 776-0200

4c Fax Number (202) 776-0080

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, states, state networks, special 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: 145909	Applicant's Form Identifier: 471-2011
Contact Person: Your Name	Contact Phone Number: (202) 776-0200

Block 1: Billed Entity Address and Identifications (continued)

6a Contact Person's Name
Your Name

If the Contact Person's Street Address is the same as **Item 4** above, check here. 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.
2000 L. STREET N.W., SUITE 200

City WASHINGTON State DC Zip Code 20036-4924

Check the box next to your preferred mode of contact and provide your contact information. One box **MUST** be checked and an entry provided.

- 6c** Telephone Number (202) 776 - 0200
- 6d** Fax Number (202) 776 - 0080
- 6e** E-Mail Address yourname@lib.me.us
Re-enter E-mail Address yourname@lib.me.us

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

Entity Number: 145909		Applicant's Form Identifier: 471-2011	
Contact Person: Your Name		Contact Phone Number: (202) 776-0200	
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.			
Schools/school districts complete the left-hand column and libraries complete the right-hand column. Consortia complete all that apply.			
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	0	4500
b	Telephone service: Number of classrooms or rooms with phone service	0	3
c	Direct connections to the Internet: Number of drops	0	10
d	Number of classrooms or rooms with Internet access	0	0
e	Number of computers or other devices with Internet access	0	0
f	Number of dial-up Internet access and other connections of up to 200 kbps :	0	0
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	0
		At or greater than 1.5 mbps and less than 3 mbps	0
		At or greater than 3 mbps and less than 10 mbps	0
		At or greater than 10 mbps and less than 25 mbps	0
		At or greater than 25 mbps and less than 50 mbps	0
		At or greater than 50 mbps and less than 100 mbps	0
		Greater than 100 mbps	0
Block 3:			
8 [Reserved]			

Entity Number: 145909	Applicant's Form Identifier: 471-2011
Contact Person: Your Name	Contact Phone Number: (202) 776-0200

Block 4: Discount Calculation Worksheet Worksheet - 1192476
Page 1 of 1

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 NCES Code (for Schools) or FSCS 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 Construction	Admin Entity or NIF	Alt Disc Mech	Weighted Product for Calculating Shared Discount (Col. 4 x Col. 7)	Insert appropriate codes(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	
VETERANS MEMORIAL LIBRARY	121687 ME 0169 002	R	2527	577	22.833%	60	N	Y	N			121359		

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.						60								60%
CONSORTIA: Calculate the total of Column 14. Divide this total by the number of member entities. Enter the result in Column 15.														

Entity Number: 145909		Applicant's Form Identifier: 471-2011																												
Contact Person: Your Name		Contact Phone Number: (202) 776-0200																												
Block 5: Discount Funding Request(s)		Block 5, page 1 of 1																												
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.		FRN 1978767 (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 border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 2px;"> PRIORITY 1 <input checked="" type="checkbox"/> Telecommunications Service <input type="checkbox"/> Internet Access </td> <td style="width:50%; padding: 2px;"> PRIORITY 2 <input type="checkbox"/> Internal Connections Other than Basic Maintenance <input type="checkbox"/> Basic Maintenance of Internal Connections </td> </tr> </table>		PRIORITY 1 <input checked="" type="checkbox"/> Telecommunications Service <input type="checkbox"/> Internet Access	PRIORITY 2 <input type="checkbox"/> 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="width:15%; text-align: center; vertical-align: middle;">Recurring Charges</td> <td style="padding: 2px;">A. Monthly charges (total amount per month for service)</td> <td style="text-align: right; padding: 2px;">\$50.00</td> </tr> <tr> <td style="padding: 2px;">B. How much of the amount in A is ineligible?</td> <td style="text-align: right; padding: 2px;">\$0.00</td> </tr> <tr> <td style="padding: 2px;">C. Eligible monthly pre-discount amount (A minus B)</td> <td style="text-align: right; padding: 2px;">\$50.00</td> </tr> <tr> <td style="padding: 2px;">D. Number of months service provided in funding year</td> <td style="text-align: center; padding: 2px;">12</td> </tr> <tr> <td style="padding: 2px;">E. Annual pre-discount amount for eligible recurring charges (C x D)</td> <td style="text-align: right; padding: 2px;">\$600.00</td> </tr> <tr> <td rowspan="3" style="width:15%; text-align: center; vertical-align: middle;">Non-Recurring Charges</td> <td style="padding: 2px;">F. Annual non-recurring charges</td> <td style="text-align: right; padding: 2px;">\$0.00</td> </tr> <tr> <td style="padding: 2px;">G. How much of the amount in F is ineligible?</td> <td style="text-align: right; padding: 2px;">\$0.00</td> </tr> <tr> <td style="padding: 2px;">H. Annual eligible pre-discount amount for non-recurring charges (F minus G)</td> <td style="text-align: right; padding: 2px;">\$0.00</td> </tr> <tr> <td rowspan="3" style="width:15%; text-align: center; vertical-align: middle;">Total Charges</td> <td style="padding: 2px;">I. Total funding year pre-discount amount (E + H)</td> <td style="text-align: right; padding: 2px;">\$600.00</td> </tr> <tr> <td style="padding: 2px;">J. Discount from Block 4 Worksheet</td> <td style="text-align: right; padding: 2px;">60.00</td> </tr> <tr> <td style="padding: 2px;">K. Funding Commitment Request (I x J)</td> <td style="text-align: right; padding: 2px;">\$360.00</td> </tr> </table>		Recurring Charges	A. Monthly charges (total amount per month for service)	\$50.00	B. How much of the amount in A is ineligible?	\$0.00	C. Eligible monthly pre-discount amount (A minus B)	\$50.00	D. Number of months service provided in funding year	12	E. Annual pre-discount amount for eligible recurring charges (C x D)	\$600.00	Non-Recurring Charges	F. Annual non-recurring charges	\$0.00	G. How much of the amount in F is ineligible?	\$0.00	H. Annual eligible pre-discount amount for non-recurring charges (F minus G)	\$0.00	Total Charges	I. Total funding year pre-discount amount (E + H)	\$600.00	J. Discount from Block 4 Worksheet	60.00	K. Funding Commitment Request (I x J)	\$360.00
PRIORITY 1 <input checked="" type="checkbox"/> Telecommunications Service <input type="checkbox"/> Internet Access	PRIORITY 2 <input type="checkbox"/> Internal Connections Other than Basic Maintenance <input type="checkbox"/> Basic Maintenance of Internal Connections																													
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12 Form 470 Application Number 163510000815346																														
13 SPIN – Service Provider Identification Number 143032501																														
14 Service Provider Name Northern New England Telephone Operations LLC																														
15a <input checked="" type="checkbox"/> Check this box if this Funding Request is for non-contracted tariffed or month-to-month services.																														
15b Contract Number MTM																														
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) 207-455-3245																														
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) (based on Form 470 filing) 02/17/2010																														
18 Contract Award Date (mm/dd/yyyy)																														
19 Service Start Date (mm/dd/yyyy) 07/01/2011																														
20a Service End Date (mm/dd/yyyy) 06/30/2012																														
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. <table style="width:100%; margin-top: 10px;"> <tr> <td style="width:35%;"></td> <td style="text-align: right;">1</td> </tr> </table>					1																									
	1																													
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: 121687																												
		b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., 1):																												

Entity Number: 145909	Applicant's Form Identifier: 471-2011
Contact Person: Your Name	Contact Phone Number: (202) 776-0200

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.)	600
b Total funding commitment request amount on this Form 471 (Add the entries from Items 23K on all Block 5 Discount Funding Requests.)	360
c Total applicant non-discount share (Subtract Item 25b from Item 25a.)	240
d Total budgeted amount allocated to resources not eligible for E-rate support	1200
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.)	1440
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.

Entity Number: 145909	Applicant's Form Identifier: 471-2011
Contact Person: Your Name	Contact Phone Number: (202) 776-0200

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. § 54.506(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 <input type="checkbox"/>	39 Date
--	---------

40 Printed name of authorized person Your Name

41 Title or position of authorized person Library Director

Check here if the consultant in Item 6g is the Authorized Person.

42a Street Address, P.O. Box, or Route Number
PO Box 123

City Yourtown
State ME Zip Code 04001-

Entity Number: 145909		Applicant's Form Identifier: 471-2011	
Contact Person: Your Name		Contact Phone Number: (202) 776-0200	
42b	Telephone Number of authorized Person	(207) 287-5600	Ext.
42c	Fax Number of Authorized Person		
42d	E-mail Address of authorized Person	yourname@lib.me.us	
	Re-enter E-mail Address	yourname@lib.me.us	
42e	Name of Authorized Person's Employer	Your Library	
<p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>The foregoing Notice is required by the Paperwork Reduction Act of 1995, Pub. L. No. 104-13, 44 U.S.C. § 3501, et seq.</p> <p>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.</p> <p>Please submit this form to: SLD-Form 471 P.O. Box 7026 Lawrence, Kansas 66044-7026</p> <p>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</p>			
FCC Form 471 - October 2010			

Close Print Preview

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FCC Form 471

Services Ordered and Certification Form

Enter your PIN in number 38
and check box for compliance.



Applicant's Form Identifier: 471-2011

Entity Number: 145909

Contact Person: Your Name

Phone Number: (202) 776-0200

Block 6: Certifications and Signature

471 Application Number: 731631

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 in 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 Item 23i on all Block 5 Discount Funding Requests.)	\$600.00
b.	Total funding commitment request amount on this Form 471 (Add the entries from Items 23k on all Block 5 Discount Funding Requests.)	\$360.00
c.	Total applicant non-discount share (Subtract Item 25b from Item 25a.)	\$240.00
d.	Total budgeted amount allocated to resources not eligible for E-rate support	\$1,200.00
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.)	\$1,440.00
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 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.

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 this 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 the 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 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. § 54.506(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. PIN: _____

39. Date

40. Printed name of authorized person **Your Name**

41. Title or position of authorized person **Library Director**

Check here if the consultant in Item 6g is the Authorized Person.

42a. Street Address, P.O Box or Route Number **PO Box 123**
Yourtown, ME 04001

42b. Telephone number of authorized person: **(207) 287-5600**

42c. Fax number of authorized person:

42d. E-mail of authorized person: **yourname@lib.me.us**

42e. Name of authorized person's employer **Your Library**

ATTENTION: If you are signing Form 471 using the PIN assigned to you by SLD, you are reminded that using the PIN is equivalent to your handwritten signature on the form. Your use of the PIN to affirm these certifications means that should they prove untrue, you will be held to the same enforcement standards as those who affirm the certifications on paper. Also, by using the PIN, you are affirming that you have the authority to make these certifications and represent the entity featured in Block One of this funding request.

Please Check to affirm your compliance

471 Application Number: 731631
APPLICANT
2000 L. STREET N.W., SUITE 200
WASHINGTON, DC 20036 -4924

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 retain a copy of this page and submit a copy with any communications to the SLD. Please enclose a copy of this confirmation page when mailing your Item 21 attachments. If you wish to submit your required Item 21 Attachment at this time using our online system, choose the icon below for the Item 21 Attachment.

Done

Click Done. Click OK. Print a copy after clicking on done. Cert ID will be where PIN was typed.

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