

FUNDING COMMITMENT REPORT
Billed Entity Name: OSWEGO UNIFIED SCHOOL DIST 504
BEN: 137948
Funding Year: 2014

Comment on RAL corrections: The applicant did not submit any RAL corrections.

FCC Form 471 Application Number: 973734
Funding Request Number: 2651203
Funding Status: Funded
Category of Service: Telecommunications Service
FCC Form 470 Application Number: 832540001208249
SPIN: 143027542
Service Provider Name: TouchTone Communications Inc.
Contract Number: T
Billing Account Number: NA
Multiple Billing Account Numbers: N
Service Start Date: 07/01/2014
Service End Date: 06/30/2015
Contract Award Date: N/A
Contract Expiration Date: N/A
Shared Worksheet Number: 1688340
Number of Months Recurring Service Provided in Funding Year: 12
Annual Pre-discount Amount for Eligible Recurring Charges: \$2,280.00
Annual Pre-discount Amount for Eligible Non-recurring Charges: \$.00
Pre-discount Amount: \$2,280.00
Discount Percentage Approved by the USAC: 77%
Funding Commitment Decision: \$1,755.60 - ERN approved as submitted

FCDL Date: 05/15/2014
Wave Number: 001
Last Allowable Date for Delivery and Installation for Non-Recurring Services: 09/30/2015
Consultant Name: DENISE GRASSO
Consultant Registration Number (CRN): 16062002
Consultant Employer: Southeast Kansas Education Service Center

FUNDING COMMITMENT REPORT
Billed Entity Name: OSWEGO UNIFIED SCHOOL DIST 504
BEN: 137948
Funding Year: 2014

Comment on RAL corrections: The applicant did not submit any RAL corrections.

FCC Form 471 Application Number: 990681
Funding Request Number: 2703569
Funding Status: Funded
Category of Service: Internet Access
FCC Form 470 Application Number: 832540001208249
SPIN: 143032713
Service Provider Name: Wave Wireless LLC
Contract Number: NA
Billing Account Number: NA
Multiple Billing Account Numbers: N
Service Start Date: 07/01/2014
Service End Date: N/A
Contract Award Date: 03/26/2014
Contract Expiration Date: 06/30/2015
Shared Worksheet Number: 1730659
Number of Months Recurring Service Provided in Funding Year: 12
Annual Pre-discount Amount for Eligible Recurring Charges: \$32,400.00
Annual Pre-discount Amount for Eligible Non-recurring Charges: \$.00
Pre-discount Amount: \$32,400.00
Discount Percentage Approved by the USAC: 77%
Funding Commitment Decision: \$24,948.00 - ERN approved as submitted

FCDL Date: 05/15/2014
Wave Number: 001
Last Allowable Date for Delivery and Installation for Non-Recurring Services: 09/30/2015
Consultant Name: DENISE GRASSO
Consultant Registration Number (CRN): 16062002
Consultant Employer: Southeast Kansas Education Service Center

From: **Suzanne Hazell** shazell@usd504.org
Subject: Wave Wireless conversations
Date: July 12, 2016 at 9:10 AM
To: **Denise Grasso** denise.grasso@greenbush.org

SH

Suzanne Hazell
U.S.D. #504 Secretary/Treasurer

----- Forwarded message -----
From: **Denise Grasso** <denise.grasso@greenbush.org>
Date: Thu, Jun 2, 2016 at 3:53 PM
Subject: Re: Electronic Remittance Statement
To: **Suzanne Hazell** <shazell@usd504.org>
Cc: **Sandy Manners** <sandy@wavewls.com>

Yeah, me too (sorry)

Denise Grasso
Associate Executive Director
Southeast Kansas Education Service Center
(620)724-6281
denise.grasso@greenbush.org

On Jun 2, 2016, at 1:58 PM, Suzanne Hazell <shazell@usd504.org> wrote:

I'm not sure...i can't open the attachment that shows the remittance statements. I am just going by what the USAC wrote in their letter.

Suzanne Hazell
U.S.D. #504 Secretary/Treasurer

On Thu, Jun 2, 2016 at 1:28 PM, Sandy Manners <sandy@wavewls.com> wrote:
Denise and Suzanne;

I don't know what, if anything, is usually required for the schools to submit as far as proof of payment. I guess when I received this most recent notice and read it, I thought the \$0.00 they were listing here meant that was the amount approved for payment by USAC (in other words, they were not approving any release of funds). What I was going off of was the last line where it shows received date 5/27/16 and then says "Later than Acceptable End Date 10/28/15". I thought that the "attached are the electronic disbursement statements" referenced in the body of the email means this statement from USAC showing no funds are being disbursed because there is a problem. I could be interpreting this all incorrectly though.

Sandy Manners
Wave Wireless, LLC
620-423-9283

----- Original Message -----
From: "Denise Grasso" <denise.grasso@greenbush.org>
To: "Suzanne Hazell" <shazell@usd504.org>
Cc: "Sandy Manners" <sandy@wavewls.com>
Sent: 6/2/2016 12:30:52 PM
Subject: Re: Electronic Remittance Statement

Suzanne - do you understand that she would give you the bills and then you would submit them?

Denise Grasso
Associate Executive Director
Southeast Kansas Education Service Center
(620)724-6281
denise.grasso@greenbush.org

On Jun 2, 2016, at 12:14 PM, Suzanne Hazell <shazell@usd504.org> wrote:

I should have included all of the bills that she would give you. I am not sure who should provide them to you.

should I provide all of the bills that we paid? If so, who should I provide them to?

Suzanne Hazell

U.S.D. #504 Secretary/Treasurer

On Thu, Jun 2, 2016 at 11:43 AM, Denise Grasso <denise_grasso@greenbush.org> wrote:

OK...when I read through this it says 'attached are the electronic disbursement statements', so was this truly denied?

If I read it correctly, what they are saying is perhaps Oswego didn't pay the total amount requested in the funding year in question...

Denise Grasso
Associate Executive Director
Southeast Kansas Education Service Center
(620)724-6281
denise.grasso@greenbush.org

On Jun 2, 2016, at 10:44 AM, Suzanne Hazell <shazell@usd504.org> wrote:

I totally agree.

Suzanne Hazell

U.S.D. #504 Secretary/Treasurer

On Thu, Jun 2, 2016 at 10:37 AM, Sandy Manners <sandy@wavewls.com> wrote:

I can't either. As I am sure Suzanne can attest, when you call USAC they make it sound all easy and like there will be no problem at all so you hang up thinking "well this will be a piece of cake". You do what they instruct you to and it rejects again. I honestly am not sure they know why this is happening either. Just my opinion....

Sandy Manners
Wave Wireless, LLC
620-423-9283

----- Original Message -----

From: "Denise Grasso" <denise_grasso@greenbush.org>
To: "Sandy Manners" <sandy@wavewls.com>; "Suzanne Hazell" <shazell@usd504.org>
Sent: 6/2/2016 8:55:01 AM
Subject: Re: Electronic Remittance Statement

I truly cannot figure out what is going on? Suzanne, do you have a case # from when you called a couple of weeks ago?

Denise Grasso
Associate Executive Director
Southeast Kansas Education Service Center
(620)724-6281
denise.grasso@greenbush.org

On Jun 2, 2016, at 8:51 AM, Sandy Manners <sandy@wavewls.com> wrote:

Here is the latest response from USAC. It appears to me that they have again denied for the same reason that keeps being cited. It appears we have done everything as directed so do you have a contact of the last person you spoke to that you can get back in touch with?

Sandy Manners
Wave Wireless, LLC
620-423-9283

On 5/31/2016 6:11:07 PM, disbursements@bcd.universalservice.org wrote:

Attached are the electronic disbursement remittance statements for payments made from the Universal Service Fund. Please note that payments may be less than the authorized invoiced amount due to Red Light withholdings, if applicable. Please do not respond to this message. If you have any questions or problems with the format or these statements, please contact USAC Customer Service at [1-888-641-8722](tel:1-888-641-8722).

If you have questions or difficulty opening or understanding the format of your electronic remittance statement, please use the following hyperlink to guide you to our electronic remittance statement instructions.

[Instructions Guide](#)

Thank You.

<32713E2_5312016.doc>

From: **Suzanne Hazell** shazell@usd504.org
Subject: Wave Wireless conversations
Date: July 12, 2016 at 9:09 AM
To: **Denise Grasso** denise.grasso@greenbush.org



Suzanne Hazell
U.S.D. #504 Secretary/Treasurer

----- Forwarded message -----
From: **Suzanne Hazell** <shazell@usd504.org>
Date: Tue, May 31, 2016 at 9:04 AM
Subject: Re: Re[4]: E-Rate
To: **Sandy Manners** <sandy@wavewls.com>
Cc: **Denise Grasso** <denise.grasso@greenbush.org>

Thank you! I hope it works!

Suzanne Hazell
U.S.D. #504 Secretary/Treasurer

On Fri, May 27, 2016 at 4:21 PM, **Sandy Manners** <sandy@wavewls.com> wrote:
OK, here is a copy of the notice showing it has been successfully certified. Hopefully this time....

Sandy Manners
Wave Wireless, LLC
620-423-9283

----- Original Message -----
From: "Denise Grasso" <denise.grasso@greenbush.org>
To: "Sandy Manners" <sandy@wavewls.com>
Cc: "Suzanne Hazell" <shazell@usd504.org>
Sent: 5/27/2016 3:43:41 PM
Subject: Re: Re[2]: E-Rate

I would certainly think so...fingers crossed.

Sent from my iPhone

On May 27, 2016, at 3:33 PM, **Sandy Manners** <sandy@wavewls.com> wrote:

I see an invoice #2389778 for \$12,474.00 created on 5/26/16. When I go to certify that, I do not get a Block 2 that USAC has said I need to check all the boxes in. It goes straight to Block 4 which has the 3 boxes that we need to check to certify. I am assuming this is what they are talking about? I have never seen a "block 2", so maybe they meant the 2nd block that comes up?

Tell me what you guys think. I will go ahead and certify in block 4 as it presents to me if you think that is correct?

Sandy Manners
Wave Wireless, LLC
620-423-9283

----- Original Message -----
From: "Denise Grasso" <denise.grasso@greenbush.org>
To: "Suzanne Hazell" <shazell@usd504.org>
Cc: "Sandy Manners" <sandy@wavewls.com>
Sent: 5/26/2016 1:48:31 PM
Subject: Re: E-Rate

Awesome!

Denise Grasso
Associate Executive Director
Southeast Kansas Education Service Center
(620)724-6281
denise.grasso@greenbush.org

On May 26, 2016, at 1:40 PM, Suzanne Hazell <shazell@usd504.org> wrote:

Wave Wireless BEAR has been submitted again! Hopefully, it will work this time!!

Suzanne Hazell

U.S.D. #504 Secretary/Treasurer

On Thu, May 26, 2016 at 12:40 PM, Denise Grasso <denise.grasso@greenbush.org> wrote:
Awesome! Thanks, Suzanne! Sandy - will this help?

Denise Grasso
Associate Executive Director
Southeast Kansas Education Service Center
(620)724-6281
denise.grasso@greenbush.org

On May 26, 2016, at 11:31 AM, Suzanne Hazell <shazell@usd504.org> wrote:

I just wanted to let you know that I went ahead and asked USAC about the Wave Wireless situation. I had to call them about Touch Tone anyway so I just asked while I was on the phone. They told me to resubmit it and make sure when the service provider goes in and approves it that they check all of the boxes in block 2. They said if it doesn't work this time, we can appeal it.

Suzanne Hazell

U.S.D. #504 Secretary/Treasurer

From: **Suzanne Hazell** shazell@usd504.org
Subject: Wave Wireless conversations
Date: July 12, 2016 at 9:08 AM
To: **Denise Grasso** denise.grasso@greenbush.org

SH

Suzanne Hazell

U.S.D. #504 Secretary/Treasurer

----- Forwarded message -----

From: **Denise Grasso** <denise.grasso@greenbush.org>
Date: Wed, May 25, 2016 at 8:44 AM
Subject: Re: Electronic Remittance Statement
To: Suzanne Hazell <shazell@usd504.org>
Cc: Sandy Manners <sandy@wavewls.com>

Let me do so :-)

Denise Grasso
Associate Executive Director
Southeast Kansas Education Service Center
(620)724-6281
denise_grasso@greenbush.org

On May 25, 2016, at 8:41 AM, Suzanne Hazell <shazell@usd504.org> wrote:

I would greatly appreciate if you would want to call on Friday or next week Denise. :)

I will if I need to also, but I feel like it might be better if you do. You know more how everything works and stuff.

Thank you so much!

Suzanne Hazell

U.S.D. #504 Secretary/Treasurer

On Wed, May 25, 2016 at 4:07 AM, Denise Grasso <denise.grasso@greenbush.org> wrote:

My thoughts are that it is definitely the 'system' and everything new that has been implemented...it may be worthy of a call, but quite frankly, until the window closes tomorrow evening, I truly cannot...I'm so sorry....I can call on Friday or any time next week, though.

Just let me know how the two of you wish to proceed.

Thanks!

Denise

Denise Grasso
Associate Executive Director
Southeast Kansas Education Service Center
(620)724-6281
denise.grasso@greenbush.org

On May 24, 2016, at 4:50 PM, Sandy Manners <sandy@wavewls.com> wrote:

Makes sense, but I still don't know why then USAC denied it the first time around and I really don't know why they denied it the second time after they had approved an extension. I would say the best approach at this point would be for you to call USAC and make sure any invoice that is submitted will be approved under the extended time frame they granted. That way we make sure you have confirmation from them that it will be approved before we have to go around this bush again.

Your thoughts?

Sandy Manners

Sandy Manners
Wave Wireless, LLC
620-423-9283

----- Original Message -----

From: "Denise Grasso" <denise.grasso@greenbush.org>
To: "Suzanne Hazell" <shazell@usd504.org>
Cc: "Sandy Manners" <sandy@wavewls.com>
Sent: 5/24/2016 4:19:44 PM
Subject: Re: Electronic Remittance Statement

Well, what Suzanne says makes sense....does that help, Sandy?

Denise Grasso
Associate Executive Director
Southeast Kansas Education Service Center
(620)724-6281
denise.grasso@greenbush.org

On May 24, 2016, at 3:50 PM, Suzanne Hazell <shazell@usd504.org> wrote:

I haven't filled out the BEAR for service year 7/1/15 to 6/30/16. I will do that in July when the service year is over. Last year I filled out BEAR forms after each 6 months of service. We received the check of \$12,474 for July through December 2014 which was the check written on 3/23/15. So, to finish out the year, I filled out the BEAR for the second half of the year Jan through June 2015. That check will also be \$12,474. I originally filled it out in July of 2015. So this is all still under the funding commitment decision letter for funding year 2014 (7/1/14 to 6/30/15).

This year should be a little easier since I am only filling out 1 BEAR form for the whole service year. I will fill that out in July 2016 for funding year 2015 (7/1/15 to 6/30/16).

Suzanne Hazell
U S D. #504 Secretary/Treasurer

On Tue, May 24, 2016 at 3:16 PM, Sandy Manners <sandy@wavewls.com> wrote:

I have been going back and looking at this and I am confused. I have

attached a copy of the funding commitment decision letter for funding year 2015 (7/1/15 -6/30/16) that was received 9/18/15. The commitment report references service start date of 7/1/15 and contract exp date of 6/30/16 and has a Funding Request Number reference of 2770182 and decision amount of \$25,920.00. I am also attaching a copy of the BEAR notification letter that was received January 29, 2016 showing the denial of the payment for invoice submitted. However, this notification letter references funding year 2014 for services 7/1/14 to 6/30/15 and references Funding Request Number 2703569. This FRN number 2703569 matches the one that was paid out on with LAST year's funding of \$12,474 on 3/23/15. I can't see the original invoice that was submitted this year, but I am wondering if maybe a date on this years invoice got input as funding year 2014 rather than 2015 and that is why it keeps getting rejected everytime you resubmit?? I think at this point you all may have to attack this from your end and call USAC to see what needs to be done. Unless someone else has an idea???

Sandy Manners
Wave Wireless, LLC
620-423-9283

----- Original Message -----

From: "Denise Grasso" <denise.grasso@greenbush.org>
To: "Suzanne Hazell" <shazell@usd504.org>
Cc: "Sandy Manners" <sandy@wavewls.com>
Sent: 5/24/2016 10:18:17 AM
Subject: Re: Electronic Remittance Statement

Sandy?

Denise Grasso
Associate Executive Director
Southeast Kansas Education Service Center
(620)724-6281
denise.grasso@greenbush.org

On May 24, 2016, at 10:03 AM, Suzanne Hazell <shazell@usd504.org> wrote:

Has there been anything figured out on this?

Suzanne Hazell

U.S.D. #504 Secretary/Treasurer

On Tue, May 10, 2016 at 1:54 PM, Denise Grasso <denise.grasso@greenbush.org> wrote:

Let me know if there's anything I can do at my end... Thanks so much.

Sent from my iPhone

On May 10, 2016, at 1:44 PM, Sandy Manners <sandy@wavewls.com> wrote:

Well, looks like they denied it again for the same reason. I'll get on the phone with USAC and maybe not quite as nice this time?

Sandy Manners
Wave Wireless, LLC
[620-423-9283](tel:620-423-9283)

On 5/9/2016 4:02:12 PM, disbursements@bcd.universalservice.org wrote:

Attached are the electronic disbursement remittance statements for payments made from the Universal Service Fund. Please note that payments may be less than the authorized invoiced amount due to Red Light withholdings, if applicable. Please do not respond to this message. If you have any questions or problems with the format or these statements, please contact USAC Customer Service at [1-888-641-8722](tel:1-888-641-8722).

If you have questions or difficulty opening or understanding the format of your electronic remittance statement, please use the following hyperlink to guide you to our electronic remittance statement instructions.

[Instructions Guide](#)

Thank You.
<32713E1_592016.doc>

From: **Suzanne Hazell** shazell@usd504.org
Subject: Wave Wireless conversations
Date: July 12, 2016 at 9:07 AM
To: **Denise Grasso** denise.grasso@greenbush.org



Suzanne Hazell
U.S.D. #504 Secretary/Treasurer

----- Forwarded message -----

From: **Sandy Manners** <sandy@wavewls.com>
Date: Thu, Apr 21, 2016 at 1:12 PM
Subject: Re[2]: Invoice Deadline Extension
To: **Denise Grasso** <denise.grasso@greenbush.org>, **Suzanne Hazell** <shazell@usd504.org>

Great. I just logged in and certified the new BEAR you submitted today, so I think that should take care of it. I will be on the lookout for the money to hit our bank and get it to you asap.

Thank you!

Sandy Manners
Wave Wireless, LLC
[620-423-9283](tel:620-423-9283)

----- Original Message -----

From: "Denise Grasso" <denise.grasso@greenbush.org>
To: "Suzanne Hazell" <shazell@usd504.org>
Cc: "sandy@wavewls.com" <sandy@wavewls.com>
Sent: 4/21/2016 12:14:55 PM
Subject: Re: Invoice Deadline Extension

Thanks Suzanne!

Denise

Denise Grasso
Associate Executive Director
Southeast Kansas Education Service Center
[\(620\)724-6281](tel:6207246281)
denise.grasso@greenbush.org

On Apr 21, 2016, at 12:13 PM, Suzanne Hazell <shazell@usd504.org> wrote:

Just letting you know that I just submitted a new BEAR form for Wave Wireless.

Suzanne Hazell
U.S.D. #504 Secretary/Treasurer

On Thu, Apr 21, 2016 at 11:10 AM, Denise Grasso <denise.grasso@greenbush.org> wrote:
Suzanne - please see below....and yes, that's all that should need to be done. Thanks tons!

Denise

Denise Grasso
Associate Executive Director
Southeast Kansas Education Service Center
[\(620\)724-6281](tel:6207246281)
denise.grasso@greenbush.org

On Apr 21, 2016, at 10:43 AM, Sandy Manners <sandy@wavewls.com> wrote:

I believe so and then once she does that please let me know so I can log in and certify it. Sometimes those notices that the certification needs to be done end up

in spam so if either you or she will just let me know when it has been submitted I will know to login and certify and we should have this ironed out I hope.

Thanks!

Sandy Manners
Wave Wireless, LLC
620-423-9283

----- Original Message -----

From: "Denise Grasso" <denise.grasso@greenbush.org>
To: "Sandy Manners" <sandy@wavewls.com>
Cc: "Suzanne Hazell" <shazell@usd504.org>
Sent: 4/21/2016 10:20:33 AM
Subject: Re: Invoice Deadline Extension

Well, cool....I got that too and wondered where it came from :-)

So....Suzanne needs to re-submit a BEAR for Wave Wireless, then, right?

Denise Grasso
Associate Executive Director
Southeast Kansas Education Service Center
(620)724-6281
denise.grasso@greenbush.org

On Apr 21, 2016, at 9:16 AM, Sandy Manners <sandy@wavewls.com> wrote:

Here is the notice I received yesterday.

Thanks!

Sandy Manners
Wave Wireless, LLC
620-423-9283

On 4/20/2016 10:29:49 AM, deadline@sl.universalservice.org wrote:

This serves as acknowledgement and approval of your request for your one-time 120 day invoice deadline extension for the following FRNs:

2770182

Since this serves as approval, an invoice requesting payment must be submitted so that it is postmarked no later than the date found on the USAC website within the Search Tools in order for your request to be considered as timely filed. If you are resubmitting a Form 472, please remember that you should forward the form to the Service Provider as soon as possible to ensure sufficient time to process your request. The invoice should be submitted in accordance with the instructions that are posted in the SLD Forms area of the SLD web site at <http://www.sl.universalservice.org/> or are available by contacting the SLD Client Service Bureau at [1-888-203-8100](tel:1-888-203-8100).

Thank you for your continued support of and participation in the E-rate program.

Schools and Libraries Division
Universal Service Administrative Company

This e-mail has been generated programmatically. Please do not respond to this e-mail.

From: **Suzanne Hazell** shazell@usd504.org
Subject: TouchTone conversations
Date: July 12, 2016 at 9:05 AM
To: Denise Grasso denise.grasso@greenbush.org

SH

Suzanne Hazell
U.S.D. #504 Secretary/Treasurer

----- Forwarded message -----
From: **Denise Grasso** <denise.grasso@greenbush.org>
Date: Thu, Jun 23, 2016 at 2:36 PM
Subject: Re: E-Rate Oswego USD 504
To: Suzanne Hazell <shazell@usd504.org>

Well, I'm uncertain too....we have always thought that checks were better because they could be tracked....I'll add this to my 'sleuthing' list and see what is up....I know it is frustrating....

Denise Grasso
Associate Executive Director
Southeast Kansas Education Service Center
(620) 724-6281
denise.grasso@greenbush.org

On Jun 23, 2016, at 11:16 AM, Suzanne Hazell <shazell@usd504.org> wrote:

Now we are getting this from TouchTone. I'm not understanding these letters. I applied for all of this back in July and they asked me to resubmit the BEAR forms. I'm guessing both Wave Wireless and TouchTone keep being denied for the same reason. I'm guessing because of time?? I don't know but since I applied for them back in July, I am not understanding why they didn't just go through.

Do you think I should start getting discounts on my bills instead of worrying about the checks? I didn't know if other schools thought that was easier or what you recommended.

Thanks!

Suzanne Hazell
U.S.D. #504 Secretary/Treasurer

----- Forwarded message -----
From: **Daniel Velez** <dvelez@touchtone.net>
Date: Thu, Jun 23, 2016 at 11:06 AM
Subject: RE: E-Rate Oswego USD 504
To: Suzanne Hazell <shazell@usd504.org>

Here is the letter

From: Suzanne Hazell [<mailto:shazell@usd504.org>]
Sent: Thursday, June 23, 2016 11:56 AM
To: Daniel Velez
Subject: E-Rate Oswego USD 504

Hi, I am just checking back in with you about our E-Rate reimbursement check for USD 504. I hadn't heard anything for a while, so I wanted to check back in. We still haven't received anything after resubmitting our BEAR invoice #2389777. It says that it was completed, but I haven't heard anything else. Please let me know if I need to do anything else.

Thanks!

Suzanne Hazell

U.S.D. #504 Secretary/Treasurer

This email has been scanned by the Symantec Email Security.cloud service.
For more information please visit <http://www.symanteccloud.com>

This email has been scanned by the Symantec Email Security.cloud service.
For more information please visit <http://www.symanteccloud.com>

<6-13-2016 USAC Form 472 (BEAR) OSWEGO UNIFIED SCHOOL DOST 504.pdf>

From: **Suzanne Hazell** shazell@usd504.org
Subject: TouchTone Conversations
Date: July 12, 2016 at 9:04 AM
To: **Denise Grasso** denise.grasso@greenbush.org



Suzanne Hazell
U.S.D. #504 Secretary/Treasurer

----- Forwarded message -----
From: **Suzanne Hazell** <shazell@usd504.org>
Date: Tue, May 24, 2016 at 1:43 PM
Subject: Re: Oswego USD 504
To: Daniel Velez <dvelez@touchtone.net>

The FRN # is 2651203 and total to be reimbursed is \$1062.87

Suzanne Hazell
U.S.D. #504 Secretary/Treasurer

On Tue, May 24, 2016 at 11:51 AM, Daniel Velez <dvelez@touchtone.net> wrote:

I think I made an error on this. Please send me the FRN for this and the Total amount of the BEAR.

From: Suzanne Hazell [mailto:shazell@usd504.org]
Sent: Tuesday, May 24, 2016 11:47 AM

To: Daniel Velez
Subject: Re: Oswego USD 504

okay...We are USD 504 in Oswego, KS

Suzanne Hazell
U.S.D. #504 Secretary/Treasurer

On Tue, May 24, 2016 at 10:37 AM, Daniel Velez <dvelez@touchtone.net> wrote:

The check was mailed on 05/16 to the below address:

Debi Sovereign
1101 Stadium Drive
Ada, OK 74820

From: Suzanne Hazell [mailto:shazell@usd504.org]
Sent: Tuesday, May 24, 2016 11:37 AM

To: Daniel Velez
Subject: Re: Oswego USD 504

thank you

Suzanne Hazell

U.S.D. #504 Secretary/Treasurer

On Tue, May 24, 2016 at 10:09 AM, Daniel Velez <dvelez@touchtone.net> wrote:

I'm checking with our AP department.

From: Suzanne Hazell [mailto:shazell@usd504.org]

Sent: Tuesday, May 24, 2016 11:03 AM

To: Daniel Velez

Subject: Re: Oswego USD 504

We still have not received our E-Rate reimbursement from TouchTone. Could you please check into this for us?

Suzanne Hazell

U.S.D. #504 Secretary/Treasurer

On Fri, Apr 22, 2016 at 9:38 AM, Suzanne Hazell <shazell@usd504.org> wrote:

Thank you very much!

Suzanne Hazell

U.S.D. #504 Secretary/Treasurer

On Fri, Apr 22, 2016 at 9:33 AM, Daniel Velez <dvelez@touchtone.net> wrote:

I'm requesting a check be sent to you today.

From: Suzanne Hazell [mailto:shazell@usd504.org]

Sent: Friday, April 22, 2016 9:21 AM

To: Daniel Velez

Subject: Oswego USD 504

Hi, Oswego USD 504 has service with TouchTone Communications. Since we are a school district, we are E-Rate eligible. We submitted a BEAR form in July and never received our reimbursement. I contacted Touch Tone and was told to resubmit. That was in January, and I did resubmit. However, we still have not received our reimbursement. I checked the online BEAR form and it says it was completed and signed by you. I was wondering what we need to do next. We really need to receive our reimbursement, time is an issue. Please let me know if I need to do anything else to get this resolved.

Thank you so much,

Suzanne Hazell

U.S.D. #504 Secretary/Treasurer

620-795-2126

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From: **Suzanne Hazell** shazell@usd504.org
Subject: TouchTone conversations
Date: July 12, 2016 at 9:03 AM
To: **Denise Grasso** denise.grasso@greenbush.org



Suzanne Hazell
U.S.D. #504 Secretary/Treasurer

----- Forwarded message -----
From: **Suzanne Hazell** <shazell@usd504.org>
Date: Thu, Jan 21, 2016 at 12:13 PM
Subject: Re: USD 504, Oswego
To: Daniel Velez <dvelez@touchtone.net>

The reason the amounts are off is because I had submitted another Bear form for the first half of the school year separate from the last half.

Suzanne Hazell
U.S.D. #504 Secretary/Treasurer

On Thu, Jan 21, 2016 at 12:12 PM, Suzanne Hazell <shazell@usd504.org> wrote:
Okay I resubmitted it.

Suzanne Hazell
U.S.D. #504 Secretary/Treasurer

On Thu, Jan 21, 2016 at 11:57 AM, Daniel Velez <dvelez@touchtone.net> wrote:

Suzanne,

That BEAR form was not approved. I e-mailed you on 08/04/15 regarding this BEAR as the invoiced amounts did not match. This account invoiced for \$2122.39 from 07/2014-06/2015, but the BEAR form said \$1,014.77. Unfortunately I never received a response from you. At this point you will need to re-submit this BEAR.

Thank you

From: Suzanne Hazell [mailto:shazell@usd504.org]
Sent: Thursday, January 21, 2016 12:27 PM
To: Daniel Velez
Subject: USD 504, Oswego

Daniel Velez,

I am writing in reference to a BEAR form for our school district, Oswego Unified School District 504. I am concerned as to why we have not received our E-Rate reimbursement funds that I submitted a BEAR form for on 7/24/2015 in the amount of 1062.87. The FCC Form 472 Invoice # is 2213501. Our BEN is 137948. Please let me know what I need to do to get these E-Rate funds reimbursed to our school district.

Thank you for your help,

Suzanne Hazell
U.S.D. #504 Secretary/Treasurer

U.S.D. #304 Secretary Measure

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From: Suzanne Hazell shazell@usd504.org
Subject: Fwd: E-Rate Oswego USD 504
Date: June 23, 2016 at 11:16 AM
To: Denise Grasso denise.grasso@greenbush.org

Funding Year
2014



Now we are getting this from TouchTone. I'm not understanding these letters. I applied for all of this back in July and they asked me to resubmit the BEAR forms. I'm guessing both Wave Wireless and TouchTone keep being denied for the same reason. I'm guessing because of time?? I don't know but since I applied for them back in July, I am not understanding why they didn't just go through.

Do you think I should start getting discounts on my bills instead of worrying about the checks? I didn't know if other schools thought that was easier or what you recommended.

Thanks!

Suzanne Hazell
U.S.D. #504 Secretary/Treasurer

----- Forwarded message -----
From: Daniel Velez <dvelez@touchtone.net>
Date: Thu, Jun 23, 2016 at 11:06 AM
Subject: RE: E-Rate Oswego USD 504
To: Suzanne Hazell <shazell@usd504.org>

Appeal

- SPIN not registered w/USAC
- Invoice filed later than acceptable date
- Contact Vendor

Here is the letter

From: Suzanne Hazell [mailto:shazell@usd504.org]
Sent: Thursday, June 23, 2016 11:56 AM
To: Daniel Velez
Subject: E-Rate Oswego USD 504

Hi, I am just checking back in with you about our E-Rate reimbursement check for USD 504. I hadn't heard anything for a while, so I wanted to check back in. We still haven't received anything after resubmitting our BEAR invoice #2389777. It says that it was completed, but I haven't heard anything else. Please let me know if I need to do anything else.

Thanks!

Suzanne Hazell

U.S.D. #504 Secretary/Treasurer

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6-13-2016 USAC Form
472 (BEAR...ST 504.pdf)



Universal Service Administrative Company

Schools and Libraries Division

Form 472 (BEAR) Notification Letter

June 10, 2016

Daniel Velez
TouchTone Communications Inc.
16 South Jefferson Road
Whippany, NJ 07981

Re: Invoice Number - as assigned by USAC: 2389777
Service Provider Identification Number: 143027542
Reimbursement Form Number: TouchTone
Billed Entity Number: 137948

Denise Grasso
OSWEGO UNIFIED SCHOOL DIST 504
947 West 47 Highway
PO Box 189
Girard, KS 66743

Preferred Mode of Contact: E-mail at denise.grasso@greenbush.org
Total Amount of Reimbursement Approved for Payment: \$0.00

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

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

We recommend using the BEAR Online tool from the Apply Online area or Required Forms section of our website for additional submissions. If a new BEAR cannot be submitted before the invoice deadline passes, you or your customer may submit a request for a deadline extension. (See "Invoice Deadlines and Extension Requests" posted in the SLD section of our website for more information.)

Pursuant to the Federal Communication Commission's (FCC) Second Report and Order and Further Notice of Proposed Rulemaking (FCC 03-101, released April 29, 2003), you must remit the amount shown as "Total Amount of Reimbursement Approved for Payment" above to your customer no later than 20 days after receipt of payment of the approved discounts from USAC. You also agreed not to tender or make use of the payment of the approved discounts issued by USAC to you prior to remitting the discount to your customer (See BEAR Form, Block 4, Service Provider Acknowledgment).

The USAC check should be mailed to the service provider named above within 20 days of the date of this letter.

Schools and Libraries Division - Correspondence Unit
30 Lanidex Plaza West, PO Box 685, Parsippany, NJ 07054-0685
Visit us online at: www.usac.org/sl

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

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

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

COMPLETE PROGRAM INFORMATION is posted on our website. You may also contact our Client Service Bureau using the "Submit a Question" link on our website, toll-free by fax at 1-888-276-8736 or toll-free by phone at 1-888-203-8100.

Schools and Libraries Division
Universal Service Administrative Company

CC: OSWEGO UNIFIED SCHOOL DIST 504

BEAR NOTIFICATION LETTER APPLICANT REIMBURSEMENT REPORT

Form 471 Application Number: 973734

Funding Request Number: 2651203

Funding Year 2014: 07/01/2014 - 06/30/2015

Contract Number: T

Funding Commitment Decision: \$1755.60

Reimbursement Amount for this FRN: \$0.00

Reimbursement Request Decision Explanation:

Invoice Received Date [06/02/2016] Later Than; Requested
Discount Amount not valid;

From: **Sandy Manners** sandy@wavewls.com
Subject: **Re[4]: Electronic Remittance Statement**
Date: **June 2, 2016 at 2:06 PM**
To: **Suzanne Hazell** shazell@usd504.org
Cc: **Denise Grasso** denise.grasso@greenbush.org

• Vendor did not
do what they
were
supposed

This is a pdf scan of the notice that was attached to the USAC email.

Sandy Manners
Wave Wireless, LLC
620-423-9283

✓
Appeal

----- Original Message -----

From: "Suzanne Hazell" <shazell@usd504.org>
To: "Sandy Manners" <sandy@wavewls.com>
Cc: "Denise Grasso" <denise.grasso@greenbush.org>
Sent: 6/2/2016 1:58:58 PM
Subject: Re: Re[2]: Electronic Remittance Statement

I'm not sure...i can't open the attachment that shows the remittance statements. I am just going by what the USAC wrote in their letter.

Suzanne Hazell
U.S.D. #504 Secretary/Treasurer

On Thu, Jun 2, 2016 at 1:28 PM, Sandy Manners <sandy@wavewls.com> wrote:
Denise and Suzanne;

I don't know what, if anything, is usually required for the schools to submit as far as proof of payment. I guess when I received this most recent notice and read it, I thought the \$0.00 they were listing here meant that was the amount approved for payment by USAC (in other words, they were not approving any release of funds). What I was going off of was the last line where it shows received date 5/27/16 and then says "Later than Acceptable End Date 10/28/15". I thought that the "attached are the electronic disbursement statements" referenced in the body of the email means this statement from USAC showing no funds are being disbursed because there is a problem. I could be interpreting this all incorrectly though.

Sandy Manners
Wave Wireless, LLC
[620-423-9283](tel:620-423-9283)

----- Original Message -----

From: "Denise Grasso" <denise.grasso@greenbush.org>

To: "Suzanne Hazell" <shazell@usd504.org>

Cc: "Sandy Manners" <sandy@wavewls.com>

Sent: 6/2/2016 12:30:52 PM

Subject: Re: Electronic Remittance Statement

Suzanne - do you understand that she would give you the bills and then you would submit them?

Denise Grasso
Associate Executive Director
Southeast Kansas Education Service Center
(620)724-6281
denise.grasso@greenbush.org

On Jun 2, 2016, at 12:14 PM, Suzanne Hazell <shazell@usd504.org> wrote:

should I provide all of the bills that we paid? If so, who should I provide them to?

Suzanne Hazell
U.S.D. #504 Secretary/Treasurer

On Thu, Jun 2, 2016 at 11:43 AM, Denise Grasso
<denise.grasso@greenbush.org> wrote:

OK....when I read through this it says 'attached are the electronic disbursement statements', so was this truly denied?

If I read it correctly, what they are saying is perhaps Oswego didn't pay the total amount requested in the funding year in question...

Denise Grasso
Associate Executive Director
Southeast Kansas Education Service Center
(620)724-6281
denise.grasso@greenbush.org

On Jun 2, 2016, at 10:44 AM, Suzanne Hazell <shazell@usd504.org> wrote:

I totally agree.

Suzanne Hazell

U.S.D. #504 Secretary/Treasurer

On Thu, Jun 2, 2016 at 10:37 AM, Sandy Manners <sandy@wavewls.com> wrote:

I can't either. As I am sure Suzanne can attest, when you call USAC they make it sound all easy and like there will be no problem at all so you hang up thinking "well this will be a piece of cake". You do what they instruct you to and it rejects again. I honestly am not sure they know why this is happening either. Just my opinion....

Sandy Manners
Wave Wireless, LLC
[620-423-9283](tel:620-423-9283)

----- Original Message -----

From: "Denise Grasso" <denise.grasso@greenbush.org>

To: "Sandy Manners" <sandy@wavewls.com>; "Suzanne Hazell" <shazell@usd504.org>

Sent: 6/2/2016 8:55:01 AM

Subject: Re: Electronic Remittance Statement

I truly cannot figure out what is going on? Suzanne, do you have a case # from when you called a couple of weeks ago?

Denise Grasso
Associate Executive Director
Southeast Kansas Education Service Center
[\(620\)724-6281](tel:6207246281)
denise.grasso@greenbush.org

On Jun 2, 2016, at 8:51 AM, Sandy Manners <sandy@wavewls.com> wrote:

Here is the latest response from USAC. It appears to me that they have again denied for the same reason that keeps being cited. It appears we have done everything as directed so do you have a contact of the last person you spoke to that you can get back in touch with?

Sandy Manners
Wave Wireless, LLC
[620-423-9283](tel:620-423-9283)

On 5/31/2016 6:11:07
PM, disbursements@bcd.universalservice.org wrote:

Attached are the electronic disbursement remittance statements for payments made from the Universal Service Fund. Please note that payments may be less than the authorized invoiced amount due to Red Light withholdings, if applicable. Please do not respond to this message. If you have any questions or problems with the format or these statements, please contact USAC Customer Service at [1-888-641-8722](tel:1-888-641-8722).

If you have questions or difficulty opening or understanding the format of your electronic remittance statement, please use the following hyperlink to guide you to our electronic remittance statement instructions.

[Instructions Guide](#)

Thank You.
<32713E2_5312016.doc>

DIST 504;SLD Invoice Number:2389778;PEAR Letter Date:05/30/2016;Line Item
Detail Number:7997639;Amount Requested:12474.00;Invoice Received Date
[05/27/2016] Later Than Invoice Acceptable End Date [10/28/2015];12;"

Do not write in this space.

Universal Service for Schools and Libraries

Please read instructions before completing.

(To be completed by schools, libraries, or consortia.)

BILLED ENTITY APPLICANT REIMBURSEMENT FORM

For reimbursement of discounts on approved services already paid for by the Billed Entity Applicant. Only one Service Provider Identification Number (SPIN) per form.

Must be completed and signed by the Billed Entity Applicant and signed by the relevant service provider. 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-ERM, 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)
FCC Form 472 Invoice #
(To be inserted by administrator) 2213501

TC

BLOCK 1: HEADER INFORMATION

Billed Entity Name OSWEGO UNIFIED SCHOOL DIST 504

Billed Entity Number 137948

Service Provider Identification Number (SPIN) 143027542

Contact Name SUZANNE HAZELL

Contact Telephone Number 620-7952126 ext

BILLED ENTITY APPLICANT Reimbursement Form

Billed Entity Name OSWEGO UNIFIED SCHOOL DIST 504

Billed Entity Number 137948

Contact Name SUZANNE HAZELL

Applicant Form Identifier ITC

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 Column (14) of this Billed Entity Applicant Reimbursement Form represent charges for eligible services 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 Form 486.
- B. The discount amounts listed in Column (14) of this Billed Entity Applicant Reimbursement Form were already billed by the service provider and paid by the Billed Entity Applicant on behalf of eligible schools, libraries, and consortia of those entities.
- C. The discount amounts listed in Column (14) of this Billed Entity Applicant Reimbursement Form are for eligible services approved by the fund administrator pursuant to a Form 471 Funding Commitment Decision Letter.
- D. I recognize that I may be audited pursuant to this application and will retain for five years any and all records that I rely upon to fill in 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.

16. Date 7/24/2015

15. Signature of authorized person Signed electronically by SUZANNE HAZELL

17. Printed name of authorized person SUZANNE HAZELL

18. Title or position of authorized person SECRETARY

19. Telephone number of authorized person 620-7952126

20. Address of authorized person 719 4TH STREET, OSWEGO KS 67356

BILLED ENTITY APPLICANT Reimbursement Form

Billed Entity Name OSWEGO UNIFIED SCHOOL DIST 504

Billed Entity Number 137948

Contact Name SUZANNE HAZELL

Applicant Form Identifier ITC

Block 4: Service Provider Acknowledgment

I declare under penalty of perjury that the foregoing is true and correct and that I am authorized to submit this Service Provider Acknowledgment for this Billed Entity Applicant Reimbursement Form, and acknowledge to the best of my knowledge, information and belief, as follows:

- A. The service provider must remit the discount amount authorized by the fund administrator to the Billed Entity Applicant who prepared and submitted this Billed Entity Applicant Reimbursement Form as soon as possible after the fund administrator's notification to the service provider of the amount of the approved discounts on this Billed Entity Applicant Reimbursement Form, but in no event later than 20 business days after receipt of the reimbursement payment from the fund administrator, subject to the restriction set forth in B. below.
 - B. The service provider must remit payment of the approved discount amount to the Billed Entity Applicant prior to tendering or making use of the payment issued by the Universal Service Administrative Company to the service provider of the approved discounts for the Billed Entity Applicant Reimbursement Form.
 - C. I certify that, in addition to the foregoing, this Service Provider 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.
21. Signature of authorized person (fax, copy or original signature) Signed electronically by Daniel Velez 22. Date 9/1/2015
23. Printed name of authorized person Daniel Velez
24. Title or position of authorized person Finance
25. Telephone number of authorized person - ext _____
26. Address of authorized person 16 South Jefferson road, Whippany NJ 07981

7. Applicant Remittance Information

Name Suzanne Hazell

Title Secretary

Street Address _____

P.O. Box 129

City swego, KS 67356

A paper copy of this Form (pages 1-4) should be mailed to:

SLD BEAR FCC Form 472
P.O. Box 7026
Lawrence, KS 66044-7026

If sent by express delivery services or U.S. Postal Service, Return Receipt Requested, the form (pages 1-4) should be mailed to:

SLD Forms
ATTN: SLD BEAR FCC Form 472
3833 Greenway Drive
Lawrence, KS 66046
Phone: 1-888-203-8100

Do not write in this space.

Universal Service for Schools and Libraries

Please read instructions before completing.

(To be completed by schools, libraries, or consortia)

BILLED ENTITY APPLICANT REIMBURSEMENT FORM

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

Only one Service Provider Identification Number (SPIN) per form.

Must be completed and signed by the Billed Entity Applicant and signed by the relevant service provider.

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.

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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-ERM, Paperwork Reduction Act Project (3060-0856), Washington, DC 20554. We will also accept your comments regarding the Paperwork Reduction Act aspect 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.

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Applicant Form Identifier (Create an identifier for your own reference)
FCC Form 472 Invoice #
(To be inserted by administrator) 2330202

BLOCK 1: HEADER INFORMATION

Billed Entity Name	OSWEGO UNIFIED SCHOOL DIST 504
Billed Entity Number	137948
Service Provider Identification Number (SPIN)	143027542
Contact Name	SUZANNE HAZELL
Contact Telephone Number	620-7952126 ext

BILLED ENTITY APPLICANT Reimbursement Form

Billed Entity Name OSWEGO UNIFIED SCHOOL DIST 504

Billed Entity Number 137948

Contact Name SUZANNE HAZELL

Applicant Form Identifier TT2

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, follows:

- A. The discount amounts listed in Column (14) of this Billed Entity Applicant Reimbursement Form represent charges for eligible services 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 Form 486.
- B. The discount amounts listed in Column (14) of this Billed Entity Applicant Reimbursement Form were already billed by the service provider and paid by the Billed Entity Applicant on behalf of eligible schools, libraries, and consortia of those entities.
- C. The discount amounts listed in Column (14) of this Billed Entity Applicant Reimbursement Form are for eligible services approved by the fund administrator pursuant to a Form 471 Funding Commitment Decision Letter.
- D. I recognize that I may be audited pursuant to this application and will retain for five years any and all records that I rely upon to fill in 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 SUZANNE HAZELL 16. Date 1/21/2016

17. Printed name of authorized person SUZANNE HAZELL

18. Title or position of authorized person SECRETARY

19. Telephone number of authorized person 620-7952126

20. Address of authorized person 719 4TH STREET, P.O. Box 129, OSWEGO KS 67356

BILLED ENTITY APPLICANT Reimbursement Form

Billed Entity Name OSWEGO UNIFIED SCHOOL DIST 504

Billed Entity Number 137948

Contact Name SUZANNE HAZELL

Applicant Form Identifier TT2

Block 4: Service Provider Acknowledgment

I declare under penalty of perjury that the foregoing is true and correct and that I am authorized to submit this Service Provider Acknowledgment for this Billed Entity Applicant Reimbursement Form, and acknowledge to the best of my knowledge, information and belief, as follows:

- A. The service provider must remit the discount amount authorized by the fund administrator to the Billed Entity Applicant who prepared and submitted this Billed Entity Applicant Reimbursement Form as soon as possible after the fund administrator's notification to the service provider of the amount of the approved discounts on this Billed Entity Applicant Reimbursement Form, but in no event later than 20 business days after receipt of the reimbursement payment from the fund administrator, subject to the restriction set forth in B. below.
- B. The service provider must remit payment of the approved discount amount to the Billed Entity Applicant prior to tendering or making use of the payment issued by the Universal Service Administrative Company to the service provider of the approved discounts for the Billed Entity Applicant Reimbursement Form.
- C. I certify that, in addition to the foregoing, this Service Provider 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.

21. Signature of authorized person (fax, copy or original signature) Signed electronically by Daniel Velez 22. Date 1/22/2016

23. Printed name of authorized person Daniel Velez

24. Title or position of authorized person Finance

25. Telephone number of authorized person - ext _____

26. Address of authorized person 16 South Jefferson road, Whippany NJ 07981

7. Applicant Remittance Information

Name Suzanne Hazell

Title Secretary

Street Address _____

19 4th Street

P.O. Box 129

Oswego, KS 67356

paper copy of this Form (pages 1-4) should be mailed to:

SLD BEAR FCC Form 472
P.O. Box 7026
Lawrence, KS 66044-7026

sent by express delivery services or U.S. Postal Service, Return Receipt Requested, the form (pages 1-4) should be mailed to:

SLD Forms
ATTN: SLD BEAR FCC Form 472
3833 Greenway Drive
Lawrence, KS 66046
Phone: 1-888-203-8100

Do not write in this space.

Universal Service for Schools and Libraries

Please read instructions before completing.

(To be completed by schools, libraries, or consortia)

BILLED ENTITY APPLICANT REIMBURSEMENT FORM

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

Only one Service Provider Identification Number (SPIN) per form.

Must be completed and signed by the Billed Entity Applicant and signed by the relevant service provider.

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.

ICC NOTICE FOR INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT

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Applicant Form Identifier (Create an identifier for your own reference)
TouchTone
FCC Form 472 Invoice #
(To be inserted by administrator) 2389777

BLOCK 1: HEADER INFORMATION

Billed Entity Name OSWEGO UNIFIED SCHOOL DIST 504

Billed Entity Number 137948

Service Provider Identification Number (SPIN) 143027542

Contact Name SUZANNE HAZELL

Contact Telephone Number 620- 7952126 ext

BILLED ENTITY APPLICANT Reimbursement Form

Billed Entity Name OSWEGO UNIFIED SCHOOL DIST 504

Billed Entity Number 137948

Contact Name SUZANNE HAZELL

Applicant Form Identifier TouchTone

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 Column (14) of this Billed Entity Applicant Reimbursement Form represent charges for eligible services 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 Form 486.
- B. The discount amounts listed in Column (14) of this Billed Entity Applicant Reimbursement Form were already billed by the service provider and paid by the Billed Entity Applicant on behalf of eligible schools, libraries, and consortia of those entities.
- C. The discount amounts listed in Column (14) of this Billed Entity Applicant Reimbursement Form are for eligible services approved by the fund administrator pursuant to a Form 471 Funding Commitment Decision Letter.
- D. I recognize that I may be audited pursuant to this application and will retain for five years any and all records that I rely upon to fill in 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.

16. Date 5/26/2016

15. Signature of authorized person Signed electronically by SUZANNE HAZELL

17. Printed name of authorized person SUZANNE HAZELL

18. Title or position of authorized person SECRETARY

19. Telephone number of authorized person 620-7952126

20. Address of authorized person 719 4TH STREET, OSWEGO KS 67356

Page 3 of 5
FCC Form 472

July 201

BILLED ENTITY APPLICANT Reimbursement Form

Billed Entity Name OSWEGO UNIFIED SCHOOL DIST 504

Billed Entity Number 137948

Contact Name SUZANNE HAZELL

Applicant Form Identifier TouchTone

Block 4: Service Provider Acknowledgment

I declare under penalty of perjury that the foregoing is true and correct and that I am authorized to submit this Service Provider Acknowledgment for this Billed Entity Applicant Reimbursement Form, and acknowledge to the best of my knowledge, information and belief, as follows:

- A. The service provider must remit the discount amount authorized by the fund administrator to the Billed Entity Applicant who prepared and submitted this Billed Entity Applicant Reimbursement Form as soon as possible after the fund administrator's notification to the service provider of the amount of the approved discounts on this Billed Entity Applicant Reimbursement Form, but in no event later than 20 business days after receipt of the reimbursement payment from the fund administrator, subject to the restriction set forth in B. below.
 - B. The service provider must remit payment of the approved discount amount to the Billed Entity Applicant prior to tendering or making use of the payment issued by the Universal Service Administrative Company to the service provider of the approved discounts for the Billed Entity Applicant Reimbursement Form.
 - C. I certify that, in addition to the foregoing, this Service Provider 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.
21. Signature of authorized person (fax, copy or original signature) Signed electronically by Daniel Velez 22. Date 6/2/2016
23. Printed name of authorized person Daniel Velez
24. Title or position of authorized person Finance
25. Telephone number of authorized person - ext
26. Address of authorized person 16 South Jefferson road, Whipparry NJ 07981

7. Applicant Remittance Information

Name Suzanne Hazell
Title Secretary
Street Address
19 4th Street
P.O. Box 129
Oswego, KS 67356

A paper copy of this Form (pages 1-4) should be mailed to:

SLD BEAR FCC Form 472
P.O. Box 7026
Lawrence, KS 66044-7026

If sent by express delivery services or U.S. Postal Service, Return Receipt Requested, the form (pages 1-4) should be mailed to:

SLD Forms
ATTN: SLD BEAR FCC Form 472
3833 Greenway Drive
Lawrence, KS 66046
Phone: 1-888-203-8100

Do not write in this space.

Universal Service for Schools and Libraries

Please read instructions before completing.

(To be completed by schools, libraries, or consortia)

BILLED ENTITY APPLICANT REIMBURSEMENT FORM

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

Only one Service Provider Identification Number (SPIN) per form.

Must be completed and signed by the Billed Entity Applicant and signed by the relevant service provider.

Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, 47 U.S.C. Secs. 502, 503(b) or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

CC NOTICE FOR INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT

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Applicant Form Identifier (Create an identifier for your own reference)
FCC Form 472 Invoice #
(To be inserted by administrator) 2213509

LOCK 1: HEADER INFORMATION

Billed Entity Name OSWEGO UNIFIED SCHOOL DIST 504

Billed Entity Number 137948

Service Provider Identification Number (SPIN) 143032713

Contact Name SUZANNE HAZELL

Contact Telephone Number 620-7952126 ext

BILLED ENTITY APPLICANT Reimbursement Form

Billed Entity Name OSWEGO UNIFIED SCHOOL DIST 504

Billed Entity Number 137948

Contact Name SUZANNE HAZELL

Applicant Form Identifier WW

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 Column (14) of this Billed Entity Applicant Reimbursement Form represent charges for eligible services 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 Form 486.
- B. The discount amounts listed in Column (14) of this Billed Entity Applicant Reimbursement Form were already billed by the service provider and paid by the Billed Entity Applicant on behalf of eligible schools, libraries, and consortia of those entities.
- C. The discount amounts listed in Column (14) of this Billed Entity Applicant Reimbursement Form are for eligible services approved by the fund administrator pursuant to a Form 471 Funding Commitment Decision Letter.
- D. I recognize that I may be audited pursuant to this application and will retain for five years any and all records that I rely upon to fill in 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 SUZANNE HAZELL 16. Date 7/24/2015

17. Printed name of authorized person SUZANNE HAZELL

18. Title or position of authorized person SECRETARY

19. Telephone number of authorized person 620-7952126

20. Address of authorized person 719 4TH STREET, OSWEGO KS 67356

BILLED ENTITY APPLICANT Reimbursement Form

Billed Entity Name OSWEGO UNIFIED SCHOOL DIST 504

Billed Entity Number 137948

Contact Name SUZANNE HAZELL

Applicant Form Identifier WW

Block 4: Service Provider Acknowledgment

I declare under penalty of perjury that the foregoing is true and correct and that I am authorized to submit this Service Provider Acknowledgment for this Billed Entity Applicant Reimbursement Form, and acknowledge to the best of my knowledge, information and belief, as follows:

- A. The service provider must remit the discount amount authorized by the fund administrator to the Billed Entity Applicant who prepared and submitted this Billed Entity Applicant Reimbursement Form as soon as possible after the fund administrator's notification to the service provider of the amount of the approved discounts on this Billed Entity Applicant Reimbursement Form, but in no event later than 20 business days after receipt of the reimbursement payment from the fund administrator, subject to the restriction set forth in B. below.
 - B. The service provider must remit payment of the approved discount amount to the Billed Entity Applicant prior to tendering or making use of the payment issued by the Universal Service Administrative Company to the service provider of the approved discounts for the Billed Entity Applicant Reimbursement Form.
 - C. I certify that, in addition to the foregoing, this Service Provider 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.
21. Signature of authorized person (fax, copy or original signature) Signed electronically by Galen Manners 22. Date 1/21/2016
23. Printed name of authorized person Galen Manners
24. Title or position of authorized person President
25. Telephone number of authorized person - ext _____
26. Address of authorized person 2130 Corning, Parsons KS 67357

7. Applicant Remittance Information

Name Suzanne Hazell
Title Secretary
Street Address _____
P.O. Box 129

swego, KS 67356

A paper copy of this Form (pages 1-4) should be mailed to:

SLD BEAR FCC Form 472
P.O. Box 7026
Lawrence, KS 66044-7026

If sent by express delivery services or U.S. Postal Service, Return Receipt Requested, the form (pages 1-4) should be mailed to:

SLD Forms
ATTN: SLD BEAR FCC Form 472
3833 Greenway Drive
Lawrence, KS 66046
Phone: 1-888-203-8100

Do not write in this space.

Universal Service for Schools and Libraries

Please read instructions before completing.

(To be completed by schools, libraries, or consortia)

BILLED ENTITY APPLICANT REIMBURSEMENT FORM

For reimbursement of discounts on approved services already paid for by the Billed Entity Applicant. Only one Service Provider Identification Number (SPIN) per form.

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

FCC Form 472 Invoice #
(To be inserted by administrator) 2376289

BLOCK 1: HEADER INFORMATION

Billed Entity Name

OSWEGO UNIFIED SCHOOL DIST 504

Billed Entity Number

137948

Service Provider Identification Number (SPIN)

143032713

Contact Name

SUZANNE HAZELL

Contact Telephone Number

620-7952126 ext

BILLED ENTITY APPLICANT Reimbursement Form

Billed Entity Name OSWEGO UNIFIED SCHOOL DIST 504

Billed Entity Number 137948

Contact Name SUZANNE HAZELL

Applicant Form Identifier WWNew

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 Column (14) of this Billed Entity Applicant Reimbursement Form represent charges for eligible services 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 Form 486.
- B. The discount amounts listed in Column (14) of this Billed Entity Applicant Reimbursement Form were already billed by the service provider and paid by the Billed Entity Applicant on behalf of eligible schools, libraries, and consortia of those entities.
- C. The discount amounts listed in Column (14) of this Billed Entity Applicant Reimbursement Form are for eligible services approved by the fund administrator pursuant to a Form 471 Funding Commitment Decision Letter.
- D. I recognize that I may be audited pursuant to this application and will retain for five years any and all records that I rely upon to fill in 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 SUZANNE HAZELL**

16. Date **4/21/2016**

17. Printed name of authorized person **SUZANNE HAZELL**

18. Title or position of authorized person **SECRETARY**

19. Telephone number of authorized person **620-7952126**

20. Address of authorized person **719 4TH STREET, OSWEGO KS 67356**

Page 3 of 5

FCC Form 472

July 20

BILLED ENTITY APPLICANT Reimbursement Form

Billed Entity Name OSWEGO UNIFIED SCHOOL DIST 504

Billed Entity Number 137948

Contact Name SUZANNE HAZELL

Applicant Form Identifier WWNew

Block 4: Service Provider Acknowledgment

I declare under penalty of perjury that the foregoing is true and correct and that I am authorized to submit this Service Provider Acknowledgment for this Billed Entity Applicant Reimbursement Form, and acknowledge to the best of my knowledge, information and belief, as follows:

- A. The service provider must remit the discount amount authorized by the fund administrator who prepared and submitted this Billed Entity Applicant Reimbursement Form as soon as possible after the fund administrator's notification to the service provider of the amount of the approved discounts on this Billed Entity Applicant Reimbursement Form, but in no event later than 20 business days after receipt of the reimbursement payment from the fund administrator, subject to the restriction set forth in B. below.
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- C. I certify that, in addition to the foregoing, this Service Provider 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.

- | | |
|---|--------------------|
| 21. Signature of authorized person (fax, copy or original signature) Signed electronically by Galen Manners | 22. Date 4/21/2016 |
| 23. Printed name of authorized person Galen Manners | |
| 24. Title or position of authorized person President | |
| 25. Telephone number of authorized person - ext | |
| 26. Address of authorized person 2130 Corning, Parsons KS 67357 | |

7. Applicant Remittance Information

Name Suzanne Hazell
Title Secretary
Street Address
P.O. Box 129

Oswego, KS 67356

paper copy of this Form (pages 1-4) should be mailed to:

SLD BEAR FCC Form 472
P.O. Box 7026
Lawrence, KS 66044-7026

sent by express delivery services or U.S. Postal Service, Return Receipt Requested, the form (pages 1-4) should be mailed to:

SLD Forms
ATTN: SLD BEAR FCC Form 472
3833 Greenway Drive
Lawrence, KS 66046
Phone: 1-888-203-8100

Do not write in this space.

Universal Service for Schools and Libraries

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(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.

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Must be completed and signed by the Billed Entity Applicant and signed by the relevant service provider.

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Applicant Form Identifier (Create an identifier for your own reference)
Wave 3

FCC Form 472 Invoice #
(To be inserted by administrator) 2382176

BLOCK 1: HEADER INFORMATION

Billed Entity Name OSWEGO UNIFIED SCHOOL DIST 504

Billed Entity Number 137948

Service Provider Identification Number (SPIN) 143032713

Contact Name SUZANNE HAZELL

Contact Telephone Number 620-7952126 ext

BILLED ENTITY APPLICANT Reimbursement Form

Billed Entity Name OSWEGO UNIFIED SCHOOL DIST 504

Billed Entity Number 137948

Contact Name SUZANNE HAZELL

Applicant Form Identifier Waves3

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:

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- D. I recognize that I may be audited pursuant to this application and will retain for five years any and all records that I rely upon to fill in 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 SUZANNE HAZELL 16. Date 5/6/2016

17. Printed name of authorized person SUZANNE HAZELL

18. Title or position of authorized person SECRETARY

19. Telephone number of authorized person 620-7952126

20. Address of authorized person 719 4TH STREET, OSWEGO KS 67356

Page 3 of 5 FCC Form 472 July 201

BILLED ENTITY APPLICANT Reimbursement Form

Billed Entity Name OSWEGO UNIFIED SCHOOL DIST 504

Billed Entity Number 137948

Contact Name SUZANNE HAZELL

Applicant Form Identifier Wave3

Block 4: Service Provider Acknowledgment

I declare under penalty of perjury that the foregoing is true and correct and that I am authorized to submit this Service Provider Acknowledgment for this Billed Entity Applicant Reimbursement Form, and acknowledge to the best of my knowledge, information and belief, as follows:

- A. The service provider must remit the discount amount authorized by the fund administrator to the Billed Entity Applicant who prepared and submitted this Billed Entity Applicant Reimbursement Form as soon as possible after the fund administrator's notification to the service provider of the amount of the approved discounts on this Billed Entity Applicant Reimbursement Form, but in no event later than 20 business days after receipt of the reimbursement payment from the fund administrator, subject to the restriction set forth in B. below.
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22. Date 5/6/2016

23. Printed name of authorized person Galen Manners

24. Title or position of authorized person President

25. Telephone number of authorized person - ext _____

26. Address of authorized person PO Box 921, Parsons KS 67357

7. Applicant Remittance Information

Name Suzanne Hazell

Title Secretary

Street Address _____

P.O. Box 129

City Oswego, KS 67356

A paper copy of this Form (pages 1-4) should be mailed to:

SLD BEAR FCC Form 472
P.O. Box 7026
Lawrence, KS 66044-7026

If sent by express delivery services or U.S. Postal Service, Return Receipt Requested, the form (pages 1-4) should be mailed to:

SLD Forms
ATTN: SLD BEAR FCC Form 472
3833 Greenway Drive
Lawrence, KS 66046
Phone: 1-888-203-8100

Do not write in this space.

Universal Service for Schools and Libraries

Please read instructions before completing.

(To be completed by schools, libraries, or consortia.)

BILLED ENTITY APPLICANT REIMBURSEMENT FORM

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

Only one Service Provider Identification Number (SPIN) per form.

Must be completed and signed by the Billed Entity Applicant and signed by the relevant service provider.

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-ERM, 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.

Member - 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)
VaveWireless

FCC Form 472 Invoice #
(To be inserted by administrator) 2389778

BLOCK 1: HEADER INFORMATION

Billed Entity Name OSWEGO UNIFIED SCHOOL DIST 504

Billed Entity Number 137948

Service Provider Identification Number (SPIN) 143032713

Contact Name SUZANNE HAZELL

Contact Telephone Number 620- 7952126 ext

BILLED ENTITY APPLICANT Reimbursement Form

Billed Entity Name OSWEGO UNIFIED SCHOOL DIST 504

Billed Entity Number 137948

Contact Name SUZANNE HAZELL

Applicant Form Identifier WaveWireless

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 Column (14) of this Billed Entity Applicant Reimbursement Form represent charges for eligible services 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 Form 486.
- B. The discount amounts listed in Column (14) of this Billed Entity Applicant Reimbursement Form were already billed by the service provider and paid by the Billed Entity Applicant on behalf of eligible schools, libraries, and consortia of those entities.
- C. The discount amounts listed in Column (14) of this Billed Entity Applicant Reimbursement Form are for eligible services approved by the fund administrator pursuant to a Form 471 Funding Commitment Decision Letter.
- D. I recognize that I may be audited pursuant to this application and will retain for five years any and all records that I rely upon to fill in 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 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 SUZANNE HAZELL 16. Date 5/26/2016

17. Printed name of authorized person SUZANNE HAZELL

18. Title or position of authorized person SECRETARY

19. Telephone number of authorized person 620-7952126

20. Address of authorized person 719 4TH STREET, OSWEGO KS 67356

BILLED ENTITY APPLICANT Reimbursement Form

Billed Entity Name OSWEGO UNIFIED SCHOOL DIST 504

Billed Entity Number 137948

Contact Name SUZANNE HAZELL

Applicant Form Identifier WaveWireless

Block 4: Service Provider Acknowledgment

I declare under penalty of perjury that the foregoing is true and correct and that I am authorized to submit this Service Provider Acknowledgment for this Billed Entity Applicant Reimbursement Form, and acknowledge to the best of my knowledge, information and belief, as follows:

- A. The service provider must remit the discount amount authorized by the fund administrator to the Billed Entity Applicant who prepared and submitted this Billed Entity Applicant Reimbursement Form as soon as possible after the fund administrator's notification to the service provider of the amount of the approved discounts on this Billed Entity Applicant Reimbursement Form, but in no event later than 20 business days after receipt of the reimbursement payment from the fund administrator, subject to the restriction set forth in B. below.
 - B. The service provider must remit payment of the approved discount amount to the Billed Entity Applicant prior to tendering or making use of the payment issued by the Universal Service Administrative Company to the service provider of the approved discounts for the Billed Entity Applicant Reimbursement Form.
 - C. I certify that, in addition to the foregoing, this Service Provider 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.
21. Signature of authorized person (fax, copy or original signature) **Signed electronically by Galen Manners** 22. Date **5/27/2016**
23. Printed name of authorized person **Galen Manners**
24. Title or position of authorized person **President**
25. Telephone number of authorized person - ext
26. Address of authorized person **2130 Corning, Parsons KS 67357**

7. Applicant Remittance Information

Name **Suzanne Hazell**

Title **Secretary**

Street Address

19 4th Street

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Oswego, KS 67356

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