**From:** Steinhoff, Brad C   
**Sent:** Thursday, March 08, 2018 10:04 AM  
**To:** 'Kerwin, Jennifer'  
**Subject:** RE: ERate SLD Invoice #2776600

Jennifer,

I have not received any information or completed certifications from East. St. louis SD regarding FY2016.

Thanks!

**Brad Steinhoff** **|** Analyst, Government Programs

13545 Barrett Parkway, Suite 200 Ballwin, MO 63021

<https://enterprise.spectrum.com/solutions/education/erate-e-rate-program.html>



**From:** Kerwin, Jennifer [<mailto:Jennifer.Kerwin@sl.universalservice.org>]   
**Sent:** Tuesday, February 27, 2018 12:43 PM  
**To:** Steinhoff, Brad C <[Brad.Steinhoff@charter.com](mailto:Brad.Steinhoff@charter.com)>  
**Subject:** RE: ERate SLD Invoice #2776600

Good afternoon Brad,

Your request for a 7 day extension has been approved.

Please provide this information to me as soon as possible within the next 7 calendar days, by End of Day Wednesday,  3/7/18.  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.

**Jennifer Kerwin  
Case Management Associate, Invoicing Team, Schools and Libraries Program**Solix, Inc. | 30 Lanidex Plaza West | Parsippany, NJ 07054  
T: 973.581.7662 I F: 973.599.6539  
[**jennifer.kerwin@sl.universalservice.org**](mailto:jennifer.kerwin@sl.universalservice.org)

**From:** Steinhoff, Brad C [<mailto:Brad.Steinhoff@charter.com>]   
**Sent:** Tuesday, February 27, 2018 11:37 AM  
**To:** Kerwin, Jennifer  
**Cc:** Brad Steinhoff@1314-858-3558  
**Subject:** RE: ERate SLD Invoice #2776600

Good Morning Jennifer,

Please provide extensions on the requests listed below.

Thank you!

**Brad Steinhoff** **|** Analyst, Government Programs

13545 Barrett Parkway, Suite 200 Ballwin, MO 63021

<https://enterprise.spectrum.com/solutions/education/erate-e-rate-program.html>



**From:** Kerwin, Jennifer [<mailto:Jennifer.Kerwin@sl.universalservice.org>]   
**Sent:** Tuesday, February 20, 2018 8:27 AM  
**To:** Steinhoff, Brad C <[Brad.Steinhoff@charter.com](mailto:Brad.Steinhoff@charter.com)>  
**Cc:** Brad Steinhoff@1314-858-3558 <[IMCEAFAX-Brad+20Steinhoff+401314-858-3558@solixinc.com](mailto:IMCEAFAX-Brad+20Steinhoff+401314-858-3558@solixinc.com)>  
**Subject:** ERate SLD Invoice #2776600

Brad Steinhoff,

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SLD Invoice No** | **SP\_App Invoice No** | **Line ID** | **Customer Billed Date** | **Customer Ship Date** | **471** | **FRN** | **SPIN** | **Service Provider Name** | **Applicant Name** | **BEN** | **Undiscounted Amt** | **Discounted Amt** |
| **2776600** | **ESTL 4522 7/16, 2/17-6/17** | **9063090** | **01-Jul-16** |  | **161050068** | **1699114522** | **143005817** | **Charter Communications** | **EAST ST LOUIS SCHOOL DIST 189** | **136412** | **1153.07** | **1037.76** |
| **2776600** | **ESTL 4522 7/16, 2/17-6/17** | **9063091** | **01-Feb-17** |  | **161050068** | **1699114522** | **143005817** | **Charter Communications** | **EAST ST LOUIS SCHOOL DIST 189** | **136412** | **2750** | **2475** |
| **2776600** | **ESTL 4522 7/16, 2/17-6/17** | **9063092** | **01-Mar-17** |  | **161050068** | **1699114522** | **143005817** | **Charter Communications** | **EAST ST LOUIS SCHOOL DIST 189** | **136412** | **2750** | **2475** |
| **2776600** | **ESTL 4522 7/16, 2/17-6/17** | **9063093** | **01-Apr-17** |  | **161050068** | **1699114522** | **143005817** | **Charter Communications** | **EAST ST LOUIS SCHOOL DIST 189** | **136412** | **2750** | **2475** |
| **2776600** | **ESTL 4522 7/16, 2/17-6/17** | **9063094** | **01-May-17** |  | **161050068** | **1699114522** | **143005817** | **Charter Communications** | **EAST ST LOUIS SCHOOL DIST 189** | **136412** | **2750** | **2475** |

I am reviewing your request for reimbursement of the invoice line/s noted above.

Our records indicate that the above invoice lines are duplicating with other lines on other invoices – see attached dupe report.

If these are indeed duplicates, please return this e-mail or fax, **with request to cancel:**

**SLD Invoice 2776600 and Line ID 9063090**

**SLD Invoice 2776600 and Line ID 9063091**

**SLD Invoice 2776600 and Line ID 9063092**

**SLD Invoice 2776600 and Line ID 9063093**

**SLD Invoice 2776600 and Line ID 9063094**

If these are not duplicates, please follow the instructions below and provide the bills for **all previous lines and the current line** to validate non-duplication.

**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 sent to the Applicant, 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/third party listed on the bill is different from the service provider listed on the above FRN, please specify:

a.      Whether  a change of service provider occurred;

b.      If not, please specify if 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 and the service provider’s written and dated acceptance of the offer and authorization of the third party biller to bill the applicants for the services provided on its behalf.

                                                                   ii.     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 as the billed entity’s written and dated acceptance of the offer and authorization of 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.

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/third party listed on the bill is different from the service provider listed on the above FRN, please specify:

a.      Whether  a change of service provider occurred;

b.      If not, please specify if 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 and the service provider’s written and dated acceptance of the offer and authorization of the third party biller to bill the applicants for the services provided on its behalf.

                                                                   ii.     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 as the billed entity’s written and dated acceptance of the offer and authorization of 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.

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.

          VI.          The bills sent to the Applicant, 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).

**SERVICE CERTIFICATION:**

Please also provide the attached Service Certification form, completed and certified by the authorized representative of the Applicant (school/library), for the products/services provided.

1. The Representative/Contact Name, Title and Phone: the contact name should match as signatory. If the signatory is any other than the Representative/Contact Name identified on the form, please provide the full Name, Title and Phone Number of the signatory and a reason for the mismatch.
2. Date Goods/Services Delivered: except for installation only invoice, required for all other products / services delivered;
3. Date Goods/Services were or will be Installed: required only for non-recurring service (products that need installation);
   1. This date is required regardless of party providing the installation.
4. Date Applicant Portion Paid and Check No., or Date to be Paid: required at all times.
5. Certification box: select box either on the left or right side;
   1. Left side: for services delivered/installed as on this invoice;

                                                    i.     Based on service contracted for the FRN, please choose either Delivery Only or Delivery and Installation.

* 1. Right side: for services not yet delivered:

                                                    i.     Please provide contract to indicate provision for up-front charges.

1. Signed and dated: by the authorized Applicant contact.

Please note: Service Certification forms are Invoice number specific. Due to audit requirements, the re-submittal of an earlier Service Certification form is not acceptable and will result in rejection of the current invoice line/s.

**PAYMENT VERIFICATION:**

Please answer the following questions and provide documentation, where needed::

1. Has any FRN listed above been approved for special construction charges where a Special Construction State/Tribal Match Percentage (State/Tribal funded %) plus Special Construction State/Tribal Match Discount Rate (E-rate funded %) equals 100% of the total pre-discount FRN charges?

Yes\_\_\_\_\_        No\_\_\_\_\_

1. If yes, please specify FRN(s) on this invoice that was funded 100% by State/Tribal and E-rate funds combined. No further documentation is required. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. If no, please provide validation that the applicant portion of the payment has been paid for the invoice lines under review.

                    I.          Payment by check: front and back of cancelled check required, showing bank validation of transaction being cleared.

a.      If the check includes other payments, a distinct breakout must be received in order to validate payment for this particular invoice,

b.      If your financial institution does not retain canceled checks as proof of payment, please provide documentation that show the Applicant making the payment and the Service Provider receiving it based on third party (i.e. bank) validation.

                  II.          Other methods used for payment: documentation provided must clearly show the Applicant making the payment and the Service Provider receiving it based on third party (i.e. bank) validation.

                III.          If no payment was made due to a Credit Balance, please provide a reconciliation worksheet. The worksheet must include

a.      The month, billing account #, bill date and current charges for the original bill(s) that resulted in the credit balance.

b.      Type of credit

c.      The credit amount per type of credit

d.      Reconciliation of the credit(s) and current charge(s) to justify why no payment was made

                IV.          If partial payment was made due to a Credit Balance, please provide the above reconciliation worksheet (item III) and payment documentation (item I or II).

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SLD Invoice No** | **SP\_App Invoice No** | **Line ID** | **Customer Billed Date** | **Customer Ship Date** | **471** | **FRN** | **SPIN** | **Service Provider Name** | **Applicant Name** | **BEN** | **Undiscounted Amt** | **Discounted Amt** |
| **2776600** | **ESTL 4522 7/16, 2/17-6/17** | **9063089** | **01-Jul-16** |  | **161050068** | **1699114522** | **143005817** | **Charter Communications** | **EAST ST LOUIS SCHOOL DIST 189** | **136412** | **1153.07** | **1037.76** |

I am reviewing your request for reimbursement of the invoice line/s noted above.

**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:

                    VI.          A copy of the summary page/s for the bill/s sent to the Applicant, 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).

                  VII.          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.

                VIII.          If any locations on the bills / worksheet are cross connect / meet points, please identify and state the Entity/s receiving the service.

                    IX.          If the service provider/third party listed on the bill is different from the service provider listed on the above FRN, please specify:

c.      Whether  a change of service provider occurred;

d.      If not, please specify if the third party listed on the bill is an authorized third party biller.

b)      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 and the service provider’s written and dated acceptance of the offer and authorization of the third party biller to bill the applicants for the services provided on its behalf.

                                                                   ii.     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 as the billed entity’s written and dated acceptance of the offer and authorization of the third party biller to bill the applicants for the services provided on behalf of the actual service provider.

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

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:

        VII.          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.

      VIII.          The completed worksheet certification form (attached) to certify the accuracy of the worksheet.

          IX.          If any locations on the bills / worksheet are cross connect / meet points, please identify and state the Entity/s receiving the service.

            X.          If the service provider/third party listed on the bill is different from the service provider listed on the above FRN, please specify:

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d.      If not, please specify if the third party listed on the bill is an authorized third party biller.

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                                                                    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 and the service provider’s written and dated acceptance of the offer and authorization of the third party biller to bill the applicants for the services provided on its behalf.

                                                                   ii.     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 as the billed entity’s written and dated acceptance of the offer and authorization of the third party biller to bill the applicants for the services provided on behalf of the actual service provider.

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

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.

        XII.          The bills sent to the Applicant, to show:

h.      Bill Date,

i.       Service Provider Name,

j.       Bill-To Entity,

k.      Current Charges,

l.       Description of Products / Services Delivered,

m.    Period of Service (for Digital Transmission and/or Internet Access),

n.      Individual Call Detail NOT required (for phone bills).

**SERVICE CERTIFICATION:**

Please also provide the attached Service Certification form, completed and certified by the authorized representative of the Applicant (school/library), for the products/services provided.

1. The Representative/Contact Name, Title and Phone: the contact name should match as signatory. If the signatory is any other than the Representative/Contact Name identified on the form, please provide the full Name, Title and Phone Number of the signatory and a reason for the mismatch.
2. Date Goods/Services Delivered: except for installation only invoice, required for all other products / services delivered;
3. Date Goods/Services were or will be Installed: required only for non-recurring service (products that need installation);
   1. This date is required regardless of party providing the installation.
4. Date Applicant Portion Paid and Check No., or Date to be Paid: required at all times.
5. Certification box: select box either on the left or right side;
   1. Left side: for services delivered/installed as on this invoice;

                                                    i.     Based on service contracted for the FRN, please choose either Delivery Only or Delivery and Installation.

* 1. Right side: for services not yet delivered:

                                                    i.     Please provide contract to indicate provision for up-front charges.

1. Signed and dated: by the authorized Applicant contact.

Please note: Service Certification forms are Invoice number specific. Due to audit requirements, the re-submittal of an earlier Service Certification form is not acceptable and will result in rejection of the current invoice line/s.

**PAYMENT VERIFICATION:**

Please answer the following questions and provide documentation, where needed::

1. Has any FRN listed above been approved for special construction charges where a Special Construction State/Tribal Match Percentage (State/Tribal funded %) plus Special Construction State/Tribal Match Discount Rate (E-rate funded %) equals 100% of the total pre-discount FRN charges?

Yes\_\_\_\_\_        No\_\_\_\_\_

1. If yes, please specify FRN(s) on this invoice that was funded 100% by State/Tribal and E-rate funds combined. No further documentation is required. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. If no, please provide validation that the applicant portion of the payment has been paid for the invoice lines under review.

                  V.          Payment by check: front and back of cancelled check required, showing bank validation of transaction being cleared.

a.      If the check includes other payments, a distinct breakout must be received in order to validate payment for this particular invoice,

b.      If your financial institution does not retain canceled checks as proof of payment, please provide documentation that show the Applicant making the payment and the Service Provider receiving it based on third party (i.e. bank) validation.

                VI.          Other methods used for payment: documentation provided must clearly show the Applicant making the payment and the Service Provider receiving it based on third party (i.e. bank) validation.

               VII.          If no payment was made due to a Credit Balance, please provide a reconciliation worksheet. The worksheet must include

a.      The month, billing account #, bill date and current charges for the original bill(s) that resulted in the credit balance.

b.      Type of credit

c.      The credit amount per type of credit

d.      Reconciliation of the credit(s) and current charge(s) to justify why no payment was made

             VIII.          If partial payment was made due to a Credit Balance, please provide the above reconciliation worksheet (item III) and payment documentation (item I or II).

**RESPONSE REQUIREMENT:**

Please provide this information to me as soon as possible within the next 7 calendar days, by End of Day Tuesday, 2/27/18.  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.

**Jennifer Kerwin  
Case Management Associate, Invoicing Team, Schools and Libraries Program**Solix, Inc. | 30 Lanidex Plaza West | Parsippany, NJ 07054  
T: 973.581.7662 I F: 973.599.6539  
[**jennifer.kerwin@sl.universalservice.org**](mailto:jennifer.kerwin@sl.universalservice.org)

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