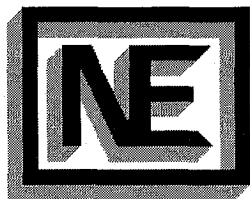


Reply | Delete Junk |



Celebrating 40 Years of Success / Since 1972

From: Sherri Harrington Martinez [<mailto:Smartinez@sherconsultingllc.net>]

Sent: Tuesday, December 08, 2015 10:43 AM

To: justinn@nelsonelectric.net

Cc: Janice Arthur Towns

Subject: Form 473

Justin,

I've attached form 473. This needs to be filed out, sent in to USAC. I can't process Bear reimbursements CCSD until this is updated on website.

Thank you,

Sherri Martinez

SHER Consulting, LLC

smartinez@sherconsultingllc.net

Phone: 602-321-5505

The information in this e-mail is intended solely for the addressee. Access to this e-mail by anyone else is unauthorized. If you are not the intended recipient, any disclosure, copying, distribution or any action taken or omitted in reliance on it, is prohibited and may be unlawful. SHER Consulting, LLC does not guarantee that this communication is free of viruses, interceptions or interference, and does not endorse the sender's personal opinions or similar information which may be contained in this message.

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RE: Form 473

LT

Lisa Teglia <lisat@nelsonelectric.net>

Thu 1/14/2016, 10:09 AM

Sherri Harrington Martinez



Reply |

CCSD

You replied on 4/17/2017 1:55 PM.

Sscan16011409110.pdf
146 KB

Show all 1 attachments (146 KB) Download Save to OneDrive - SHER Consulting

Attachments

Hi Sherri,

Please find attached a copy of the completed Form 473. I apologize for how long this has taken to return to you. Please let me know if you have any questions or need further information.

Thank you,

Lisa

Lisa Teglia

Nelson Electric Co., Inc.

1410 Freeport Blvd. / Sparks, NV 89431

775-358-0643 p / 775-358-0674 f

lisat@nelsonelectric.net

**Celebrating 40 Years of Success / Since 1972****From:** Justin Nelson [mailto:justinn@nelsonelectric.net]**Sent:** Tuesday, December 08, 2015 3:06 PM**To:** Lisa Teglia**Subject:** FW: Form 473

See below.

Thanks

Justin Nelson**Systems Manager****Nelson Electronics**

div of Nelson Electric

Tel: (775) 358-0643**E-mail:** justinn@nelsonelectric.net**Website:** www.nelsonelectric.net

0 of 0

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Invoice ID: 2293287
 Created on 11/21/2015 1:47 PM
 Last updated on 1/18/2016 5:16 PM

Applicant Form Identifier CCSDc2 a NE 1516

Block 1: Header Information[Need Help?](#)

1. Billed Entity Name CARSON CITY SCHOOL DISTRICT	2. Billed Entity Number 143434	3. Service Provider Identification Number (SPIN) 143035936
--	--	--

Applicant FCC Form 498 ID

4. Contact Name	Janice Towns
5. Contact Telephone Phone	(775) 283-2151
Contact Fax	(775) 283-2094
Contact Email	jarthur@carson.k12.nv.us

**6. Total Reimbursement
Amount**
 (total from Block 2, Column
 14)
 \$ 76822.4

Block 2: Line Item Information Per Funding Request Number[Need Help?](#)

7. FCC Form 471 Application Number	8. Funding Request Number (FRN)	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)	Approval Status
(from Funding Commitment Decision Letter)	(from Funding Commitment Decision Letter)							
1) 1041177	2838273		7/1/2015		\$ 11547.00	80	\$ 9237.60	AWAITING CERTIFICATION
2) 1041177	2838269		7/1/2015		\$ 9528.00	80	\$ 7622.40	AWAITING CERTIFICATION
3) 1041177	2838277		7/1/2015		\$ 20295.00	80	\$ 16236.00	AWAITING CERTIFICATION
4) 1041177	2838285		7/1/2015		\$ 10363.00	80	\$ 8290.40	AWAITING CERTIFICATION
5) 1041177	2838243		7/1/2015		\$ 10051.00	80	\$ 8040.80	AWAITING CERTIFICATION
6) 1041177	2838281		7/1/2015		\$ 23345.00	80	\$ 18676.00	AWAITING CERTIFICATION
7) 1041177	2838253		7/1/2015		\$ 10899.00	80	\$ 8719.20	AWAITING CERTIFICATION

Block 3: Billed Entity Certification[Need Help?](#)Contact Information for Billed Entity Authorized Person:

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.

Submission Date 1/18/2016

17. Name SHERRI MARTINEZ
18. Title/Position CONSULTANT
20. Address 1 14027 N HAMPSTEAD DR
Address 2
City FOUNTAIN HILLS
State AZ
Zip Code 85268 -

19. Phone Number (775) 283-2151
19a. Fax Number (775) 283-2094
19b. Email jarthur@carson.k12.nv.us
19c. Name of Authorized Person's Employer CARSON CITY SCHOOL DISTRICT

OMB Number 3060 - 0856 Form 472

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Client Service Bureau: 1-888-203-8100

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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-PERM, Paperwork Reduction Act Project (3060-0856), Washington, DC 20554. We will also accept your comments regarding the Paperwork Reduction Act aspects of this collection via the Internet if you send them to PRA@fcc.gov. PLEASE DO NOT SEND YOUR RESPONSE TO THIS FORM TO THIS ADDRESS.

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

THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, PUBLIC LAW 93-579, 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)

CCSDc2 a NE 1516

FCC Form 472 Invoice #

(To be inserted by administrator) 2293287

BLOCK 1: HEADER INFORMATION

1. Billed Entity Name	CARSON CITY SCHOOL DISTRICT
2. Billed Entity Number	143434
3. Service Provider Identification Number (SPIN)	143035936
Applicant FCC Form 498 ID	
4. Contact Name	Janice Towns
5. Contact Telephone Number	775- 2832151 ext
6. Total Reimbursement Amount (total from Block 2, Column 14)	\$76,822.40

Billed Entity Applicant Reimbursement Form

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

Billed Entity Name CARSON CITY SCHOOL DISTRICT Billed Entity Number 143434Contact Name Janice Towns Contact Telephone Number 775-2832151Applicant Form Identifier CCSDc2 a NE 1516**BLOCK 2: LINE ITEM INFORMATION PER FUNDING REQUEST NUMBER**

	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
	FCC Form 471 Application Number (from Funding Commitment Decision Letter)	Funding Request Number (FRN) (from Funding Commitment Decision Letter)	Bill Frequency	Customer Billed Date (mm/yyyy)	Shipping Date to Customer or Last Day of Work Performed (mm/dd/yyyy)	Total (Undiscounted) Amount for Service	Discount Rate	Amount Billed to USAC (Column 12 multiplied by Column 13)
			DO NOT WRITE IN THIS COLUMN.	For each FRN, complete either Column (10) or Column (11), but not both Columns				
1	1041177	2838281		7/1/2015		\$23,345.00	80.00	\$18,676.00
2	1041177	2838269		7/1/2015		\$9,528.00	80.00	\$7,622.40
3	1041177	2838277		7/1/2015		\$20,295.00	80.00	\$16,236.00
4	1041177	2838285		7/1/2015		\$10,363.00	80.00	\$8,290.40
5	1041177	2838273		7/1/2015		\$11,547.00	80.00	\$9,237.60
6	1041177	2838253		7/1/2015		\$10,899.00	80.00	\$8,719.20
7	1041177	2838243		7/1/2015		\$10,051.00	80.00	\$8,040.80
8								
9								
10								
11								
12								
13								
14								
TOTAL REIMBURSEMENT AMOUNT TO BE ENTERED INTO ITEM (6)								\$76,822.40

BILLED ENTITY APPLICANT Reimbursement FormBilled Entity Name CARSON CITY SCHOOL DISTRICTBilled Entity Number 143434Contact Name Janice TownsApplicant Form Identifier CCSDc2 a NE 1516**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 SHERRI MARTINEZ**16. Date **1/18/2016**17. Printed name of authorized person **SHERRI MARTINEZ**18. Title or position of authorized person **CONSULTANT**19. Telephone number of authorized person **775- 2832151**20. Address of authorized person **14027 N HAMPSTEAD DR, FOUNTAIN HILLS AZ 85268**