



## Prosser School District No. 116

1500 GRANT AVE.  
PROSSER, WA 99350

PHONE: (509) 786-3323 FAX: (509) 786-2062  
Website: [prosserschools.org](http://prosserschools.org)

October 10, 2019

### Letter of Appeal Federal Communications Commission

Appellant Name: Prosser School District #116  
BEN: 145533  
SPIN: 143040860  
Funding Year 2017: 7/1/2017 – 6/30/2018  
Funding Commitment Decision: \$5,089.87

To Whom It May Concern,

We have received a Revised Funding Commitment Decision Letter dated August 12, 2019 (copy attached) denying our appeal to the School and Libraries Division of the Universal Service Administrative Company (USAC). The Decision Letter states that Federal Communications Commission (FCC) rules do not permit USAC to consider our appeal. We are now appealing to the FCC, based on the following circumstances:

1. We received a Form 472 (BEAR) Notification Letter dated November 30, 2018 (copy attached), not approving our reimbursement request due to no response. We did in fact respond.
2. On October 22, 2018 we electronically filed Form 472 (copy attached) which shows a 20% discount rate on Line Item 13. We erroneously manually input \$20 on Line 14 instead of letting the system calculate the applicable amount which should have been \$4,599.70 ( $\$22,998.50 \times .20$ ).
3. When we received the \$20 payment, which obviously was less than expected, I reviewed the Form 472 filed and was shocked to see the amount billed to USAC was only \$20 – clearly a clerical mistake. I called the help line and was told to resubmit another invoice and that we would receive payment for the new request, less the \$20. I then refiled Form 472 on 10/29/2018 requesting the proper amount of \$4,599.70 (copy attached).
4. I did receive an email from Laura Long on November 12, 2018 (copy attached) about her reviewing the request for reimbursement. I called her and left two (2) voice messages asking for her to call me but I never heard back from her. My voice message clearly stated that I was told by the help line to resubmit a second invoice and the \$20 would be deducted from the full payment requested.

In summary, the original invoice showing a request for \$20 was clearly a clerical mistake. We followed instructions given to us and submitted a second invoice. We are requesting to be paid \$4,579.79 ( $\$4,599.70 \text{ less } \$20$ ).

Thank you for your consideration. If you have any questions, please contact me.

Sincerely,  
  
Craig Reynolds, CPA

Assistant Superintendent, Business and Operations



Universal Service  
Administrative Co.

August 12, 2019

## Revised Funding Commitment Decision Letter

### Funding Year 2017

**Contact Information:**

Craig Reynolds  
PROSSER SCHOOL DISTRICT # 116  
1126 MEADE AVENUE SUITE A  
PROSSER, WA 99350  
[craig.reynolds@prosserschools.org](mailto:craig.reynolds@prosserschools.org)

**BEN:** 145533

**Post Commitment Wave:** 68

### Totals

|                                  |                   |
|----------------------------------|-------------------|
| Original Commitment Amount       | \$5,089.87        |
| <b>Revised Commitment Amount</b> | <b>\$5,089.87</b> |

### What is in this letter?

Thank you for submitting your post-commitment request for Funding Year 2017 Schools and Libraries Program (E-rate) funding. Attached to this letter, you will find the revised funding statuses and/or post commitment changes to the original Funding Commitment Decision Letter (FCDL) you received. Below are the changes that were made:

- Appeals

The Universal Service Administrative Company (USAC) is providing this information to both the applicant(s) and the service provider(s) so that all parties are aware of the post-commitment changes related to their funding requests and can work together to complete the funding process for these requests.

### Next Steps

1. **File the FCC Form 486**, Service Confirmation and Children's Internet Protection Act (CIPA) Certification Form, for any FRNs included in this RFCDL, if you have not already done so. Please review the CIPA requirements and file the form(s).



**BEN Name:** PROSSER SCHOOL DISTRICT # 116  
**BEN:** 145533  
**Post Commitment Wave:** 68

- o **If USAC approved funding on an FRN in your original FCDL**, the deadline to submit the FCC Form 486 is 120 days from the date of the original FCDL or from the service start date (whichever is later).
  - o **If a new FRN was created for this RFCDL or funding was not approved on an FRN in your original FCDL but is approved in this RFCDL**, the deadline to submit the FCC Form 486 is 120 days from the date of this RFCDL or from the service start date (whichever is later).
2. **Invoice USAC**, if you or your service provider have not already done so. Work with your service provider(s) to determine if your bills will be discounted or if you will request reimbursement from USAC after paying your bills in full.
- **If you (the applicant) are invoicing USAC:** You must pay your service provider(s) the full cost for the services you receive and file the [FCC Form 472](#), the Billed Entity Applicant Reimbursement (BEAR) Form, to invoice USAC for reimbursement of the discounted amount.
  - **If your service provider(s) is invoicing USAC:** The service provider(s) must provide services, bill the applicant for the non-discounted share, and file the [FCC Form 474](#), the Service Provider Invoice (SPI) form, to invoice USAC for reimbursement for the discounted portion of costs. Every funding year, service providers must file an [FCC Form 473](#), the Service Provider Annual Certification Form, to be able to submit invoices and to receive disbursements.
  - **To receive an invoice deadline extension, the applicant or service provider** must request an extension on or before the last date to invoice. **If you anticipate, for any reason, that invoices cannot be filed on time**, USAC will grant a one-time, 120-day invoice deadline extension if timely requested.

## How to Appeal or Request a Waiver of a Decision

You can appeal or request a waiver of a decision in this letter **within 60 calendar days** of the date of this letter. Failure to meet this deadline will result in an automatic dismissal of your appeal or waiver request.

**Note:** The Federal Communications Commission (FCC) will not accept appeals of USAC decisions that have not first been appealed to USAC. However, if you are seeking a waiver of E-rate program rules, you must submit your request to the FCC and not to USAC. USAC is not able to waive the E-rate program rules.

- **To submit your appeal to USAC**, visit the Appeals section in the [E-rate Productivity Center \(EPC\)](#) and provide the required information. USAC will reply to your appeal submissions to confirm receipt. Visit USAC's [website](#) for additional information on submitting an appeal to USAC, including step-by-step instructions.
- **To request a waiver of the FCC's rules or appeal USAC's appeal decision**, please submit it to the FCC in proceeding number CC Docket No. 02-6 using the [Electronic Comment Filing System](#) (ECFS). Include your contact information, a statement that your filing is a waiver request,



**BEN Name:** PROSSER SCHOOL DISTRICT # 116

**BEN:** 145533

**Post Commitment Wave:** 68

identifying information, the FCC rule(s) for which you are seeking a waiver, a full description of the relevant facts that you believe support your waiver request and any related relief, and any supporting documentation.

For appeals to USAC or to the FCC, be sure to keep a copy of your entire appeal, including any correspondence and documentation, and provide a copy to the affected service provider(s).

## **Obligation to Pay Non-Discount Portion**

Applicants are required to pay the non-discount portion of the cost of the eligible products and/or services to their service providers. Service providers are required to bill applicants for the non-discount portion of costs for the eligible products and/or services. The FCC stated that requiring applicants to pay the non-discounted share of costs ensures efficiency and accountability in the program. If using the BEAR invoicing method, the applicant must pay the service provider in full (the non-discount plus discount portion) **before** seeking reimbursement from USAC. If using the SPI invoicing method, the service provider must first bill the applicant **before** invoicing USAC.

## **Notice on Rules and Funds Availability**

The applicants' receipt of funding commitments is contingent on their compliance with all statutory, regulatory, and procedural requirements of the Schools and Libraries Program and the FCC's rules. Applicants who have received funding commitments continue to be subject to audits and other reviews that USAC and/or the FCC may undertake periodically to assure that funds that have been committed are being used in accordance with such requirements. USAC may be required to reduce or cancel funding commitments that were not issued in accordance with such requirements, whether due to action or inaction, including but not limited to that by USAC, the applicant, or the service provider. USAC, and other appropriate authorities (including but not limited to the FCC), may pursue enforcement actions and other means of recourse to collect improperly disbursed funds.



**BEN Name:** PROSSER SCHOOL DISTRICT # 116  
**BEN:** 145533  
**Post Commitment Wave:** 68

## Revised Funding Commitment Decision Overview

### Funding Year 2017

| <b>Funding Request Number (FRN)</b> | <b>Service Provider Name</b> | <b>Request Type</b> | <b>Revised Committed</b> | <b>Review Status</b> |
|-------------------------------------|------------------------------|---------------------|--------------------------|----------------------|
| 1799075349                          | Paskey Enterprises, Inc      | Appeals             | \$5,089.87               | Denied               |



**BEN Name:** PROSSER SCHOOL DISTRICT # 116  
**BEN:** 145533  
**Post Commitment Wave:** 68

|  |   |  |
|--|---|--|
| <b>Post Commitment Request Number:</b><br>133183 | <b>Post Commitment Request Type:</b><br>Appeals | <b>Post Commitment Decision:</b><br>Denied |
|--|---|--|

|                                |                               |                                   |                                  |
|--------------------------------|-------------------------------|-----------------------------------|----------------------------------|
| <b>FRN:</b><br>1799075349      | <b>Service Type:</b><br>Voice | <b>Original Status:</b><br>Funded | <b>Revised Status:</b><br>Funded |
| <b>FCC Form 471:</b> 171034099 |                               |                                   |                                  |

| Dollars Committed                |             |                                 |        |
|----------------------------------|-------------|---------------------------------|--------|
| Monthly Cost                     |             | One-Time Cost                   |        |
| Months of Service                | 12          |                                 |        |
| Total Eligible Recurring Charges | \$25,449.36 | Total Eligible One Time Charges | \$0.00 |
| Total Pre-Discount Charges       |             | \$25,449.36                     |        |
| Discount Rate                    |             | 20.00%                          |        |
| Revised Committed Amount         |             | \$5,089.87                      |        |

| Dates                            |           | Service Provider and Contract Information |                         |
|----------------------------------|-----------|---|-------------------------|
| Service Start Date               | 7/1/2017  | Service Provider                          | Paskey Enterprises, Inc |
| Contract Expiration Date         | 6/30/2018 | SPIN (498ID)                              | 143040860               |
| Contract Award Date              |           | Contract Number                           |                         |
| Service Delivery Deadline        | 6/30/2018 | Account Number                            |                         |
| Expiration Date (All Extensions) |           | Establishing FCC Form 470                 |                         |

| Consultant Information |  |
|------------------------|--|
| Consultant Name        |  |
| Consultant's Employer  |  |
| CRN                    |  |

|  |
|--|
| <b>Revised Funding Commitment Decision Comments:</b> |
|--|

|                                   |
|-----------------------------------|
| <b>Post Commitment Rationale:</b> |
|-----------------------------------|

Our records show that your appeal was filed more than 60 days after the date your decision letter was issued. Your appeal was filed on 2/19/2019. The FCC Form 472 (BEAR) was issued on 11/30/2018. Federal Communications Commission (FCC) rules require appeals to be filed within 60 days of the date on the decision letter being appealed. FCC rules do not permit the Universal Service Administrative Company (USAC) to consider your appeal.



Schools and Libraries Division

---

Form 472 (BEAR) Notification Letter

November 30, 2018

John Randall  
Paskey Enterprises, Inc  
805 W. Steuben St  
Ste 2  
Bingen, WA 98605

Re: Invoice Number - as assigned by USAC: 2881501  
Service Provider Identification Number: 143040860  
Reimbursement Form Number: Paskey 2017 - 2  
Billed Entity Number: 145533

Maldonado Lupe  
PROSSER SCHOOL DISTRICT # 116  
1126 MEADE AVENUE SUITE A  
PROSSER, WA 99350

Preferred Mode of Contact: E-mail at [lupe.maldonado@prosserschools.org](mailto:lupe.maldonado@prosserschools.org)  
Total Amount of Reimbursement Approved for Payment: \$0.00

This letter is your notification that the Schools and Libraries Division (SLD) of the Universal Service Administrative Company (USAC) has processed an FCC Form 472, "Billed Entity Applicant Reimbursement (BEAR)" Form from the above named applicant listing you as the service provider. USAC has committed to reimburse the discounted portion of the cost of eligible services provided to eligible entities pursuant to one or more FCC Forms 471, "Description of Services Ordered and Certification Form".

In certain instances, a line may not have been paid. Review the BEAR Letter Applicant Reimbursement Report (Report) following this letter for the reason(s) this may have occurred. For more information about lines that have not been paid, see the explanation of Invoice Error Codes in Step 9 on our website. Work with the applicant (your customer) to correct any errors. Once corrected, your customer may submit a new BEAR using the BEAR Online tool from the Apply Online area or Required Forms section of our website to request reimbursement for any unpaid lines.

If a new BEAR cannot be submitted before the invoice deadline passes, you or your customer may submit a request for a deadline extension. (See "Invoice Deadlines and Extension Requests" posted in the SLD section of our website for more information.)

TO APPEAL THIS DECISION:

If you wish to appeal a decision in this letter to USAC, your appeal must be received by USAC or postmarked within 60 days of the date of this letter. Failure to meet this requirement will result in automatic dismissal of your appeal. In your letter of appeal:

1. Include the name, address, telephone number, fax number, and email address for the person who can most readily discuss this appeal with us.
2. State outright that your letter is an appeal. Include the following to identify the USAC decision letter (e.g., FCDL) and the decision you are appealing:
  - Appellant name,
  - Applicant name and service provider name, if different from appellant,
  - Applicant BEN and Service Provider Identification Number (SPIN), - FCC Form 471 Application Number and the Funding Request Number (FRN) or Numbers as assigned by USAC,
  - "Funding Commitment Decision Letter for Funding Year 2015," AND
  - The exact text or the decision that you are appealing.
3. Please keep your letter to the point, and provide documentation to support your appeal. Be sure to keep a copy of your entire appeal, including any correspondence and documentation.
4. If you are the applicant, please provide a copy of your appeal to the service provider(s) affected by USAC's decision. If you are the service provider, please provide a copy of your appeal to the applicant(s) affected by USAC's decision.
5. Provide an authorized signature on your letter of appeal.

We strongly recommend that you use one of the electronic filing options. To submit your appeal to USAC by email, email your appeal to [appeals@sl.universalservice.org](mailto:appeals@sl.universalservice.org) or submit your appeal electronically by using the "Submit a Question" feature on the USAC website. USAC will automatically reply to incoming emails to confirm receipt.

To submit your appeal to USAC by fax, fax your appeal to (973) 599-6542. To submit your appeal to USAC on paper, send your appeal to:

Letter of Appeal  
Schools and Libraries Division - Correspondence Unit  
30 Lanidex Plaza West  
PO Box 685  
Parsippany, NJ 07054-0685

For more information on submitting an appeal to USAC, please see "Appeals" in the Schools and Libraries section of the USAC website.

The maximum remaining amount available for each Funding Request Number (FRN) listed on the Report will be the original commitment less the amount approved herein for reimbursement and less any earlier disbursements to your customer.

PLEASE NOTE: The type of invoice form (BEAR or SPI) for the funding year is established by the receipt and approval of the first invoice submitted for the FRN for the funding year. For example, if we successfully process a BEAR for an FRN, we will not approve a SPI for that same FRN at a later time.



Please see the Guide to Letter Reports posted on our website for an explanation of the items listed in the attached Report.

COMPLETE PROGRAM INFORMATION is posted on our website. You may also contact our Client

Service Bureau using the "Submit a Question" link on our website, toll-free by fax at 1-888-276-8736 or toll-free by phone at 1-888-203-8100.

Schools and Libraries Division  
Universal Service Administrative Company

CC: PROSSER SCHOOL DISTRICT # 116

## BEAR NOTIFICATION LETTER APPLICANT REIMBURSEMENT REPORT

Form 471 Application Number: 171034099

Funding Request Number: 1799075349

Funding Year 2017: 07/01/2017 - 06/30/2018

Contract Number:

Funding Commitment Decision: \$5089.87

Reimbursement Amount for this FRN: \$0.00

Reimbursement Request Decision Explanation:

No response from applicant;

---

Do not write in this space.

## 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.

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.

#### CC 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 (060-0856), 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 [RA@fcc.gov](mailto:RA@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 93-579, 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.

Applicant Form Identifier (Create an identifier for your own reference)

FCC Form 472 Invoice #

(To be inserted by administrator) 2696086

March 2017

#### LOCK 1: HEADER INFORMATION

|  |                               |
|--|-------------------------------|
| Billed Entity Name   | PROSSER SCHOOL DISTRICT # 116 |
| Billed Entity Number                                       | 145533                        |
| Service Provider Identification Number (SPIN)              | 143040860                     |
| Applicant FCC Form 498 ID                                  | 443014011                     |
| Contact Name   | CRAIG REYNOLDS                |
| Contact Telephone Number                                   | 509- 7863323 ext              |
| Total Reimbursement Amount (total from Block 2, Column 14) | \$20.00                       |



# BILLED ENTITY APPLICANT Reimbursement Form

Billed Entity Name PROSSER SCHOOL DISTRICT # 116

Billed Entity Number 145533

Contact Name CRAIG REYNOLDS

Applicant Form Identifier Paskey 2017

## Block 3: Billed Entity Certification

I declare under penalty of perjury that the foregoing is true and correct and 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 I certify to the best of my knowledge, information and belief, as follows:

- A. The discount amounts listed in this Billed Entity Applicant Reimbursement Form represent charges for eligible services and/or equipment 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 FCC Form 486.
- B. The discount amounts listed in this Billed Entity Applicant Reimbursement Form were already billed by the Service Provider and paid for by the Billed Entity Applicant on behalf of eligible schools, libraries, and consortia of those entities.
- C. The discount amounts listed in this Billed Entity Applicant Reimbursement Form are for eligible services and/or equipment approved by the Fund Administrator pursuant to a Funding Commitment Decision Letter (FCDL).

D. I acknowledge that I may be audited pursuant to this application and will retain for at least 10 years (or whatever retention period is required by the rules in effect at the time of this certification), after the latter of the last day of the applicable funding year or the service delivery deadline for the funding request any and all records that I rely upon to complete this form.

E. I certify that, in addition to the foregoing, this Billed Entity Applicant is in compliance with the rules and orders governing the schools and libraries universal service support program, and I acknowledge that failure to be in compliance and remain in compliance with those rules and orders may result in the denial of discount funding and/or cancellation of funding commitments. I acknowledge that failure to comply with the rules and orders governing the schools and libraries universal service support program could result in civil or criminal prosecution by law enforcement authorities.

15. Signature of authorized person **Signed electronically by Craig Reynolds** 16. Date **10/22/2018**

17. Printed name of authorized person **Craig Reynolds**

18. Title or position of authorized person **ASSISTANT SUPERINTENDENT**

19. Telephone number of authorized person **509- 7863323**

20. Address of authorized person **1126 Meade Ave Ste A, PROSSER WA 99350-1264**

## 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.

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.

#### 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-PERF, 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](mailto: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 93-579, 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.

|  |   |
|--|---|
| Applicant Form Identifier (Create an identifier for your own reference)<br>Paskey 2017 - 2 | FCC Form 472 Invoice #<br>(To be inserted by administrator) 2881501 |
|--|---|

#### BLOCK 1: HEADER INFORMATION

|   |                         |
|---|-------------------------|
| 1. Billed Entity Name   | Prosser School District |
| 2. Billed Entity Number                                       | 145533                  |
| 3. Service Provider Identification Number (SPIN)              | 143040860               |
| Applicant FCC Form 498 ID                                     | 443014011               |
| 4. Contact Name   | CRAIG REYNOLDS          |
| 5. Contact Telephone Number                                   | 509- 7863323 ext        |
| 6. Total Reimbursement Amount (total from Block 2, Column 14) | \$4,599.70              |

### Billed Entity Applicant Reimbursement Form

For reimbursement of discounts on approved services already paid for by the Billed Entity Applicant.

Billed Entity Name Prosser School District Billed Entity Number 145533  
Contact Name CRAIG REYNOLDS Contact Telephone Number 509-7863323  
Applicant Form Identifier Paskey 2017 - 2

#### BLOCK 2: LINE ITEM INFORMATION PER FUNDING REQUEST NUMBER

|    | (7)  | (8)   | (9)                                | (10)   | (11)   | (12)   | (13)             | (14)  |
|----|--|---|------------------------------------|--|--|--|------------------|---|
|    | FCC Form 471<br>Application<br>Number<br>(from Funding<br>Commitment<br>Decision Letter) | Funding<br>Request<br>Number (FRN)<br>(from Funding<br>Commitment<br>Decision Letter) | Bill Frequency                     | Customer<br>Billed Date<br>(mm/yyyy)   | Shipping Date<br>to Customer or<br>Last Day of<br>Work Performed<br>(mm/dd/yyyy) | Total<br>(Undiscounted)<br>Amount for<br>Service | Discount<br>Rate | Amount Billed<br>to USAC<br>(Column 12<br>multiplied by<br>Column 13) |
|    |  |   | DO NOT<br>WRITE IN THIS<br>COLUMN. | For each FRN, complete either<br>Column (10) or Column (11), but<br>not both Columns |  |  |                  |   |
| 1  | 171034099  | 1799075349  | ANNUALLY                           |  | 6/30/2018  | \$22,998.50                                      | 20.00            | \$4,599.70  |
| 2  |  |   |                                    |  |  |  |                  |   |
| 3  |  |   |                                    |  |  |  |                  |   |
| 4  |  |   |                                    |  |  |  |                  |   |
| 5  |  |   |                                    |  |  |  |                  |   |
| 6  |  |   |                                    |  |  |  |                  |   |
| 7  |  |   |                                    |  |  |  |                  |   |
| 8  |  |   |                                    |  |  |  |                  |   |
| 9  |  |   |                                    |  |  |  |                  |   |
| 10 |  |   |                                    |  |  |  |                  |   |
| 11 |  |   |                                    |  |  |  |                  |   |
| 12 |  |   |                                    |  |  |  |                  |   |
| 13 |  |   |                                    |  |  |  |                  |   |
| 14 |  |   |                                    |  |  |  |                  |   |

**TOTAL REIMBURSEMENT AMOUNT TO BE ENTERED INTO ITEM (6)** **\$4,599.70**

# BILLED ENTITY APPLICANT Reimbursement Form

Billed Entity Name Prosser School District

Billed Entity Number 145533

Contact Name CRAIG REYNOLDS

Applicant Form Identifier Paskey 2017 - 2

## Block 3: Billed Entity Certification

I declare under penalty of perjury that the foregoing is true and correct and 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 I certify to the best of my knowledge, information and belief, as follows:

- A. The discount amounts listed in this Billed Entity Applicant Reimbursement Form represent charges for eligible services and/or equipment 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 FCC Form 486.
- B. The discount amounts listed in this Billed Entity Applicant Reimbursement Form were already billed by the Service Provider and paid for by the Billed Entity Applicant on behalf of eligible schools, libraries, and consortia of those entities.
- C. The discount amounts listed in this Billed Entity Applicant Reimbursement Form are for eligible services and/or equipment approved by the Fund Administrator pursuant to a Funding Commitment Decision Letter (FCDL).
- D. I acknowledge that I may be audited pursuant to this application and will retain for at least 10 years (or whatever retention period is required by the rules in effect at the time of this certification), after the latter of the last day of the applicable funding year or the service delivery deadline for the funding request any and all records that I rely upon to complete this form.
- E. I certify that, in addition to the foregoing, this Billed Entity Applicant is in compliance with the rules and orders governing the schools and libraries universal service support program, and I acknowledge that failure to be in compliance and remain in compliance with those rules and orders may result in the denial of discount funding and/or cancellation of funding commitments. I acknowledge that failure to comply with the rules and orders governing the schools and libraries universal service support program could result in civil or criminal prosecution by law enforcement authorities.

15. Signature of authorized person **Signed electronically by Craig Reynolds**

16. Date **10/29/2018**

17. Printed name of authorized person **Craig Reynolds**

18. Title or position of authorized person **Assistant Superintendent**

19. Telephone number of authorized person **509- 7863323 ext 2008**

20. Address of authorized person **1126 Meade Ave Suite A, Prosser WA 99350**



## Reynolds, Craig

---

**From:** Reynolds, Craig  
**Sent:** Wednesday, November 21, 2018 8:57 AM  
**To:** 'Laura Long'  
**Subject:** RE: ERATE SLD Inv # 2881501 your BEAR ref # Paskey 2017 - 2

LAURA – I have called twice and left you voice messages. Please call me when you can. The original invoice showed a request for payment of \$20. We were expecting the computer to use the 20% discount to calculate the amount to be received but \$20 was input as the amount requested. I called the help line and they said to resubmit an invoice and that we would receive payment for the new request, less the \$20.

Craig Reynolds  
Prosser School District

---

**From:** Laura Long <Laura.Long@usac.org>  
**Sent:** Monday, November 12, 2018 11:59 AM  
**To:** Reynolds, Craig <Craig.Reynolds@prosserschools.org>  
**Cc:** 'CRAIG REYNOLDS@1509-786-2062' <IMCEAFAX-CRAIG+20REYNOLDS+401509-786-2062@usac.org>  
**Subject:** ERATE SLD Inv # 2881501 your BEAR ref # Paskey 2017 - 2

Hi Craig,

| SLD Invoice No | SP_App Invoice No | Line ID | Customer Ship Date | 471       | FRN        | SPIN      | Service Provider Name   | Appl            |
|----------------|-------------------|---------|--------------------|-----------|------------|-----------|-------------------------|-----------------|
| 2881501        | Paskey 2017 - 2   | 9396424 | 30-Jun-18          | 171034099 | 1799075349 | 143040860 | Paskey Enterprises, Inc | PROS SCHC DISTI |

I am reviewing your request for reimbursement of the invoice line/s noted above. This appears to be a duplicate submission, please see attached word doc. If this is a duplicate, please request cancelation of SLD INV# 2881501 Line ID 9396424.

If this is not a duplicate, please submit the following indicating which document is for which invoice # and line # for each of the invoices on the duplicate report, previous as well as current.

### BILLS:

Either A:

If the request for reimbursement for each FRN per Invoice is comprised of 20 bills or less (sub-bills and sub accounts may contribute to this figure):

Please submit:

- I. A copy of the summary page/s for the bill/s received from Service Provider, to show:
  - a. Bill Date,
  - b. Service Provider Name,
  - c. Bill-To Entity,
  - d. Current Charges,
  - e. Description of Products / Services Delivered,
  - f. Period of Service (for Digital Transmission and/or Internet Access),

- g. Individual Call Detail NOT required (for phone bills).
- II. As guidance, a worksheet (sample attached) to summarize the bill/s (by month/ account number, as applicable) and to indicate:
  - a. Total current charge per bill,
  - b. Identification and removal of all ineligible products and services,
  - c. Calculation of the Undiscounted/Requested amounts.
- III. If any locations on the bills / worksheet are cross connect / meet points, please identify and state the Entity/s receiving the service.
- IV. If the service provider/ listed on the bill is different from the service provider of record for the above FRN, please specify:
  - a. Has a change of service provider occurred? Yes/No
  - b. If No, please confirm the third party listed on the bill is an authorized third party biller.
    - a) If the third party listed on the bill is an authorized third party biller, please also provide the following:
      - i. A signed and dated contract or documentation of the written and dated offer from the third party biller to the service provider listed on the above FRN
      - ii. The service provider's written and dated acceptance of the offer authorizing the third party biller to bill the applicants for the services provided on its behalf.
      - iii. A signed and dated contract or documentation of the written and dated offer from the third party biller to the billed entity listed on the FCC Form 471 for this FRN as well
      - iv. The billed entity's written and dated acceptance of the offer authorizing the third party biller to bill the applicants for the services provided on behalf of the actual service provider.
- V. If the invoice is for deposits or up-front charges for services, please include a copy of the full contract that supports those charges.
- VI. If the invoice is for retainage/retention charge and associated products/services are not indicated on the bill, please provide a copy of the prior bill(s) for the products/services where the retention was withheld.

Or B:

If the request for reimbursement for each FRN per Invoice is comprised of more than 20 bills (sub-bills and sub accounts may contribute to this figure):

Please initially submit:

- I. Only a worksheet (sample attached) to summarize the bill/s (by month/ account number, as applicable) and to indicate:
  - a. Total current charge per bill,
  - b. Identification and removal of all ineligible products and services,
  - c. Calculation of the Undiscounted/Requested amounts.
- II. The completed worksheet certification form (attached) to certify the accuracy of the worksheet.
- III. If any locations on the bills / worksheet are cross connect / meet points, please identify and state the Entity/s receiving the service.
- IV. If the service provider/ listed on the bill is different from the service provider of record for the above FRN, please specify:
  - a. Has a change of service provider occurred? Yes/No
  - b. If No, please confirm the third party listed on the bill is an authorized third party biller.
    - a) If the third party listed on the bill is an authorized third party biller, please also provide the following:
      - i. A signed and dated contract or documentation of the written and dated offer from the third party biller to the service provider listed on the above FRN
      - ii. The service provider's written and dated acceptance of the offer authorizing the third party biller to bill the applicants for the services provided on its behalf.
      - iii. A signed and dated contract or documentation of the written and dated offer from the third party biller to the billed entity listed on the FCC Form 471 for this FRN as well

- iv. The billed entity's written and dated acceptance of the offer authorizing the third party biller to bill the applicants for the services provided on behalf of the actual service provider.
- V. If the invoice is for deposits or up-front charges for services, please include a copy of the full contract that supports those charges.
- VI. If the invoice is for retainage/ retention charge, please include a copy of the prior bill(s) for the product/services where the retention was withheld.

Upon receipt of the worksheet by the SLP, you will be required to provide a sampling of bills (selected by SLP) to verify the worksheet.

- VII. The bills received from Service Provider, to show:
  - a. Bill Date,
  - b. Service Provider Name,
  - c. Bill-To Entity,
  - d. Current Charges,
  - e. Description of Products / Services Delivered,
  - f. Period of Service (for Digital Transmission and/or Internet Access),
  - g. Individual Call Detail NOT required (for phone bills).

#### **RESPONSE REQUIREMENT:**

Please provide this information to me as soon as possible within the next 7 calendar days, by End of Day Monday, 11/19/18. Failure to do so may result in a reduction or rejection of the invoice, without further request. In this event, please ensure you have all necessary documents collected before resubmitting your request. If you have any questions, please contact me within this 7 day period.

Thank you for your cooperation and continued support of the Universal Service Program.

Laura Long  
Case Management, Invoicing Team, Schools and Libraries Program  
30 Lanidex Plaza West | Parsippany, NJ 07054  
T: 973.581.7605  
[laura.long@usac.org](mailto:laura.long@usac.org)

Starting April 1st 2018, USAC will migrate sl.universalservice.org email addresses to usac.org email addresses. To ensure you still receive important emails, please add usac.org to your company's white list.

---

The information contained in this electronic communication and any attachments and links to websites are intended for the exclusive use of the addressee(s) and may contain confidential or privileged information. If you are not the intended recipient, or the person responsible for delivering this communication to the intended recipient, be advised you have received this communication in error and that any use, dissemination, forwarding, printing or copying is strictly prohibited. Please notify the sender immediately and destroy all copies of this communication and any attachments.