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Validation Error

Please fix the following errors before submitting the form.

Error! Payee Id (FCC Form 498 Id) must be provided.

Click anywhere in this section to close.

Applicant Form Identifier

Block 1: Header Information

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1. Billed Entity Name LUDLOW SCHOOL DISTRICT	2. Billed Entity Number 120052	3. Service Provider Identification Number (SPIN) <input type="text" value="143029113"/>	Service Provider Name New Horizon Communications Corp.
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Applicant FCC Form 498 ID



4. Contact Name	<input type="text" value="LORRAINE BOUCHER"/>
5. Contact Telephone Phone	(<input type="text" value="413"/>) <input type="text" value="583"/> - <input type="text" value="5663"/> ext. <input type="text" value="119"/>
Contact Fax	(<input type="text" value="413"/>) <input type="text" value="583"/> - <input type="text" value="5666"/>
Contact Email	<input type="text" value="l_boucher@ludlowps.org"/>

6. Total Reimbursement Amount
(total from Block 2, Column 14)
\$ 484.32

Block 2: Line Item Information Per Funding Request Number

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7. FCC Form 471 Application Number (from Funding Commitment Decision Letter)	8. Funding Request Number (FRN) (from Funding Commitment Decision Letter)	9. Bill Frequency	10. Customer Billed Date	11. Shipping date to Customer or Last Day of Work Performed (mm/dd/yyyy)	12. Total (Undiscounted) Amount for Service	13. Discount Rate	14. Discount Amount Billed to USAC (Column 12 multiplied by Column 13)
1) <input type="text" value="1046551"/>	<input type="text" value="2858701"/>	<input type="text" value="MONTHLY"/> ▼	<input type="text" value=""/>	<input type="text" value="6/30/2016"/>	<input type="text" value="1614.40"/>	<input type="text" value="30"/>	<input type="text" value="484.32"/>

[Add Line Item](#)

Block 3: Billed Entity Certification

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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.

Contact Information for Billed Entity Authorized Person:

15. Signature ☒

By logging into your account using your PIN, checking this box, and clicking the "certify" button at the end of the form, you have electronically signed the form. You are reminded that an electronic signature is the same as a handwritten signature on the form. To see a copy of the Terms and Conditions to which you previously agreed, please click on the "Terms and Conditions" menu above.

16. Date 2/27/2017

17. Name LORRAINE BOUCHER
18. Title/Position DIRECTOR OF TECHNOLOGY
20. Address 1 63 CHESTNUT STREET
Address 2
City LUDLOW
State MA
Zip Code 01056 - 3404

19. Phone Number (413) 583 - 5663 ext. 119
19a. Fax Number (413) 583 - 5666 ext.
19b. Email L_BOUCHER@LUDLOWPS.ORG
19c. Name of Authorized Person's Employer Town of Ludlow, Ludlow Public Schools

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.

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