



June 29, 2018

Federal Communications Commission
445 12th Street SW
Washington, D.C.

RE: DA 18-561 Denial Letter
CC Docket No. 02-6
Petition for Reconsideration
Digital Design Communications–E-Rate Year 13 Outstanding Payment

To Whom It May Concern,

The Bureau has denied Digital Design Communications' appeal request for USAC to pay Digital Design Communications' invoice in the amount of \$429,236.10 for services performed during E-Rate Year 13 for Oakland Unified School District (Applicant). We would like to seek reconsideration of that decision. Please accept this letter as an appeal request from Digital Design Communications (Service Provider-SPIN #143026591, FRN #2031022) to have our petition for reconsideration reviewed by the full Commission. Below, we have included, events in chronological order, when information was requested and when submitted. All requested information was submitted on a timely basis to ensure requirements were met and the invoice was paid.

On September 18, 2013, we submitted a bill to USAC for \$ 429,236.10 for the work completed to Oakland Unified School District's satisfaction. See attached bill. The signed Service Certification was submitted by Oakland Unified School District and invoice was submitted by Digital Design Communications with the expectation that payment would be received quickly as previous invoices were paid.

On October 30, 2013, Gina Dandrow, a USAC invoicing auditor, sent a request to Michelle Harken of CSM, requesting additional information detailing the equipment listed on our bill and giving until November 6, 2013 to respond. See attached email from Gina Dandrow.

On November 5, 2013, Michelle Harken responded with the requested information. See attached email and documentation provided.

On May 31, 2018, we were denied payment due to lack of sufficient detail provided with our bill, but please note that all additional documents were provided. See attached supporting documents.



The submitted invoice was rejected for payment but it should have been paid as all documents requested were submitted on a timely basis and within the required time frame for billing E-Rate Y13. Additionally, I would like to bring to your attention that USAC does not provide details as to why they are rejecting the invoice.

In appealing this decision, we request that you order USAC to pay this bill as all documentation was submitted prior to the deadline, but USAC failed to pay the bill and the subsequent rule change has not allowed them to pay us.

Sincerely,

Victor M. Zamora
President

Gloria Tejeda

From: Michelle Harken [mharken@csmcentral.com]
Sent: Friday, June 29, 2018 1:55 PM
To: 'Gloria Tejeda'
Cc: colleen.calvano@ousd.org; vicmzamora@ddesigncom.com
Subject: FW: Erate Invoices (See Chart Below)
Attachments: Service Certification for SLD Invoices OUSD.pdf

Thank you,
Michelle Harken
CSM, Inc.
mharken@csmcentral.com
1.888.944.7798

From: Scott Harken [mailto:sharken@csmcentral.com]
Sent: Tuesday, November 18, 2014 10:16 AM
To: sbethea@sl.universalservice.org
Cc: mharken@csmcentral.com; 'Rafael Zamora' <rzamora@ddesigncom.com>; 'John Krull' <jkrull@fremont.k12.ca.us>
Subject: RE: Erate Invoices (See Chart Below)

Hi Shante,

Attached are the (6) signed service certifications for Oakland USD(BEN 144227). Please let me know if you have any questions or require additional information.

Thanks,

Scott Harken
Director, E-Rate Services
CSM Consulting, Inc.
ph. 209-834-0556
fx. 209-834-0087
sharken@csmcentral.com

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Please consider the environment before printing this email.

From: Bethea, Shante [mailto:Shante.BETHEA@sl.universalservice.org]
Sent: Wednesday, November 12, 2014 2:21 PM
To: 'rzamora@ddesigncom.com'

SEE FULL PAGE
ATTACHED

CONFIDENTIALITY: This communication and any documents, files, or previous e-mail messages attached to it constitute an electronic communication within the scope of the Electronic Communication Privacy Act, 18 USC A 2510. This communication may contain non-public, confidential, or legally privileged information intended for the sole use of the designated recipient(s). The unlawful interception, use or disclosure of such information is strictly prohibited under 18 USC A 2511 and any applicable laws. If you are not the intended recipient of this communication, you are hereby notified to destroy all copies of this e-mail message and to contact the sender.



Please consider the environment before printing this email.

From: Betha, Shante [<mailto:Shante.BETHEA@sl.universalservice.org>]
Sent: Wednesday, November 12, 2014 2:21 PM
To: 'izamora@ddesign.com'
Cc: 'Rafael Zamora@1-510-6326999'
Subject: Erate Invoices (See Chart Below)

SLD Invoice No	SP_App Invoice No	Line ID	Customer Ship Date	471	FRN	SPIN	Service Provider Name	Applicant Name
2112262	OUSDYR14-Emerson	7063696	28-Aug-14	790406	2173955	143026591	Digital Design Communications	OAKLAND UN SCHOOL DI
2112270	OUSDYR14-Greanleaf	7063719	28-Aug-14	790406	2173955	143026591	Digital Design Communications	OAKLAND UN SCHOOL DI
2112278	OUSDYR14-LIFEAcademy	7063736	28-Aug-14	790406	2173955	143026591	Digital Design Communications	OAKLAND UN SCHOOL DI
2112288	OUSDYR14-Roosevelt	7063761	28-Aug-14	790406	2173955	143026591	Digital Design Communications	OAKLAND UN SCHOOL DI
2112291	OUSDYR14-UnitedSuccess	7063784	28-Aug-14	790406	2173955	143026591	Digital Design Communications	OAKLAND UN SCHOOL DI
2112300	OUSDYR14-Dewey	7063815	28-Aug-14	790406	2173955	143026591	Digital Design Communications	OAKLAND UN SCHOOL DI

SLD Invoice No	SP_App Invoice No	Line ID	Customer Ship Date	471	FRN	SPIN	Service Provider Name	Applicant Name	BEN	Undiscounted Amt	Discounted Amt
2112262	OUSDYR14-Emerson	7063696	28-Aug-14	790406	2173955	143026591	Digital Design Communications	OAKLAND UNIFIED SCHOOL DIST	144227	171129	148846.58
2112270	OUSDYR14-Greanleaf	7063719	28-Aug-14	790406	2173955	143026591	Digital Design Communications	OAKLAND UNIFIED SCHOOL DIST	144227	167834	145980.62
2112278	OUSDYR14-LIFEAcademy	7063736	28-Aug-14	790406	2173955	143026591	Digital Design Communications	OAKLAND UNIFIED SCHOOL DIST	144227	153703	133689.59
2112288	OUSDYR14-Roosevelt	7063761	28-Aug-14	790406	2173955	143026591	Digital Design Communications	OAKLAND UNIFIED SCHOOL DIST	144227	275589	239705.02
2112291	OUSDYR14-UnitedSuccess	7063784	28-Aug-14	790406	2173955	143026591	Digital Design Communications	OAKLAND UNIFIED SCHOOL DIST	144227	129958	113036.39
2112300	OUSDYR14-Dewey	7063815	28-Aug-14	790406	2173955	143026591	Digital Design Communications	OAKLAND UNIFIED SCHOOL DIST	144227	128705	111946.54

I am reviewing your request for reimbursement of the aforementioned FRN. Please send me a copy of the detailed invoices sent to the applicant for the products/services provided.

Please provide the page(s) that indicate the following:

- Bill Date / Ship Date
- Service Provider Name
- Total Current Charge
- Bill-To Entity (Name & Address)
- Detailed Description of Products/Services Delivered

For FRN with BMIC, also provide

- Hours of work performed to deliver the services.

If the invoice is for deposits or up-front charges for services, please include a copy of the full contract that supports those charges.

In addition to a copy of the detailed invoice, please provide the attached Service Certification form, to be completed and certified by the applicant i.e. by an authorized representative for the school /library, for the products/services provided. This representative's information should be provided in the following 3 lines:

- Representative / Contact Name
- Representative / Contact Title
- Representative / Contact Phone

The names of the signatory and Representative/Contact should match. If the signatory is any other than the Representative/Contact identified on the form, please provide the full Name, Title and Phone Number along with the documents.

If products are being delivered, please specify the delivery date and the actual/planned installation date.

If services are being delivered, please specify the actual dates that the invoiced services were delivered.

These dates should be provided in the following 3 lines:

- Date Goods/Services Delivered
- Date Goods/Services were or will be Installed
- Date Applicant Portion Paid and Check No. or Date to be Paid

The applicant must also sign and date the form, and indicate Yes or No, as appropriate, for Delivery and/or Installation. If the applicant intends to certify that the invoice is for deposits or up-front charges for services, please include a copy of the full contract that supports those charges. (Please note: Due to audit requirements, the re-submittal of old Service Certification forms is not acceptable and will result in rejection of the associated invoice line(s)).

The applicant may fax/e-mail the above information to me directly, which may speed up the review process. Please include the SLD Invoice Number on the fax/e-mail cover sheet so I can match your fax/e-mail to your form. For fax submissions, the cover sheet must identify the organization and the name/title/signature of the sender in addition to the SLD Invoice Number.

Please provide this information to me as soon as possible within the next 7 calendar days (by End of Day Tuesday, November 18, 2014). 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.

Shanté Bethea
Associate Manager, Invoicing Team
30 Lanidex Plaza West | Parsippany, NJ 07054
T: 973.581.7684 | F: 973.599.6539
sbethea@sl.universalservice.org

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Service Certification for SLD Invoices

SLD Invoice Number	2112262
Invoice Line Number	7063696
Service Provider Name	Digital Design Communications
Service Provider SPIN	143026591
Service Provider Invoice #	OUSDYR14-Emerson
Undiscounted Invoice Amount	\$171,129.00
Discounted Invoice Amount	\$148,846.58

Applicant Name	OAKLAND UNIFIED SCHOOL DISTRICT
Representative / Contact Name	John Krull
Representative / Contact Title	Information Technology Officer
Representative / Contact Phone	(510) 879 - 8872
Billed Entity Number (BEN)	144227
471 Number	790406
FRN	2173955
Date Goods/Services Delivered	August 28, 2014
Date Goods/Services were or will be Installed	August 28, 2014
Date Applicant Portion Paid and Check No. or Date will be Paid	November 18, 2014

This is to certify that I am authorized to represent the above named Applicant. This is also to certify the services described on the attached vendor invoice were delivered and/or installed as indicated by the date(s) above.

Or The charges represented by the above represented invoice are deposits or up-front charges for services, which have not been delivered, and have been agreed to based on the contract between the above referenced Applicant and Service Provider

Copy of detailed vendor invoice must be attached. Contract with Service Provider above is for Delivery only Yes _____ No _____ Delivery and Installation Yes <input checked="" type="checkbox"/> No _____	Copy of <u>supporting contract</u> must be attached if indicated below Supporting Contract Required YES _____ NO _____
Signed: <u>John C. Krull</u>	Signed: _____
Date: <u>November 18, 2014</u>	Date: _____

Service Certification for SLD Invoices

SLD Invoice Number	2112270
Invoice Line Number	7063719
Service Provider Name	Digital Design Communications
Service Provider SPIN	143026591
Service Provider Invoice #	OUSDYR14-Greanleaf
Undiscounted Invoice Amount	\$167,834.00
Discounted Invoice Amount	\$145,980.62

Applicant Name	OAKLAND UNIFIED SCHOOL DISTRICT
Representative / Contact Name	John Krull
Representative / Contact Title	Information Technology Officer
Representative / Contact Phone	(510) 879 - 8872
Billed Entity Number (BEN)	144227
471 Number	790406
FRN	2173955
Date Goods/Services Delivered	August 28, 2014
Date Goods/Services were or will be Installed	August 28, 2014
Date Applicant Portion Paid and Check No. or Date will be Paid	November 18, 2014

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Or The charges represented by the above represented invoice are deposits or up-front charges for services, which have not been delivered, and have been agreed to based on the contract between the above referenced Applicant and Service Provider

Copy of <u>detailed</u> vendor invoice must be attached. Contract with Service Provider above is for Delivery only Yes _____ No _____ Delivery and Installation Yes <u>X</u> No _____	Copy of <u>supporting contract</u> must be attached if indicated below Supporting Contract Required YES _____ NO _____
Signed: <u>John C. Krull</u>	Signed: _____
Date: <u>November 18, 2014</u>	Date: _____

Service Certification for SLD Invoices

SLD Invoice Number	2112278
Invoice Line Number	7063736
Service Provider Name	Digital Design Communications
Service Provider SPIN	143026591
Service Provider Invoice #	OUSDYR14-LIFEAcademy
Undiscounted Invoice Amount	\$153,703.00
Discounted Invoice Amount	\$133,689.59

Applicant Name	OAKLAND UNIFIED SCHOOL DISTRICT
Representative / Contact Name	John Krull
Representative / Contact Title	Information Technology Officer
Representative / Contact Phone	(510) 879 - 8872
Billed Entity Number (BEN)	144227
471 Number	790406
FRN	2173955
Date Goods/Services Delivered	August 28, 2014
Date Goods/Services were or will be Installed	August 28, 2014
Date Applicant Portion Paid and Check No. or Date will be Paid	November 18, 2014

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Copy of <u>detailed</u> vendor invoice must be attached. Contract with Service Provider above is for Delivery only Yes _____ No _____ Delivery and Installation Yes <u>X</u> No _____	Copy of <u>supporting contract</u> must be attached if indicated below Supporting Contract Required YES _____ NO _____
Signed: <u>John C. Krull</u>	Signed: _____
Date: <u>November 18, 2014</u>	Date: _____

Service Certification for SLD Invoices

SLD Invoice Number	2112288
Invoice Line Number	7063761
Service Provider Name	Digital Design Communications
Service Provider SPIN	143026591
Service Provider Invoice #	OUSDYR14-Roosevelt
Undiscounted Invoice Amount	\$275,589.00
Discounted Invoice Amount	\$239,705.02

Applicant Name	OAKLAND UNIFIED SCHOOL DISTRICT
Representative / Contact Name	John Krull
Representative / Contact Title	Information Technology Officer
Representative / Contact Phone	(510) 879 - 8872
Billed Entity Number (BEN)	144227
471 Number	790406
FRN	2173955
Date Goods/Services Delivered	August 28, 2014
Date Goods/Services were or will be Installed	August 28, 2014
Date Applicant Portion Paid and Check No. or Date will be Paid	November 18, 2014

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Copy of detailed vendor invoice must be attached. Contract with Service Provider above is for Delivery only Yes <input type="checkbox"/> No <input type="checkbox"/> Delivery and Installation Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Copy of <u>supporting contract</u> must be attached if indicated below Supporting Contract Required YES <input type="checkbox"/> NO <input type="checkbox"/>
Signed: <u>John C. Krull</u>	Signed: _____
Date: <u>November 18, 2014</u>	Date: _____

Service Certification for SLD Invoices

SLD Invoice Number	2112291
Invoice Line Number	7063784
Service Provider Name	Digital Design Communications
Service Provider SPIN	143026591
Service Provider Invoice #	OUSDYR14-UnitedSuccess
Undiscounted Invoice Amount	\$129,958.00
Discounted Invoice Amount	\$113,036.39

Applicant Name	OAKLAND UNIFIED SCHOOL DISTRICT
Representative / Contact Name	John Krull
Representative / Contact Title	Information Technology Officer
Representative / Contact Phone	(510) 879 - 8872
Billed Entity Number (BEN)	144227
471 Number	790406
FRN	2173955
Date Goods/Services Delivered	August 28, 2014
Date Goods/Services were or will be Installed	August 28, 2014
Date Applicant Portion Paid and Check No. or Date will be Paid	November 18, 2014

This is to certify that I am authorized to represent the above named Applicant. This is also to certify the services described on the attached vendor invoice were delivered and/or installed as indicated by the date(s) above.

Or The charges represented by the above represented invoice are deposits or up-front charges for services, which have not been delivered, and have been agreed to based on the contract between the above referenced Applicant and Service Provider

Copy of detailed vendor invoice must be attached. Contract with Service Provider above is for Delivery only Yes <input type="checkbox"/> No <input type="checkbox"/> Delivery and Installation Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Copy of supporting contract must be attached if indicated below Supporting Contract Required YES <input type="checkbox"/> NO <input type="checkbox"/>
Signed: <i>John C. Krull</i>	Signed: _____
Date: <i>November 18, 2014</i>	Date: _____

Service Certification for SLD Invoices

SLD Invoice Number	2112300
Invoice Line Number	7063815
Service Provider Name	Digital Design Communications
Service Provider SPIN	143026591
Service Provider Invoice #	OUSDYR14-Dewey
Undiscounted Invoice Amount	\$128,705.00
Discounted Invoice Amount	\$111,946.54

Applicant Name	OAKLAND UNIFIED SCHOOL DISTRICT
Representative / Contact Name	John Krull
Representative / Contact Title	Information Technology Officer
Representative / Contact Phone	(510) 879 - 8872
Billed Entity Number (BEN)	144227
471 Number	790406
FRN	2173955
Date Goods/Services Delivered	August 28, 2014
Date Goods/Services were or will be Installed	August 28, 2014
Date Applicant Portion Paid and Check No. or Date will be Paid	November 18, 2014

This is to certify that I am authorized to represent the above named Applicant. This is also to certify the services described on the attached vendor invoice were delivered and/or installed as indicated by the date(s) above.

Or The charges represented by the above represented invoice are deposits or up-front charges for services, which have not been delivered, and have been agreed to based on the contract between the above referenced Applicant and Service Provider

Copy of detailed vendor invoice must be attached. Contract with Service Provider above is for Delivery only Yes <input type="checkbox"/> No <input type="checkbox"/> Delivery and Installation Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Copy of <u>supporting contract</u> must be attached if indicated below Supporting Contract Required YES <input type="checkbox"/> NO <input type="checkbox"/>
Signed: <i>John C. Krull</i>	Signed: _____
Date: November 18, 2014	Date: _____

Sent from my iPhone

On Jun 29, 2018, at 9:50 AM, Michelle Harken <mharken@csmcentral.com> wrote:

Here is the Service Certification sent to Joel Landsman on September 18, 2013. His request was issued September 14 so the response was well within the standard one week turnaround time.

Thank you,
Michelle Harken
CSM, Inc.
mharken@csmcentral.com
1.888.944.7798

From: mharken@csmcentral.com [<mailto:mharken@csmcentral.com>]
Sent: Wednesday, September 18, 2013 1:38 PM
To: 'joel.landsman@sl.universalservice.org' <joel.landsman@sl.universalservice.org>
Cc: 'Janice Chinn' <janice.chinn@ousd.k12.ca.us>; 'vernon.hal@ousd.k12.ca.us' <vernon.hal@ousd.k12.ca.us>; 'kelvin.chan@ousd.k12.ca.us' <kelvin.chan@ousd.k12.ca.us>; 'John Krull' <john.krull@ousd.k12.ca.us>; 'Scott Harken' <sharken@csmcentral.com>; 'Rafael Zamora' <rzamora@ddesigncom.com>; 'dvang@csmcentral.com' <dvang@csmcentral.com>
Subject: RE: SLD Invoice Number:: 1886226

Good afternoon Joel,

Attached is the completed Oakland USD Service Certification for invoice 1886226. Please let us know if you need anything for this request.

Please note that there is a new signor for the district: John Krull, Information Technology Officer, therefore we have included both the previous signor Vernon Hal and contact Kelvin Chan in this email. Last week we responded to a separate Service Certification from Patrick Pauls and this is how we were instructed to submit due to the contact/signor changes. Let me know if there is any other documentation needed to support this.

Thank you,
Michelle Harken, CEMP*
Director, E-Rate Services
CSM Consulting, Inc.



324 E. 11th Street, Suite E-3
Tracy, CA 95376
209.834.0556 Phone
209.834.0087 FAX
209.914.7769 Mobile
mharken@csmcentral.com

**Certified E-Rate Management Professional, E-Rate Management Professionals Association, Inc.*
www.e-mpa.org

From: Landsman, Joel [<mailto:Joel.LANDSMAN@sl.universalservice.org>]
Sent: Saturday, September 14, 2013 7:10 PM
To: 'Rafael Zamora@1-510-632-6999'
Cc: 'rzamora@ddesigncom.com'
Subject: SLD Invoice Number:: 1886226

Applicant Name: OAKLAND UNIFIED SCHOOL DIST
Service Provider (SP) Name: Digital Design Communications
Submitter Invoice Number: OUSDYR13-8
SLD Invoice Number: 1886226
Funding Request Number (FRN): 2031022

SLD Invoice No	SP_App Invoice No	Line ID	Customer Ship Date	471	FRN	SPIN	Ser
1886226	OUSDYR13-8	6324333	30-Sep-12	751744	2031022	143026591	Dig Cor

I am reviewing your request for reimbursement of the aforementioned FRN. Please send me a copy of the detailed invoices sent to the applicant for the products/services provided.

Please provide the page(s) that indicate the following:

- I. Bill Date / Ship Date
- II. Service Provider Name
- III. Total Current Charge
- IV. Bill-To Entity (Name & Address)
- V. Detailed Description of Products/Services Delivered

For FRN with BMIC, also provide

- I. Hours of work performed to deliver the services.

If the invoice is for deposits or up-front charges for services, please include a copy of the full contract that supports those charges.

In addition to a copy of the detailed invoice, please provide the attached Service Certification form, to be completed and certified by the applicant i.e. by an authorized representative for the school /library, for the products/services provided. This representative's information should be provided in the following 3 lines:

- I. Representative / Contact Name
- II. Representative / Contact Title
- III. Representative / Contact Phone

The names of the signatory and Representative/Contact should match. If the signatory is any other than the Representative/Contact identified on the form, please provide the full Name, Title and Phone Number along with the documents.

If products are being delivered, please specify the delivery date and the actual/planned installation date. If services are being delivered, please specify the actual dates that the invoiced services were delivered. These dates should be provided in the following 3 lines:

- I. Date Goods/Services Delivered
- II. Date Goods/Services were or will be Installed
- III. Date Applicant Portion Paid and Check No. or Date to be Paid

The applicant must also **sign and date** the form, and indicate **Yes or No**, as appropriate, for Delivery and/or Installation. If the applicant intends to certify that the invoice is for deposits or up-front charges for services, please include a copy of the full contract that supports those charges. (Please note: Due to audit requirements, the re-submittal of old Service Certification forms is not acceptable and will result in rejection of the associated invoice line(s)).

The applicant may fax/e-mail the above information to me directly, which may speed up the review process. Please include the SLD Invoice Number on the fax/e-mail cover sheet so I can match your fax/e-mail to your form. For fax submissions, the cover sheet must identify the organization and the name/title/signature of the sender in addition to the SLD Invoice Number.

Please provide this information to me as soon as possible within the next 7 calendar days (by **End of Day** [Monday], [9/23/2013]). 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.

Joel Landsman

Associate Manager, Invoicing Auditor

30 Lanidex Plaza West | Parsippany, NJ 07054

T: 973 581 5157 | F: 973.599.6541

joel.landsman@sl.universalservice.org

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<ServiceCert_1886226_Rev.pdf>

<DDC_Y13_Invoice_SC_A.PDF>

Service Certification for SLD Invoices

SLD Invoice Number	1886226
Invoice Line Number	6324333
Service Provider Name	Digital Design Communications
Service Provider SPIN	143026591
Service Provider Invoice #	OUSDYR13-8
Undiscounted Invoice Amount	\$476,929.00
Discounted Invoice Amount	\$429,236.10

Applicant Name	OAKLAND UNIFIED SCHOOL DIST
Representative / Contact Name	John Krull
Representative / Contact Title	Information Technology Officer
Representative / Contact Phone	(510) 879-8872
Billed Entity Number (BEN)	144227
471 Number	751744
FRN	2031022
Date Goods/Services Delivered	9/30/2012
Date Goods/Services were or will be Installed	Between 9/12/12 and 9/30/12
Date Applicant Portion Paid and Check No. or Date will be Paid	Check #88-50158735 / 04/24/2013

This is to certify that I am authorized to represent the above named Applicant. This is also to certify the services described on the attached vendor invoice were delivered and/or installed as indicated by the date(s) above.

Or The charges represented by the above represented invoice are deposits or up-front charges for services, which have not been delivered, and have been agreed to based on the contract between the above referenced Applicant and Service Provider

Copy of <u>detailed</u> vendor invoice must be attached. Contract with Service Provider above is for Delivery only Yes _____ No <u>X</u> Delivery and Installation Yes <u>X</u> No _____	Copy of <u>supporting contract</u> must be attached if indicated below Supporting Contract Required YES _____ NO _____
Signed: <u>John Krull</u>	Signed: _____
Date: <u>9/18/13</u>	Date: _____



DIGITAL
DESIGN
COMMUNICATIONS

8135 Capwell Drive
Oakland, CA 94621
Telephone: 510-632-0650
Fax: 510-632-6999

INVOICE

INVOICE #: OUSD-ErateYr13-0001c
INVOICE DATE: September 30, 2012
Page No.: 1
Change Order : 0
Date Ordered : July 20, 2011
Related Doc # : OUSD PO #CONTRACT
Date Shipped: 30-Sep-12
Customer Contact : Kelvin Chan/Janice Chinn
Customer TEL # : 510-879-8872
Customer FAX # : 510-879-1848
Freight Terms : FOB Oakland, CA

Bill to Address
Oakland Unified School District
1025 Second Avenue
Oakland, CA 94606
Attn: Kelvin Chan/Janice Chinn

Ship to Address
Oakland Unified School District
Technology Services
1011 Union Street
Oakland, CA 94607
Attn: Kelvin Chan/Janice Chinn

Ship via : PRIORITY Terms: Per Construction Contract - 30 days NET Acct : OUSD-001

Item No.	Part No.	Description	Qty/Unit	Price	Total Price
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1	E-Rate Year 13 - Internal Connections Project Form 471 Application #: 751744 Funding Request Number (FRN): 2031022 TOTAL Contract Amount : \$476,929.00 USAC Funded amount : \$429,236.10 OUSD Match Amount : \$ 47,629.90	E-Rate Y13 Internal Connections Construction/Contract Legislation File #10-0198 Enactment Date: 2/1/2010 Communications cabling and Network Equipment products and installation	1	\$ 47,629.90	\$ 47,629.90
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Notes:

Terms and Conditions: Payment Terms: As specified in project documents
Service Provider Number: #143026591

Subtotal:	\$ 47,629.90
Freight&Handling:	Included
Tax:	Included
TOTAL:	\$ 47,629.90

[Signature]
4/22/2013

P1301975 - \$19,665.90
P1301974 - \$28,027.00


Service Certification for SLD Invoices

Service Provider Name	Digital Design Communications
Service Provider SPIN	143026591
Service Provider Invoice #	093012
Undiscounted Invoice Amount	\$476,929.00
Discounted Invoice Amount	\$429,236.10

Applicant Name	OAKLAND UNIFIED SCHOOL DIST
Representative / Contact Name	Kelvin Chan
Representative / Contact Title	Director of Architecture & Network Infrastructure
Representative / Contact Phone	(510) 879 - 8774
Billed Entity Number (BEN)	144227
471 Number	751744
FRN	2031022
Date Goods/Services Delivered	9/30/12
Date Goods/Services were or will be Installed	Between 9/12/12 and 9/30/12
Date Applicant Portion Paid and Check No. or Date will be Paid	4/25/2013

This is to certify that I am authorized to represent the above named Applicant. This is also to certify the services described on the attached vendor invoice were delivered and/or installed as indicated by the date(s) above.

Or The charges represented by the above represented invoice are deposits or up-front charges for services, which have not been delivered, and have been agreed to based on the contract between the above referenced Applicant and Service Provider

Copy of <u>detailed</u> vendor invoice must be attached. Contract with Service Provider above is for Delivery only Yes _____ No _____ Delivery and Installation Yes <u>X</u> No _____	Copy of <u>supporting contract</u> must be attached if indicated below Supporting Contract Required YES _____ NO _____
Signed: 	Signed: _____
Date: 4/22/2013	Date: _____

Revised 04/05/05

Schools and Library Division (USAC)

Gloria Tejeda

From: mharken@csmcntral.com
Sent: Tuesday, November 05, 2013 11:46 AM
To: 'Dandrow, Gina'
Cc: 'John Krull'; 'Janice Chinn'; 'Wendy Green'; 'Drulyne Vang'; rzamora@ddesigncom.com; 'Scott Harken'
Subject: RE: SLD Invoice Number:: 1886226
Attachments: ERATE Y13 Network Inventory.pdf

Good afternoon Gina,

Attached are the details of what makes up the "network equipment products". Please let me know if you have any questions or need anything else.

Thank you,
Michelle Harken, CEMP*
Director, E-Rate Services
CSM Consulting, Inc.



324 E. 11th Street, Suite E-3
Tracy, CA 95376
209.834.0556 Phone
209.834.0087 FAX
209.914.7769 Mobile
mharken@csmcntral.com

**Certified E-Rate Management Professional, E-Rate Management Professionals Association, Inc. www.e-mpa.org*

From: Dandrow, Gina [mailto:Gina.DANDROW@sl.universalservice.org]
Sent: Wednesday, October 30, 2013 5:17 AM
To: 'mharken@csmcntral.com'; 'rzamora@ddesigncom.com'
Subject: RE: SLD Invoice Number:: 1886226
Importance: High

Ms. Harken,

SLD Invoice No	SP_App Invoice No	Line ID	Customer Ship Date	471	FRN	SPIN	Service Pro Name
1886226	OUSDYR13-8	6324333	30-Sep-12	751744	2031022	143026591	Digital Desi Communica

The above invoice line has been reassigned to me for review.

Looking over the provided bill, I have insufficient detail to determine eligibility of this request.

Please provide the detail of the "Network Equipment products" cited on this bill.

Please provide this information to me as soon as possible within the next 7 calendar days (by **End of Day Wednesday, 11/06/2013**). 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.

Gina Dandrow
Associate Manager, Invoicing Auditor
Schools and Libraries Division
30 Lanidex Plaza West | Parsippany, NJ 07054
T: 973.581.7678 | F: 973.599.6539
GDandrow@sl.universalservice.org

From: mharken@csmcntral.com [<mailto:mharken@csmcntral.com>]
Sent: Wednesday, September 18, 2013 4:38 PM
To: Landsman, Joel
Cc: 'Janice Chinn'; vernon.hal@ousd.k12.ca.us; kelvin.chan@ousd.k12.ca.us; 'John Krull'; 'Scott Harken'; 'Rafael Zamora'; dvang@csmcntral.com
Subject: RE: SLD Invoice Number:: 1886226

Good afternoon Joel,

Attached is the completed Oakland USD Service Certification for invoice 1886226. Please let us know if you need anything for this request.

Please note that there is a new signor for the district: John Krull, Information Technology Officer, therefore we have included both the previous signor Vernon Hal and contact Kelvin Chan in this email. Last week we responded to a separate Service Certification from Patrick Pauls and this is how we were instructed to submit due to the contact/signor changes. Let me know if there is any other documentation needed to support this.

Thank you,
Michelle Harken, CEMP*
Director, E-Rate Services
CSM Consulting, Inc.



324 E. 11th Street, Suite E-3
Tracy, CA 95376
209.834.0556 Phone
209.834.0087 FAX
209.914.7769 Mobile
mharken@csmcntral.com

From: Landsman, Joel [<mailto:Joel.LANDSMAN@sl.universalservice.org>]

Sent: Saturday, September 14, 2013 7:10 PM

To: 'Rafael Zamora@1-510-632-6999'

Cc: 'rzamora@ddesigncom.com'

Subject: SLD Invoice Number:: 1886226

Applicant Name: OAKLAND UNIFIED SCHOOL DIST

Service Provider (SP) Name: Digital Design Communications

Submitter Invoice Number: OUSDYR13-8

SLD Invoice Number: 1886226

Funding Request Number (FRN): 2031022

SLD Invoice No	SP_App Invoice No	Line ID	Customer Ship Date	471	FRN	SPIN	Service Pro Name
1886226	OUSDYR13-8	6324333	30-Sep-12	751744	2031022	143026591	Digital Desi Communica

I am reviewing your request for reimbursement of the aforementioned FRN. Please send me a copy of the detailed invoices sent to the applicant for the products/services provided.

Please provide the page(s) that indicate the following:

- I. Bill Date / Ship Date
- II. Service Provider Name
- III. Total Current Charge
- IV. Bill-To Entity (Name & Address)
- V. Detailed Description of Products/Services Delivered

For FRN with BMIC, also provide

- I. Hours of work performed to deliver the services.

If the invoice is for deposits or up-front charges for services, please include a copy of the full contract that supports those charges.

In addition to a copy of the detailed invoice, please provide the attached Service Certification form, to be completed and certified by the applicant i.e. by an authorized representative for the school /library, for the products/services provided.

This representative's information should be provided in the following 3 lines:

- I. Representative / Contact Name
- II. Representative / Contact Title
- III. Representative / Contact Phone

The names of the signatory and Representative/Contact should match. If the signatory is any other than the Representative/Contact identified on the form, please provide the full Name, Title and Phone Number along with the documents.

If products are being delivered, please specify the delivery date and the actual/planned installation date.

If services are being delivered, please specify the actual dates that the invoiced services were delivered.

These dates should be provided in the following 3 lines:

- I. Date Goods/Services Delivered
- II. Date Goods/Services were or will be Installed
- III. Date Applicant Portion Paid and Check No. or Date to be Paid

The applicant must also **sign and date** the form, and indicate **Yes or No**, as appropriate, for Delivery and/or Installation. If the applicant intends to certify that the invoice is for deposits or up-front charges for services, please include a copy of the full contract that supports those charges. (Please note: Due to audit requirements, the re-submittal of old Service Certification forms is not acceptable and will result in rejection of the associated invoice line(s)).

The applicant may fax/e-mail the above information to me directly, which may speed up the review process. Please include the SLD Invoice Number on the fax/e-mail cover sheet so I can match your fax/e-mail to your form. For fax submissions, the cover sheet must identify the organization and the name/title/signature of the sender in addition to the SLD Invoice Number.

Please provide this information to me as soon as possible within the next 7 calendar days (by **End of Day** [Monday], [9/23/2013]). 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.

Joel Landsman

Associate Manager, Invoicing Auditor

30 Lanidex Plaza West | Parsippany, NJ 07054

T: 973 581 5157 | F: 973.599.6541

joel.landsman@sl.universalservice.org

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**OUSD - ALLENDALE CHILD DEVELOPMENT CENTER
E-RATE Y13 - NETWORK EQUIPMENT INVENTORY**

TR	Location	Qty.	Part No.	Description	Serial Number	Device Name	IP Address	Switch	
								Port	Name
MDF	Storage Rm.	1	WS-C3560X-24P-L	Catalyst 3560X 24 Port PoE LAN Base	FDO1523R12Y	ALL-3560X-MDF-8	10.16.43.40		
		1	C3KX-NM-1G	Catalyst 3K-X 1G Network Module option PID	FDO154724M8				
		1	AIR-LAP1142N-A-K9	802.11a/g/n Fixed Unified AP; Int Ant; A Reg Domain	FGL1620S1QS	ALL-1142N-CR1-1 (WAP-01)		24	ALL-3560X-MDF-8
		2	GLC-SX-MM	CORE CISCO GE SFP LC SX XCVR					

OUSD - BELLA VISTA CHILD DEVELOPMENT CENTER									
E-RATE Y13 - NETWORK EQUIPMENT INVENTORY									
TR	Location	Qty.	Part No.	Description	Serial Number	Device Name	IP Address	Port	Switch Name
MDF	Building 4	1	C2921-VSEC/K9	Cisco 2921 Voice Sec. Bundle, PVD3-32, UC and SEC License P	FTX1627AKBJ	BV-2921VSEC-MDF-1	10.24.46.1		
		1	EVM-HD-8FXS/DID	High density voice/fax extension module - 8 FXS/DID	FOC13081SHY				
		1	FL-SRST	Cisco Survivable Remote Site Telephony License					
		1	PVDM3-32U64	PVDM3 32-channel to 64-channel factory upgrade	FOC14191BNM				
		1	S29UK9-15103T	Cisco 2901-2921 IOS UNIVERSAL					
		1	SM-NM-ADPTR	Network Module Adapter for SM Slot on Cisco 2900, 3900 ISR	FOC1629737U				
		1	VIC2-4FXO	Four-port Voice Interface Card - FXO (Universal)	FOC15400422				
		1	WS-C3750G-12S-S	Catalyst 3750 12 SFP + IPB Image	FDO1621X0M7	BV-3750G-MDF-2	10.24.46.2		
		1	WS-C3560X-24P-L	Catalyst 3560X 24 Port PoE LAN Base	FDO1528K0HT	BV-3560X-MDF-3	10.24.46.3		
		1	C3KX-NM-1G	Catalyst 3K-X 1G Network Module option PID	FDO15041DTE				
		1	WS-C3560X-24T-L	Catalyst 3560X 24 Port Data LAN Base	FDO1532R1GX	BV-3560X-MDF-4	10.24.46.4		
		1	C3KX-NM-1G	Catalyst 3K-X 1G Network Module option PID	FDO16040T67				
		1	AIR-LAP1142N-A-K9	802.11a/g/n Fixed Unified AP; Int Ant; A Reg Domain	FGL1601S0F2	BV-1142N-Q2-1 (WAP-01)		24	BV-3560X-MDF-3
		1	GLC-T	CORE CISCO 1000BASE-T SFP					
		5	GLC-SX-MM	CORE CISCO GE SFP LC SX XCVR					
		1	SU2200RTL2Ua	Tripp-Lite 2200VA UPS	2220SLCPS719300220				
IDF-01	Building 1	1	WS-C3560X-24P-L	Catalyst 3560X 24 Port PoE LAN Base	FDO1526R0MT	BV-3560X-BLDG1-1	10.24.46.5		
		1	C3KX-NM-1G	Catalyst 3K-X 1G Network Module option PID	FDO15041HGU				
		1	AIR-LAP1142N-A-K9	802.11a/g/n Fixed Unified AP; Int Ant; A Reg Domain	FGL1601S0EZ	BV-1142N-MP-1 (WAP-01)		24	BV-3560X-BLDG1-1
		1	GLC-SX-MM	CORE CISCO GE SFP LC SX XCVR					
		1	SU1000RTL2Ua	Tripp-Lite 1000VA UPS	2225KLCPS719100054				

**OUSD - FRUITVALE STATE PRE-K
E-RATE Y13 - NETWORK EQUIPMENT INVENTORY**

TR	Location	Qty.	Part No.	Description	Serial Number	Device Name	IP Address	Switch	
								Port	Name
IDF-02	Portable K	1	WS-C3560X-24P-L	Catalyst 3560X 24 Port PoE LAN Base	FDO1528V0HS	FRU-3560X-IDF02-3	10.20.32.18		
		1	C3KX-NM-1G	Catalyst 3K-X 1G Network Module option PID	FDO154724QQ				
		1	AIR-LAP1142N-A-K9	802.11a/g/n Fixed Unified AP; Int Ant; A Reg Domain	FGL1620S1QZ	FRU-1142N-PL-1 (WAP-01)		24	FRU-3560X-IDF02-3
		2	GLC-SX-MM	CORE CISCO GE SFP LC SX XCVR					

**OUSD - HARRIET R. TUBMAN CHILD DEVELOPMENT CENTER
E-RATE Y13 - NETWORK EQUIPMENT INVENTORY**

TR	Location	Qty.	Part No.	Description	Serial Number	Device Name	IP Address	Switch	
								Port	Name
MDF	CR3	1	C2921-VSEC/K9	Cisco 2921 Voice Sec. Bundle, PVDM3-32, UC and SEC License P	FCZ161570N7	HRT-2921VSEC-CR3-1	10.24.45.1		
		1	EVM-HD-8FXS/DID	High density voice/fax extension module - 8 FXS/DID	FOC12430D1K				
		1	FL-SRST	Cisco Survivable Remote Site Telephony License					
		1	PVDM3-32U64	PVDM3 32-channel to 64-channel factory upgrade	FOC15264EAA				
		1	S29UK9-15103T	Cisco 2901-2921 IOS UNIVERSAL					
		1	SM-NM-ADPTR	Network Module Adapter for SM Slot on Cisco 2900, 3900 ISR	FOC16227RU8				
		1	VIC2-4FXO	Four-port Voice Interface Card - FXO (Universal)	FOC072803UZ				
		1	WS-C3750G-12S-S	Catalyst 3750 12 SFP + IPB Image					
		1	WS-C3560X-24P-L	Catalyst 3560X 24 Port PoE LAN Base	FDO1245Z09W	HRT-3750G-CR3-2	10.24.45.2		
		1	C3KX-NM-1G	Catalyst 3K-X 1G Network Module option PID	FDO1526Z0B1	HRT-3560X-CR3-3	10.24.45.3		
		1	WS-C3560X-48T-L	Catalyst 3560X 48 Port Data LAN Base	FDO155317YT				
		1	C3KX-NM-1G	Catalyst 3K-X 1G Network Module option PID	FDO1527V0AK	HRT-3560X-CR3-4	10.24.45.4		
		1	AIR-AP1142N-A-K9	802.11a/g/n Fixed Unified AP; Int Ant; A Reg Domain	FDO16040SQ7				
		1	AIR-AP1142N-A-K9	802.11a/g/n Fixed Unified AP; Int Ant; A Reg Domain	FGL1601S0F7	HRT-1142N-CR4-1 (WAP-01)		23	HRT-3560X-CR3-3
		1	GLC-T	CORE CISCO 1000BASE-T SFP	FGL1548S1QW	HRT-1142N-CR1-1 (WAP-02)		24	HRT-3560X-CR3-3
		4	GLC-SX-MM	CORE CISCO GE SFP LC SX XCVR					
		1	SU2200RTL2Ua	Tripp-Lite 2200VA UPS	2220SLCPS719300216				

**OUSD - HINTIL KUU CA CHILD DEVELOPMENT CENTER
E-RATE Y13 - NETWORK EQUIPMENT INVENTORY**

TR	Location	Qty.	Part No.	Description	Serial Number	Device Name	IP Address	Switch	
								Port	Name
IDF-HKC	Reception	1	WS-C3560X-24P-L	Catalyst 3560X 24 Port PoE LAN Base	FDO1528K0HS	HKC-3560X-RECEPT-1	10.20.39.14		
		1	C3KX-NM-1G	Catalyst 3K-X 1G Network Module option PID	FDO154725KE				
		1	WS-C3560X-48T-L	Catalyst 3560X 48 Port Data LAN Base	FDO1527V0AC	HKC-3560X-RECEPT-2	10.20.39.15		
		1	C3KX-NM-1G	Catalyst 3K-X 1G Network Module option PID	FDO16020ZJ9				
		1	AIR-LAP1142N-A-K9	802.11a/g/n Fixed Unified AP; Int Ant; A Reg Domain	FGL1601S0F0	HKC-1142N-CR2-1 (WAP-01)		23	HKC-3560X-RECEPT-1
		1	AIR-LAP1142N-A-K9	802.11a/g/n Fixed Unified AP; Int Ant; A Reg Domain	FGL1631S54A	HKC-1142N-CR5-1 (WAP-02)		24	HKC-3560X-RECEPT-1
		3	GLC-SX-MM	CORE CISCO GE SFP LC SX XCVR					
		1	SU1000RTXL2Ua	Tripp-Lite 1000VA UPS	2225KLCPS719100053				

**OUSD - JEFFERSON CHILD DEVELOPMENT CENTER
E-RATE Y13 - NETWORK EQUIPMENT INVENTORY**

TR	Location	Qty.	Part No.	Description	Serial Number	Device Name	IP Address	Switch	
								Port	Name
MDF	Storage Rm	1	C2921-VSEC/K9	Cisco 2921 Voice Sec. Bundle, PVDM3-32, UC and SEC License P	FTX1615AJCB	JEF-2921VSEC-STORM-1	10.24.47.1		
		1	EVM-HD-8FXS/DID	High density voice/fax extension module - 8 FXS/DID	FOC12452THQ				
		1	FL-SRST	Cisco Survivable Remote Site Telephony License					
		1	PVDM3-32U64	PVDM3 32-channel to 64-channel factory upgrade	FOC14437B0E				
		1	S29UK9-15103T	Cisco 2901-2921 IOS UNIVERSAL					
		1	SM-NM-ADPTR	Network Module Adapter for SM Slot on Cisco 2900, 3900 ISR	FOC162974HC				
		1	VIC2-4FXO	Four-port Voice Interface Card - FXO (Universal)	FOC112139C9				
		1	WS-C3750G-12S-S	Catalyst 3750 12 SFP + IPB Image	FDO1621X0M4	JEF-3750G-STORM-2	10.24.47.2		
		1	WS-C3560X-24P-L	Catalyst 3560X 24 Port PoE LAN Base	FDO1526R0NQ	JEF-3560X-STORM-3	10.24.47.3		
		1	C3KX-NM-1G	Catalyst 3K-X 1G Network Module option PID	FDO15041E2T				
		1	WS-C3560X-24T-L	Catalyst 3560X 24 Port Data LAN Base	FDO1532R1EH	JEF-3560X-STORM-4	10.24.47.4		
		1	C3KX-NM-1G	Catalyst 3K-X 1G Network Module option PID	FDO15041D56				
		1	AIR-LAP1142N-A-K9	802.11a/g/n Fixed Unified AP; Int Ant; A Reg Domain	FGL1616S1F4	JEF-1142N-MP-1 (WAP-01)		24	JEF-3560X-STORM-3
		1	GLC-T	CORE CISCO 1000BASE-T SFP					
		4	GLC-SX-MM	CORE CISCO GE SFP LC SX XCVR					
		1	SU2200RTXL2Ua	Tripp-Lite 2200VA UPS	2220SLCPS719300215				

**OUSD - MANZANITA CHILD DEVELOPMENT CENTER
E-RATE Y13 - NETWORK EQUIPMENT INVENTORY**

TR	Location	Qty.	Part No.	Description	Serial Number	Device Name	IP Address	Switch	
								Port	Name
MDF	Staff W R	1	C2921-VSEC/K9	Cisco 2921 Voice Sec. Bundle, PVDM3-32, UC and SEC License P	FTX1637AHDL	MAN-2921VSEC-SWR-1	10.24.49.1		
		1	EVM-HD-8FXS/DID	High density voice/fax extension module - 8 FXS/DID	FOC1115452H				
		1	FL-SRST	Cisco Survivable Remote Site Telephony License					
		1	PVDM3-32U64	PVDM3 32-channel to 64-channel factory upgrade	FOC14421NJR				
		1	S29UK9-15103T	Cisco 2901-2921 IOS UNIVERSAL					
		1	SM-NM-ADPTR	Network Module Adapter for SM Slot on Cisco 2900, 3900 ISR	FOC16297495				
		1	VIC2-4FXO	Four-port Voice Interface Card - FXO (Universal)	FOC1015120K				
		1	WS-C3750G-12S-S	Catalyst 3750 12 SFP + IPB Image	FDO1535Y0X3	MAN-3750G-SWR-2	10.24.49.2		
		1	WS-C3560X-24P-L	Catalyst 3560X 24 Port PoE LAN Base	FDO1519P1N1	MAN-3560X-SWR-3	10.24.49.3		
		1	C3KX-NM-1G	Catalyst 3K-X 1G Network Module option PID	FDO16160Z5L				
		1	WS-C3560X-24T-L	Catalyst 3560X 24 Port Data LAN Base	FDO1532R1F0	MAN-3560X-SWR-4	10.24.49.4		
		1	C3KX-NM-1G	Catalyst 3K-X 1G Network Module option PID	FDO16011WN9				
		1	AIR-LAP1142N-A-K9	802.11a/g/n Fixed Unified AP; Int Ant; A Reg Domain	FGL1620S1QY	MAN-1142N-CR1-1 (WAP-01)		23	MAN-3560X-SWR-3
		1	AIR-LAP1142N-A-K9	802.11a/g/n Fixed Unified AP; Int Ant; A Reg Domain	FGL1620S1QG	MAN-1142N-CR3-1 (WAP-02)		24	MAN-3560X-SWR-3
		1	GLC-T	CORE CISCO 1000BASE-T SFP					
		4	GLC-SX-MM	CORE CISCO GE SFP LC SX XCVR					
		1	SU2200RTL2Ua	Tripp-Lite 2200VA UPS	2220SLCPS719300213				

**OUSD - M. L. KING JR. CHILD DEVELOPMENT CENTER
E-RATE Y13 - NETWORK EQUIPMENT INVENTORY**

								Switch	
TR	Location	Qty.	Part No.	Description	Serial Number	Device Name	IP Address	Port	Name
IDF-CDC	CR3	1	WS-C3560X-24P-L	Catalyst 3560X 24 Port PoE LAN Base	FDO1526R0MP	MLK-3560X-CR3-1	10.8.33.14		
		1	C3KX-NM-1G	Catalyst 3K-X 1G Network Module option PID	FDO15041D62				
		1	WS-C3560X-24T-L	Catalyst 3560X 24 Port Data LAN Base	FDO1538R10F	MLK-3560X-CR3-2	10.8.33.15		
		1	C3KX-NM-1G	Catalyst 3K-X 1G Network Module option PID	FDO15041E33				
		1	AIR-LAP1142N-A-K9	802.11a/g/n Fixed Unified AP; Int Ant; A Reg Domain	FGL1616S1EW	MLK-1142N-HW-1 (WAP-01)		24	MLK-3560X-CR3-1
		3	GLC-SX-MM	CORE CISCO GE SFP LC SX XCVR					
		1	SU1000RTXL2Ua	Tripp-Lite 1000VA UPS	2225KLCPS719100062				

**OUSD - PERALTA CHILD DEVELOPMENT CENTER
E-RATE Y13 - NETWORK EQUIPMENT INVENTORY**

TR	Location	Qty.	Part No.	Description	Serial Number	Device Name	IP Address	Switch	
								Port	Name
IDF-01	Portable A	1	WS-C3560X-24P-L	Catalyst 3560X 24 Port PoE LAN Base	FDO1526R0M1	PER-3560X-PA-4	10.12.40.40		
		1	C3KX-NM-1G	Catalyst 3K-X 1G Network Module option PID	FDO15041DQT				
		1	AIR-LAP1142N-A-K9	802.11a/g/n Fixed Unified AP; Int Ant; A Reg Domain	FGL16216S2TX	PER-1142N-PA-1 (WAP-01)			
		2	GLC-SX-MM	CORE CISCO GE SFP LC SX XCVR				24	PER-3560X-PA-4

**OUSD - PIEDMONT AVENUE CHILD DEVELOPMENT CENTER
E-RATE Y13 - NETWORK EQUIPMENT INVENTORY**

TR	Location	Qty.	Part No.	Description	Serial Number	Device Name	IP Address	Switch	
								Port	Name
MDF	CR2	1	C2921-VSEC/K9	Cisco 2921 Voice Sec. Bundle, PVDM3-32, UC and SEC License P	FCZ160970RC	PIE-2921VSEC-CR2-1	10.24.50.1		
		1	EVM-HD-8FXS/DID	High density voice/fax extension module - 8 FXS/DID	FOC13033BQK				
		1	FL-SRST	Cisco Survivable Remote Site Telephony License					
		1	PVDM3-32U64	PVDM3 32-channel to 64-channel factory upgrade	FOC14023WZ3				
		1	S29UK9-15103T	Cisco 2901-2921 IOS UNIVERSAL					
		1	SM-NM-ADPTR	Network Module Adapter for SM Slot on Cisco 2900, 3900 ISR	FOC16014GZ6				
		1	VIC2-4FXO	Four-port Voice Interface Card - FXO (Universal)	FOC074900K8				
		1	WS-C3750G-12S-S	Catalyst 3750 12 SFP + IPB Image	FDO1304Y0C9	PIE-3750G-CR2-2	10.24.50.2		
		1	WS-C3560X-24P-L	Catalyst 3560X 24 Port PoE LAN Base	FDO1526R0N4	PIE-3560X-CR2-3	10.24.50.3		
		1	C3KX-NM-1G	Catalyst 3K-X 1G Network Module option PID	FDO1547246P				
		1	WS-C3560X-24T-L	Catalyst 3560X 24 Port Data LAN Base	FDO1532R1F5	PIE-3560X-CR2-4	10.24.50.4		
		1	C3KX-NM-1G	Catalyst 3K-X 1G Network Module option PID	FDO154724MA				
		1	AIR-LAP1142N-A-K9	802.11a/g/n Fixed Unified AP; Int Ant; A Reg Domain	FGL1601S0ES	PIE-1142N-MP-1 (WAP-01)		24	PIE-3560X-CR2-3
		1	GLC-T	CORE CISCO 1000BASE-T SFP					
		4	GLC-SX-MM	CORE CISCO GE SFP LC SX XCVR					
		1	SU2200RTL2Ua	Tripp-Lite 2200VA UPS	2220SLCPS719300214				

**OUSD - SEQUOIA CHILD DEVELOPMENT CENTER
E-RATE Y13 - NETWORK EQUIPMENT INVENTORY**

TR	Location	Qty.	Part No.	Description	Serial Number	Device Name	IP Address	Switch	
								Port	Name
IDF	Portable 12	1	WS-C3560X-24P-L	Catalyst 3560X 24 Port PoE LAN Base	FDO1526Z14G	SEQ-3560X-P12-2	10.20.40.40		
		1	C3KX-NM-1G	Catalyst 3K-X 1G Network Module option PID	FDO16110H8L				
		1	AIR-LAP1142N-A-K9	802.11a/g/n Fixed Unified AP; Int Ant; A Reg Domain	FGL16216S2TN	SEQ-1142N-PCDC-1 (WAP-01)		24	SEQ-3560X-P12-2
		2	GLC-SX-MM	CORE CISCO GE SFP LC SX XCVR					
		1	SU1000RTXL2Ua	Tripp-Lite 1000VA UPS	2225KLCPS719100061				

Gloria Tejeda

From: Michelle Harken [mharken@csmcentral.com]
Sent: Friday, June 29, 2018 1:53 PM
To: 'Gloria Tejeda'
Cc: vicmzamora@ddesigncom.com; colleen.calvano@ousd.org
Subject: FW: RE Oakland USD Digital Design Service Certifications
Attachments: SLD2030188.5.14.pdf; SLD20391848.5.14.pdf; USAC-SLD Doc request 1 - 7-24-14.pdf; USAC-SLD Doc request 2 - 7-25-14.pdf

Importance: High

Thank you,
Michelle Harken
CSM, Inc.
mharken@csmcentral.com
1.888.944.7798

From: mharken@csmcentral.com [mailto:mharken@csmcentral.com]
Sent: Tuesday, August 5, 2014 4:34 PM
To: 'Melissa.BROWN@sl.universalservice.org' <Melissa.BROWN@sl.universalservice.org>
Cc: 'vicmzamora@ddesigncom.com' <vicmzamora@ddesigncom.com>; 'Rafael Zamora' <rzamora@ddesigncom.com>; 'John Krull' <john.krull@ousd.k12.ca.us>; 'Wendy Green' <wendy.green@ousd.k12.ca.us>; 'Shawn Farley' <sfarley@csmcentral.com>; 'Scott Harken' <sharken@csmcentral.com>
Subject: RE Oakland USD Digital Design Service Certifications
Importance: High

Hi Melissa,

Please find the attached completed and signed Service Certifications for Oakland Unified School District. Please note that both active Certifications you were handling are in this email.

Let me know if you have any questions.

Thank you,
Michelle Harken, CEMP*
Director, E-Rate Services
CSM Consulting, Inc.



324 E. 11th Street, Suite E-3
Tracy, CA 95376
209.834.0556 Phone
209.834.0087 FAX
209.914.7769 Mobile
mharken@csmcentral.com

**Certified E-Rate Management Professional, E-Rate Management Professionals Association, Inc. www.e-mpa.org*

Service Certification for SLD Invoices

SLD Invoice Number	2030088-2030089-2030090-2030091-2030092-2030093-2030095-2030161-2030177-2030178-2030179-2030180-2030181-2030182-203018
Invoice Line Number	See Attached
Service Provider Name	Digital Design Communications
Service Provider SPIN	143026591
Service Provider Invoice #	OUSDYR14-CastlemontBITs-001, OUSDYR14-Markham-001, OUSDYR14-Brookfield-001, OUSDYR14-LockwoodCDC-001, OUSDYR14-LockwoodPreK-001, OUSDYR14-FuturesES-001, OUSDYR14-HoraceMann-001, OUSDYR14-WebsterCDC-001, OUSDYR14-AllianceAcademy-001, OUSDYR14-ElmhurstPrep-001, OUSDYR14-Sobranite-001, OUSDYR14-ArroyoCDC-001, OUSDYR14-BellaVista-001, OUSDYR14-Sankofa-001, OUSDYR14-HowardCDC-001
Undiscounted Invoice Amount	See Attached
Discounted Invoice Amount	See Attached


Applicant Name	OAKLAND UNIFIED SCHOOL DIST
Representative / Contact Name	John Krull
Representative / Contact Title	Information Technology Officer
Representative / Contact Phone	(510) 879 - 8872
Billed Entity Number (BEN)	144227
471 Number	See Attached
FRN	See Attached
Date Goods/Services Delivered	See Attached
Date Goods/Services were or will be Installed	See Attached
Date Applicant Portion Paid and Check No. or Date will be Paid	See Attached

This is to certify that I am authorized to represent the above named Applicant. This is also to certify the services described on the attached vendor invoice were delivered and/or installed as indicated by the date(s) above.

Or The charges represented by the above represented invoice are deposits or up-front charges for services, which have not been delivered, and have been agreed to based on the contract between the above referenced Applicant and Service Provider

Copy of detailed vendor invoice must be attached.

Copy of supporting contract must be attached if

Contract with Service Provider above is for Delivery only Yes _____ No <u>x</u> Delivery and Installation Yes <u>x</u> No _____	indicated below Supporting Contract Required YES _____ NO _____
Signed: 	Signed: _____
Date: <u>5/5/14</u>	Date: _____

Revised 8/27/12

Schools and Library Division (USAC)

INITIALS

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Line No.	Form 471	FRN	Undiscounted Amt	Discounted Amt	Date Goods/ Services Delivered	Date Goods/ Services were or will be installed	Date Applicant Portion paid or will be paid	Check No.	Delivery Only? (Indicate 'Yes' or 'No')	Delivery and Installation? (Indicate 'Yes' or 'No')
6803026	790406	2173819	\$453,514.80	\$390,214.77	4/4/2014	4/4/2014	8/22/2014		No	Yes
6803027	790406	2173819	\$325,688.20	\$280,229.77	5/30/2014	5/30/2014	8/22/2014		No	Yes
6803028	790406	2173819	\$163,858.00	\$140,987.27	6/9/2014	6/9/2014	8/22/2014		No	Yes
6803109	790406	2173819	\$81,929.00	\$70,493.63	6/17/2014	6/17/2014		50427569	No	Yes
6803110	790406	2173819	\$30,961.00	\$26,639.57	6/17/2014	6/17/2014		50427569	No	Yes
6803111	790406	2173819	\$63,608.00	\$54,729.82	6/17/2014	6/17/2014		50427569	No	Yes
6803113	790406	2173819	\$146,503.00	\$126,054.62	6/24/2014	6/24/2014	8/22/2014		No	Yes
6803094	790406	2173819	\$66,718.00	\$57,405.73	7/7/2014	7/7/2014	8/22/2014		No	Yes
6803115	790406	2173819	\$175,233.00	\$150,774.58	6/19/2014	6/19/2014	8/22/2014		No	Yes
6803116	790406	2173819	\$133,991.00	\$115,289.00	6/19/2014	6/19/2014	8/22/2014		No	Yes
6803117	790406	2173819	\$139,436.00	\$119,974.01	6/19/2014	6/19/2014	8/22/2014		No	Yes
6803118	790406	2173819	\$73,125.00	\$62,918.47	7/3/2014	7/3/2014	8/22/2014		No	Yes
6803119	790406	2173955	\$192,118.80	\$167,103.34	4/4/2014	4/4/2014	8/22/2014		No	Yes
6803120	790406	2173955	\$133,640.00	\$116,238.96	7/3/2014	7/3/2014	8/22/2014		No	Yes
6803121	790406	2173955	\$23,553.00	\$20,486.20	7/3/2014	7/3/2014	8/22/2014		No	Yes

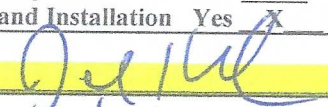
Service Certification for SLD Invoices

SLD Invoice Number	2030094-2030176-2030184
Invoice Line Number	See Attached
Service Provider Name	Digital Design Communications
Service Provider SPIN	143026591
Service Provider Invoice #	OUSDYR14-CommUnited-001-OUSDYR14-Parker-001-OUSDYR14-Lafayette-001
Undiscounted Invoice Amount	See Attached
Discounted Invoice Amount	See Attached

Applicant Name	OAKLAND UNIFIED SCHOOL DIST
Representative / Contact Name	John Krull
Representative / Contact Title	Information Technology Officer
Representative / Contact Phone	(510) 879 - 8872
Billed Entity Number (BEN)	144227
471 Number	See Attached
FRN	See Attached
Date Goods/Services Delivered	See Attached
Date Goods/Services were or will be Installed	See Attached
Date Applicant Portion Paid and Check No. or Date will be Paid	See Attached

This is to certify that I am authorized to represent the above named Applicant. This is also to certify the services described on the attached vendor invoice were delivered and/or installed as indicated by the date(s) above.

Or The charges represented by the above represented invoice are deposits or up-front charges for services, which have not been delivered, and have been agreed to based on the contract between the above referenced Applicant and Service Provider

Copy of <u>detailed</u> vendor invoice must be attached. Contract with Service Provider above is for Delivery only Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Delivery and Installation Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Copy of <u>supporting contract</u> must be attached if indicated below Supporting Contract Required YES <input type="checkbox"/> NO <input type="checkbox"/>
Signed: 	Signed:
Date: 8/5/14	Date:

INITIALS *LM*

Line No.	Form 471	FRN	Undiscounted Amt	Discounted Amt	Date Goods/ Services Delivered	Date Goods/ Services were or will be installed	Date Applicant Portion paid or will be paid	Check No.	Delivery Only? (Indicate 'Yes' or 'No')	Delivery and Installation? (Indicate 'Yes' or 'No')
6803112	790406	2173819	\$118,066.00	\$101,596.76	6/17/2014	6/17/2014		50427569	No	YES
6803114	790406	2173819	\$144,050.00	\$123,944.00	5/20/2014	5/20/2014		50427569	No	YES
6803122	790406	2173955	\$108,581.00	\$94,442.85	7/7/2014	7/7/2014	8/22/2014		No	YES

SENT 8/3/14

ATTENTION: Rafael Zamora

ID Invoice No	SP_App Invoice No	Line ID	Customer Ship Date	471	FRN	SPIN	Service Provider Name	Applicant Name	BEN	Undiscounted Amt	Discounted Amt
2030094	OUSDYR14-CommUnited-001	6803112	17-Jun-14	790406	2173819	143026591	Digital Design Communications	OAKLAND UNIFIED SCHOOL DIST	144227	\$ 188,066.00 \$ 118,066.00	\$ 101,596.76
2030176	OUSDYR14-Parker-001	6803114	20-May-14	790406	2173819	143026591	Digital Design Communications	OAKLAND UNIFIED SCHOOL DIST	144227	\$ 144,050.00	\$ 123,944.00
2030184	OUSDYR14-Lafayette-001	6803122	07-Jul-14	790406	2173955	143026591	Digital Design Communications	OAKLAND UNIFIED SCHOOL DIST	144227	\$ 108,581.00	\$ 94,442.85

I am reviewing your request for reimbursement of the aforementioned FRN. Please send me a copy of the detailed invoices sent to the applicant for the products/services provided.

Please provide the page(s) that indicate the following:

- Bill Date / Ship Date
- Service Provider Name
- Total Current Charge
- Bill-To Entity (Name & Address)
- Detailed Description of Products/Services Delivered

For FRN with BMIC, also provide

- Hours of work performed to deliver the services.

If the invoice is for deposits or up-front charges for services, please include a copy of the full contract that supports those charges.

In addition to a copy of the detailed invoice, please provide the attached Service Certification form, to be **completed and certified and sent directly by the applicant** i.e. by an authorized representative for the school /library, for the products/services provided. This representative's information should be provided in the following 3 lines:

- I. Representative / Contact Name
- II. Representative / Contact Title
- III. Representative / Contact Phone

The names of the signatory and Representative/Contact should match. If the signatory is any other than the Representative/Contact identified on the form, please provide the full Name, Title and Phone Number along with the documents.

If products are being delivered, please specify the delivery date and the actual/planned installation date.

If services are being delivered, please specify the actual dates that the invoiced services were delivered.

These dates should be provided in the following 3 lines:

- I. Date Goods/Services Delivered
- II. Date Goods/Services were or will be Installed
- III. Date Applicant Portion Paid and Check No. or Date to be Paid

The applicant must also sign and date the form, and indicate Yes or No, as appropriate, for Delivery and/or Installation. If the applicant intends to certify that the invoice is for deposits or up-front charges for services, please include a copy of the full contract that supports those charges. (Please note: Due to audit requirements, the re-submittal of old Service Certification forms is not acceptable and will result in rejection of the associated invoice line(s)).

Please provide this information to me as soon as possible within the next 7 calendar days (by End of Day Thursday, July 24, 2014). 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.

Thank You,

Melissa R. Brown

Associate Manager, Invoicing

30 Lanidex Plaza West | Parsippany, NJ 07054

T: 973.581.5152 | F: 973.599.6539

Melissa.Brown@sl.universalservice.org

SENT 8/3/14

ATTENTION: Rafael Zamora

I am reviewing your request for reimbursement of the aforementioned FRN.

SLD Inv# (See the table below) which is currently under review appears to be a duplicate of, SLD Inv# (See Dup Rpt Attachment) which is currently under review. *The Possible Duplicate Invoices will be sent out to you today, therefore it would be best to cancel the invoices below and proceed with the request that will be sent to you today.

If SLD Inv# (See the table below) is a duplicate please authorize me this cancel this payment application.

If SLD Inv# (See the table below) is not a duplicate; please explain and proceed with the instructions below and send bills for all invoices for SLD Inv# (See the table below) and SLD Inv# (See Dup Rpt Attachment).

Invoice No	SP_App Invoice No	Line ID	Customer Ship Date	471	FRN	SPIN	Service Provider Name	Applicant Name	BEN	Undiscounted Amt	Discounted
2030088	OUSDYR14-CastlemonBTs-001	6803026	04-Apr-14	790406	2173819	143026591	Digital Design Communications	OAKLAND UNIFIED SCHOOL DIST	144227	\$ 453,514.80	\$390,214.77
2030089	OUSDYR14-Markham-001	6803027	30-May-14	790406	2173819	143026591	Digital Design Communications	OAKLAND UNIFIED SCHOOL DIST	144227	\$ 325,688.20	\$280,229.77
2030090	OUSDYR14-Brookfield-001	6803028	09-Jun-14	790406	2173819	143026591	Digital Design Communications	OAKLAND UNIFIED SCHOOL DIST	144227	\$ 163,858.00	\$140,987.27
2030091	OUSDYR14-LockwoodCDC-001	6803109	17-Jun-14	790406	2173819	143026591	Digital Design Communications	OAKLAND UNIFIED SCHOOL DIST	144227	\$ 81,929.00	\$70,493.63
2030092	OUSDYR14-LockwoodPreK-001	6803110	17-Jun-14	790406	2173819	143026591	Digital Design Communications	OAKLAND UNIFIED SCHOOL DIST	144227	\$ 30,961.00	\$26,639.57

2030093	OUSDYR14- FuturesES-001	6803111	17-Jun-14	790406	2173819	143026591	Digital Design Communications	OAKLAND UNIFIED SCHOOL DIST	144227	\$ 63,608.00	\$ 54,729.82
2030095	OUSDYR14- HoraceMann-001	6803113	24-Jun-14	790406	2173819	143026591	Digital Design Communications	OAKLAND UNIFIED SCHOOL DIST	144227	\$ 146,503.00	\$126,054.62
2030161	OUSDYR14- WebsterCDC-001	6803094	07-Jul-14	790406	2173819	143026591	Digital Design Communications	OAKLAND UNIFIED SCHOOL DIST	144227	\$ 66,718.00	\$57,405.73
2030177	OUSDYR14- AllianceAcademy- 001	6803115	19-Jun-14	790406	2173819	143026591	Digital Design Communications	OAKLAND UNIFIED SCHOOL DIST	144227	\$ 175,233.00	\$150,774.58
2030178	OUSDYR14- ElmhurstPrep-001	6803116	19-Jun-14	790406	2173819	143026591	Digital Design Communications	OAKLAND UNIFIED SCHOOL DIST	144227	\$ 133,991.00	\$115,289.00
2030179	OUSDYR14- Sobranite-001	6803117	19-Jun-14	790406	2173819	143026591	Digital Design Communications	OAKLAND UNIFIED SCHOOL DIST	144227	\$ 139,436.00	\$119,974.01
2030180	OUSDYR14- ArroyoCDC-001	6803118	03-Jul-14	790406	2173819	143026591	Digital Design Communications	OAKLAND UNIFIED SCHOOL DIST	144227	\$ 73,125.00	\$62,918.47
2030181	OUSDYR14- BellaVista-001	6803119	04-Apr-14	790406	2173955	143026591	Digital Design Communications	OAKLAND UNIFIED SCHOOL DIST	144227	\$ 192,118.80	\$167,103.34
2030182	OUSDYR14- Sankofa-001	6803120	03-Jul-14	790406	2173955	143026591	Digital Design Communications	OAKLAND UNIFIED SCHOOL DIST	144227	\$ 133,640.00	\$116,238.98
2030183	OUSDYR14- HowardCDC-001	6803121	03-Jul-14	790406	2173955	143026591	Digital Design Communications	OAKLAND UNIFIED SCHOOL DIST	144227	\$ 23,553.00	\$20,486.20

I am reviewing your request for reimbursement of the aforementioned FRN. Please send me a copy of the detailed invoices sent to the applicant for the products/services provided.

Please provide the page(s) that indicate the following:

- I. Bill Date / Ship Date
- II. Service Provider Name
- III. Total Current Charge
- IV. Bill-To Entity (Name & Address)
- V. Detailed Description of Products/Services Delivered

For FRN with BMIC, also provide

- I. Hours of work performed to deliver the services.

If the invoice is for deposits or up-front charges for services, please include a copy of the full contract that supports those charges.

In addition to a copy of the detailed invoice, please provide the attached Service Certification form, to be **completed and certified and sent directly by the applicant** i.e. by an authorized representative for the school /library, for the products/services provided. This representative's information should be provided in the following 3 lines:

- I. Representative / Contact Name
- II. Representative / Contact Title
- III. Representative / Contact Phone

The names of the signatory and Representative/Contact should match. If the signatory is any other than the Representative/Contact identified on the form, please provide the full Name, Title and Phone Number along with the documents.

If products are being delivered, please specify the delivery date and the actual/planned installation date.

If services are being delivered, please specify the actual dates that the invoiced services were delivered.

These dates should be provided in the following 3 lines:

- I. Date Goods/Services Delivered
- II. Date Goods/Services were or will be Installed
- III. Date Applicant Portion Paid and Check No. or Date to be Paid

The applicant must also sign and date the form, and indicate Yes or No, as appropriate, for Delivery and/or installation. If the applicant intends to certify that the invoice is for deposits or up-front charges for services, please include a copy of the full contract that supports those charges.