

**FCC Form 481 - Carrier Annual Reporting  
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2018

<010>	Study Area Code	359003
<015>	Study Area Name	COON RAPIDS MUNICIPAL COMMUNICATIONS UTILITY
<020>	Program Year	2020
<030>	Contact Name: Person USAC should contact with questions about this data	Kari Woodard
<035>	Contact Telephone Number: Number of the person identified in data line <030>	7129992225 ext.
<039>	Contact Email Address: Email of the person identified in data line <030>	kari.woodard@crmu.net
	Form Type	54.422

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[illegible]

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<400>	Select from the drop-down list to indicate how you would like to report voice complaints (zero or greater) for voice telephony service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize.	
<410>	Complaints per 1000 customers for fixed voice	
<420>	Complaints per 1000 customers for mobile voice	

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<515>	Certify compliance with applicable minimum service standards	

<b>(600) Functionality in Emergency Situations</b> <b>Data Collection Form</b>	<b>FCC Form 481</b> <b>OMB Control No. 3060-0986/OMB Control No. 3060-0819</b> <b>July 2018</b>
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<600>	Certify compliance regarding ability to function in emergency situations	
<610>	Descriptive document for Functionality in Emergency Situations	

(800) Operating Companies Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2018
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<810>	Reporting Carrier	Coon Rapids Municipal Communications Utility
<811>	Holding Company	Not Applicable
<812>	Operating Company	Coon Rapids Municipal Communications Utility

[illegible]

**(900) Tribal Lands Reporting  
Data Collection Form**
**FCC Form 481  
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<900> Does the filing entity offer tribal land services? (Y/N)

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(5) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select Yes or No or Not Applicable

**(1000) Voice and Broadband Service Rate Comparability  
Data Collection Form**

FCC Form 481

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<1000> Voice services rate comparability certification

<1010> Attach detailed description for voice services rate comparability compliance

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Name of Attached Document

<1020> Broadband comparability certification

<1030> Attach detailed description for broadband comparability compliance

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Name of Attached Document



**(1100) No Terrestrial Backhaul Reporting  
Data Collection Form**
**FCC Form 481  
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<1100> Certify whether terrestrial backhaul options exist (Y/N)

<1130> Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(g).

<1140> Alaska Plan rate-of-return certification (yes, no, or not applicable) of compliance with approved performance plan.

**(1200) Terms and Condition for Lifeline Customers**  
**Lifeline**  
**Data Collection Form**

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Lifeline App 2019.pdf

Name of Attached Document

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

<1220> Link to Public Website

HTTP <https://tinyurl.com/yyomm4tj>

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- <1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, ☒
- <1222> Details on the number of minutes provided as part of the plan, ☒
- <1223> Additional charges for toll calls, and rates for each such plan. ☒

**(2005) Price Cap Carrier Additional Documentation**

FCC Form 481

**Data Collection Form**

OMB Control No. 3060-0986/OMB Control No. 3060-0819

*Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers*

July 2018

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Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR 54.313(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

<2015> 2016 and future Frozen Support Certification 47 CFR § 54.313(c)(4)

**Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}**

<2016> Certification support used to build broadband

**Connect America Phase II Reporting {47 CFR § 54.313(e)}**

<2017A> Connect America Fund Phase II recipient?

<2017C> Total amount of Phase II support, if any, the price cap carrier used for capital expenditures in 2018.

<2018> Attach the number, names, and addresses of community anchor institutions to which the carrier newly began providing access to broadband service in the preceding calendar year - 54.313(e)(1)(ii)(A)

Name of Attached Document Listing  
Required Information

<2019> Recipient certifies that it bid on category one telecommunications and Internet access services in response to all FCC Form 470 postings seeking broadband service that meets the connectivity targets for the schools and libraries universal service support program for eligible schools and libraries located within any area in a census block where the carrier is receiving Phase II model-based support, and that such bids were at rates reasonably comparable to rates charged to eligible schools and libraries in urban areas for comparable offerings - 54.313(e)(1)(ii)(C)

**(3005) Rate Of Return Carrier Additional Documentation**  
Data Collection Form

FCC Form 481

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(3007) Does this filing retain a Cost Consultant and/or Firm, or other Third Party to prepare financial and operations data disclosures submitted to the National Exchange Carrier Association (NECA), USAC, or the Administrator?

(3007a)	(3007b)
Name of Consultant	Name of Consultant Firm/Third Party

CAF BLS Reporting

- (3008A) Please indicate whether new locations were deployed during the prior calendar year. (Yes/No)
- (3008B) Please enter the number of newly deployed locations in the prior calendar year associated with each of the following speed tiers.
- (3008B1) Number of newly deployed locations with access to broadband speeds of at least 10/1 Mbps but less than 25/3 Mbps.
- (3008B2) Number of newly deployed locations with access to broadband speeds of 25/3 Mbps or higher.
- (3008C) Please provide the percentage of deployment across the entire study area.

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Select from the drop down menu or check the boxes below to note compliance with 54.313(f)(1). Privately held carriers must ensure compliance with the financial reporting requirements set forth in 47 CFR 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(3009)	Progress Report on 5 Year Plan Carrier certifies to 54.313(f)(1)(iii)		
(3010A)	Certification of Public Interest Obligations {47 CFR § 54.313(f)(1)(i)}		
(3010B)	Please Provide Attachment	Name of Attached Document Listing Required Information	<input type="text"/>
(3012A)	Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}		
(3012B)	Please Provide Attachment	Name of Attached Document Listing Required Information	<input type="text"/>
(3013)	Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)}	(Yes/No)	<input type="radio"/> <input type="radio"/>
(3014)	If yes, does your company file the RUS annual report	(Yes/No)	<input type="radio"/> <input type="radio"/>
	Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:		
(3015)	Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)		<input type="checkbox"/>
(3016)	Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	Name of Attached Document Listing Required Information	<input type="text"/>
(3018)	If the response is no on line 3014, is your company audited?	(Yes/No)	<input type="radio"/> <input type="radio"/>
	If the response is yes on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:		
(3019)	Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers		<input type="checkbox"/>
(3020)	Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3021)	Management letter and/or audit opinion issued by the independent certified public accountant that performed the company's financial audit.		<input type="checkbox"/>
	If the response is no on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:		
(3022)	Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers		<input type="checkbox"/>
(3023)	Underlying information subjected to a review by an independent certified public accountant		<input type="checkbox"/>
(3024)	Underlying information subjected to an officer certification.		<input type="checkbox"/>
(3025)	Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3026)	Attach the worksheet listing required information	Name of Attached Document Listing Required Information	<input type="text"/>

**(3005) Rate Of Return Carrier Additional Documentation (Continued)**

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**Financial Data Summary**

(3027) Revenue

(3028) Operating Expenses

(3029) Net Income

(3030) Telephone Plant In Service(TPIS)

(3031) Total Assets

(3032) Total Debt

(3033) Total Equity

(3034) Dividends

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4005 Rural Broadband Experiment

Authorized Rural Broadband Experiment (RBE) recipients must address the certification for public interest obligations and provide a list of newly served community anchor institutions.

Public Interest Obligations – FCC 14-98 (paragraphs 26-29, 78)

Please address Line 4001 regarding compliance with the Commission’s public interest obligations. All RBE participants must provide a response to Line 4001.

**4001.** Recipient certifies that it is offering broadband meeting the requisite public interest obligations consistent with the category for which they were selected, including broadband speed, latency, usage capacity, and rates that are reasonably comparable to rates for comparable offerings in urban areas.

Community Anchor Institutions – FCC 14-98 (paragraph 79)

**4003a.** RBE participants must provide the number, names, and addresses of community anchor institutions to which they newly deployed broadband service in the preceding calendar year. On this line, please respond (yes – attach new community anchors, no – no new anchors) to indicate whether this list will be provided.

If yes to 4003A, please provide a response for 4003B.

4003b. Provide the number, names and addresses of community anchor institutions to which the recipient newly began providing access to broadband service in the preceding calendar year.

Name of Attached Document Listing Required Information

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5005 Alaska Plan

(5011)

Please indicate whether any terrestrial backhaul or other satellite backhaul became commercially available in the previous calendar year in areas previously served exclusively by performance-limiting satellite backhaul.

(Yes/No)

(5012)

If the filing carrier identified in its approved performance plans that it relies exclusively on satellite backhaul for a certain portion of the population in its service area, indicate whether any terrestrial backhaul or other satellite backhaul became commercially available in the previous calendar year in areas that were previously served exclusively by satellite backhaul.

(Yes/No)

<5013>	<a>	<b>	<c>
	Description Of Backhaul Technology	Date Backhaul Available	Newly Served Locations or Population



**Certification - Reporting Carrier  
Data Collection Form**
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**TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:**

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier: COON RAPIDS MUNICIPAL COMMUNICATIONS UTILITY	
Signature of Authorized Officer: CERTIFIED ONLINE	Date 08/12/2019
Printed name of Authorized Officer: Kari Woodard	
Title or position of Authorized Officer: Director of Finance & Accounting	
Telephone number of Authorized Officer: 7129992225 ext.	
Study Area Code of Reporting Carrier: 359003	Filing Due Date for this form: 07/01/2019
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

<b>Certification - Agent / Carrier</b> <b>Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2018
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**TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:**

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date:
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

**TO BE COMPLETED BY THE AUTHORIZED AGENT:**

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	
Name of Authorized Agent Firm:	
Signature of Authorized Agent or Employee of Agent:	Date:
Name of Authorized Agent Employee:	
Title or position of Authorized Agent or Employee of Agent	
Telephone number of Authorized Agent or Employee of Agent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

## Attachments

# Lifeline Program Application Form



Universal Service  
Administrative Co.

## 1. About Lifeline

Lifeline is a federal benefit that lowers the monthly cost of phone or internet service.

### Rules

If you qualify, your household can get Lifeline for phone or internet service, but not both.

- If you get Lifeline for phone service, you can get the benefit for one mobile phone or one home phone, but not both.
- If you get Lifeline for internet service, you can get the benefit for your mobile phone or your home connection, but not both.
- If you get Lifeline for bundled phone and internet service, you can get the benefit for your mobile phone bundled service or your home bundled service, but not both.

Your household cannot get Lifeline from more than one phone or internet company.

You are only allowed to get one Lifeline benefit per household, **not per person**. If more than one person in your household gets Lifeline, you are breaking the FCC's rules and will lose your benefit.

### What is a household?

A household is a group of people who live together and share income and expenses (even if they are not related to each other).

### Do not give your benefit to another person

Lifeline is non-transferable. You cannot give your Lifeline benefit to another person, even if they qualify.

### Be honest on this form

You must give accurate and true information on this form and on all Lifeline-related forms or questionnaires. If you give false or fraudulent information, you will lose your Lifeline benefit (i.e., de-enrollment or being barred from the program) and the United States government can take legal actions against you. This may include (but is not limited to) fines or imprisonment.

### You may need to show other documents

You will need to show your phone or internet company an official document from one of the government qualifying programs or prove your annual income. Please provide copies of your official documents with this application. Include the documents in option 1 or option 2 below:

1. If you qualify through a government program: copies of your state ID card and an official document from the program you are qualifying through (your SNAP card, Medicaid card, Supplemental Security Income (SSI) benefit letter, Federal Public Housing Assistance (FPHA) award letter, or other accepted documents).
2. If you qualify through your income: copies of your state ID card and your last state, federal, or Tribal tax return, pay stubs for 3 consecutive months, or other accepted documents. Visit [lifelinesupport.org](http://lifelinesupport.org) to see the full list of accepted documents.

Visit [lifelinesupport.org](http://lifelinesupport.org) to see the full list of accepted documents.

### Apply

To apply for a Lifeline benefit, fill out the required sections of this form, initial every agreement statement, and sign on page 6.

To apply, bring or mail this form to your phone or internet company.

## Lifeline Program Application Form



Universal Service  
Administrative Co.

## 2. Your Information

All fields are required  
unless indicated. Use only  
**CAPITALIZED LETTERS**  
and black ink to fill out  
this form.

**What is your full legal name?**

The name you use on official documents, like your Social Security Card or State ID. Not a nickname.

First

Middle (optional)

Suffix (optional)

Last

**What is your phone number** (if you have one)?**What is your date of birth?**

Month

Day

Year

**What is your email address** (if you have one)?**What are the last 4 numbers of your Social Security Number (SSN)?**

If you do not have a SSN, what is your Tribal Identification Number?

**What is the best way to reach you?**

email

phone

text message

mail

## Lifeline Program Application Form



Universal Service  
Administrative Co.

## 2. Your Information (continued)

\*Tribal lands include any federally recognized Indian tribe's reservation, pueblo, or colony, including former reservations in Oklahoma; Alaska Native regions established pursuant to the Alaska Native Claims Settlement Act (85 Stat. 688); Indian allotments; Hawaiian Home Lands—areas held in trust for Native Hawaiians by the state of Hawaii, pursuant to the Hawaiian Homes Commission Act, 1920 July 9, 1921, 42 Stat. 108, et. seq., as amended; and any land designated as such by the Commission for purposes of this subpart pursuant to the designation process in the FCC's Lifeline rules.

**What is your home address?** (The address where you will get service. Do not use a P.O. Box)

Street Number and Name

Apt., Unit, etc.

City

State

Zip Code

**Is this a temporary address?**

Yes

No

**Check if you live on Tribal Lands\***

**What is your mailing address?** (Only fill this out if it is not the same as your home address.)

Street Number and Name

Apt., Unit, etc.

City

State

Zip Code

## Lifeline Program Application Form



Universal Service  
Administrative Co.

## 2. Your Information (continued)

Only fill this section  
out if you are applying  
through a child or  
dependent.

Check if you are qualifying through a child or dependent in your household.  
If so, answer the following questions:

What is their full legal name?

First

Middle (optional)

Suffix (optional)

Last

What is their date of birth?

Month

Day

Year

What are the last 4 numbers of their Social Security Number (SSN)?

If they do not have a SSN, what is their Tribal Identification Number?

## Lifeline Program Application Form



Universal Service  
Administrative Co.

### 3. Qualify for Lifeline

Fill out this section to show that you, your dependent, or someone in your household qualifies for Lifeline.

You can qualify through some government assistance programs or through your income (you do not need to qualify through both).

#### Qualify through a government program:

Check all programs that you or someone in your household have:

Supplemental Nutrition Assistance Program (SNAP) (Food Stamps)

Supplemental Security Income (SSI)

Medicaid

Federal Public Housing Assistance (FPHA)

Veterans Pension or Survivors Benefit Programs

Tribal Specific Programs

Bureau of Indian Affairs (BIA) General Assistance

Tribal Temporary Assistance for Needy Families (Tribal TANF)

Food Distribution Program on Indian Reservations (FDPIR)

Tribal Head Start (only households that meet the income qualifying standard)

Or

#### Qualify through your income:

(Only fill this out if you do not qualify through a government program.)

Including you, how many people live in your household? (check one)	Is your income the same or less than the amount listed for your state and household size? (only check yes or no next to your household size)				
	All 48 States & DC (not Alaska and Hawaii)	Alaska	Hawaii	Yes	No
1	\$16,862	\$21,060	\$19,413	Yes	No
2	\$22,829	\$28,526	\$26,271	Yes	No
3	\$28,796	\$35,991	\$33,129	Yes	No
4	\$34,763	\$43,457	\$39,987	Yes	No
5	\$40,730	\$50,922	\$46,845	Yes	No
6	\$46,697	\$58,388	\$53,703	Yes	No
7	\$52,664	\$65,853	\$60,561	Yes	No
8	\$58,631	\$73,319	\$67,419	Yes	No
If more than 8, add this amount for each extra person:	Add \$5,967	Add \$7,466	Add \$6,858	Yes	No

**135% of the 2019 Federal Poverty Guidelines**  
\*The Federal Poverty Guidelines are typically updated at the end of January.



# Lifeline Program Application Form



Universal Service  
Administrative Co.

## 4. Agreement

I agree, under  
penalty of perjury,  
to the following  
statements:

*You must initial next to  
each statement.*

Initial I (or my dependent or other person in my household) currently get benefits from the government program(s) listed on this form or my annual household income is 135% or less than the Federal Poverty Guidelines (the amount listed in the Federal Poverty Guidelines table on this form).

Initial I agree that if I move I will give my service provider my new address within 30 days.

Initial I understand that I have to tell my service provider within 30 days if I do not qualify for Lifeline anymore, including:

- 1) I, or the person in my household that qualifies, do not qualify through a government program or income anymore.
- 2) Either I or someone in my household gets more than one Lifeline benefit (including, more than one Lifeline broadband internet service, more than one Lifeline telephone service, or both Lifeline telephone and Lifeline broadband internet services).

Initial I know that my household can only get one Lifeline benefit and, to the best of my knowledge, my household is not getting more than one Lifeline benefit.

Initial I agree that my service provider can give the Lifeline Program administrator all of the information I am giving on this form. I understand that this information is meant to help run the Lifeline Program and that if I do not let them give it to the Administrator, I will not be able to get Lifeline benefits.

Initial All the answers and agreements that I provided on this form are true and correct to the best of my knowledge.

Initial I know that willingly giving false or fraudulent information to get Lifeline Program benefits is punishable by law and can result in fines, jail time, de-enrollment, or being barred from the program.

Initial My service provider may have to check whether I still qualify at any time. If I need to recertify (renew) my Lifeline benefit, I understand that I have to respond by the deadline or I will be removed from the Lifeline Program and my Lifeline benefit will stop.

Initial I was truthful about whether or not I am a resident of Tribal lands, as defined in section 2 of this form.

I consent to let USAC contact me at my Lifeline phone number for important reminders and updates to my Lifeline service. Message and data rates may apply. Text STOP to end messages.

Signature

Today's Date

## Lifeline Program Application Form



Universal Service  
Administrative Co.

### 5. Agent Information

*Answer only if a sales  
person submits this form.*

#### What is the agent's full legal name?

The name you use on official documents, like your Social Security Card or State ID. Not a nickname.

First

Middle (optional)

Last

Suffix (optional)

#### What is the agent's ID number?

#### What is the agent's date of birth?

Month

Day

Year

# Lifeline Program Application Form



## Notice

**PAPERWORK REDUCTION ACT NOTICE:** Section 54.410 of the Federal Communications Commission's rules requires all Lifeline subscribers to demonstrate their eligibility to receive Lifeline services. This collection of information stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended, 47 U.S.C. §254. Using this authority, the FCC has designated USAC as the permanent Lifeline Administrator. The FCC has published rules detailing how consumers can qualify for Lifeline services and what Lifeline services they may receive (47 CFR §54.400 et seq.). The data provided in response to this information collection will be used by USAC to verify the applicant's eligibility for Lifeline services.

We have estimated that each response to this collection of information will take, on average, between 0.25 and 0.75 hours. Our estimate includes the time to read the questions, look through existing records, gather the required data, and actually complete and review the form or response. If you have any comments on this estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, OMD-PER, Paperwork Reduction Project (3060-0819), Washington, D.C. 20554. We also will accept your comments via the Internet if you send them to [PRA@fcc.gov](mailto:PRA@fcc.gov). Please DO NOT SEND COMPLETED DATA COLLECTION FORMS 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 Office of Management and Budget (OMB) control number. This collection has been assigned an OMB control number of 3060-0819.

The Commission is authorized under the Communications Act of 1934, as amended, to collect the information we request on this form. If we believe there may be a violation or potential violation of a statute or a Commission regulation, rule, or order, your response may be referred to the Federal, state, or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation, or order.

If you do not provide the information we request on this form, you will not be eligible to receive Lifeline services under the Lifeline Program rules, 47 C.F.R. §§ 54.400-54.423.

The foregoing Notice is required by the Paperwork Reduction Act of 1995, P.L. No. 104-13, 44 U.S.C. § 3501, et seq.

**PRIVACY ACT STATEMENT:** The Privacy Act is a law that requires the Federal Communications Commission (FCC) and the Universal Service Administrative Company (USAC) to explain why we are asking individuals for personal information and what we are going to do with this information after we collect it.

**Authority:** Section 254 of the Communications Act (47 U.S.C. § 254), as amended, 47 U.S.C. § 254, authorizes the FCC to operate the Lifeline program. Using this authority, the FCC has designated USAC as the permanent Lifeline Administrator. The FCC has published rules detailing how consumers can qualify for Lifeline services and what Lifeline services they may receive (47 CFR §54.400 et seq.).

**Purpose:** We are collecting this personal information so we can verify that you qualify for the Lifeline program and so we can efficiently provide Lifeline services to you. We access, maintain and use your personal information in the manner described in the Lifeline System of Records Notice (SORN), FCC/WCB-1, which we have published in 82 Fed. Reg. 38686 (Aug. 15, 2017).

**Routine Uses:** We may share the personal information you enter into this form with other parties for specific purposes, such as: with contractors that help us operate the Lifeline program; with other federal and state government agencies that help us determine your Lifeline eligibility; with the telecommunications companies that provide you Lifeline service; and with law enforcement and other officials investigating potential violations of Lifeline rules.

A complete listing of the ways we may use your information is published in the Lifeline SORN described in the "Purpose" paragraph of this statement.

**Disclosure:** You are not required to provide the information we are requesting, but if you do not, you will not be eligible to receive Lifeline services under the Lifeline Program rules, 47 C.F.R. §§ 54.400-54.423.

## COMMUNICATION RATES

## COMMUNICATIONS RATE SCHEDULE

### I. Late Payment Charge

A late payment charge equal to the greater of \$5.00 or 1.5% will be applied to all charges not paid by the due date.

### II. Sales Tax

Applicable sales tax additional

### III. Rate Designations

<i>Telephone</i>	<i>Monthly</i>
<i>Service / Features</i>	<i>Rate</i>
Residential Local Access Charge	\$9.95
Business Local Access Charge	\$26.95
Digital Voice Messaging	\$4.95
Digital Voice Messaging - Gold	\$7.95
Caller ID	\$4.95
Caller ID Call Waiting	\$1.50
Call Forwarding	\$1.50
Call Forwarding All	\$1.50
Call Forwarding Busy	\$1.50
Call Waiting	\$1.50
Call Park	\$1.50
Cancel Call Waiting	\$1.50
Three Way Calling	\$1.50
Speed Dial 8	\$1.50
Speed Dial 30	\$1.50
Selective Call Acceptance	\$1.50
Selective Call Rejection	\$1.50
Call Return	\$1.50
Simring	\$3.00
Serial Hunt	\$1.50
Toll Restrict	\$3.00
800 Number	\$5.00
900 Number Block	Free
Unlisted Number	\$1.50
Priority Ringing	\$1.50
Telemarketing Call Screen	\$6.45
1, 2, 3, Package	\$3.00
Your Call Package	\$6.95
E911	\$1.00
Extended Area Calling	\$1.15
Interstate Subscriber Line Charge - Business Multi Line	\$9.20
Interstate Subscriber Line Charge- Business Single Line	\$6.50
Interstate Subscriber Line Charge - Residential	\$6.50
Federal Universal Service Funds Charge (% of ISLC)	per FCC

<b>Hosted IP Phone System</b>	
<b>Service / Features</b>	<b>Monthly Rate</b>
Outbound Trunks (\$/Trunk/Mo.) – Minimum of 5	\$12.00
Extensions (\$/Ext./Mo.)	\$9.00

<b>Long Distance</b>	<b>Rate</b>
One Rate Plan	\$0.13/min.

<b>Cable TV</b>	
<b>Service / Features</b>	<b>Monthly Rate</b>
Residential Basic Service – Analog Channels	\$74.95
General Basic Service* – Analog Channels	\$74.95
*\$15 Discount if Customer has CRMU local line & LD	\$59.95
Thomas Rest Haven CATV Per Room	\$14.95
watchTVEverywhere - Requires Subscription to Basic Service	FREE
HD Channels – Requires Subscription to Basic Service	FREE
HBO & HBO-HD	\$17.95
Cinemax	\$14.95
HBO & HBO-HD/Cinemax Combo	\$28.95

<b>Internet</b>	
<b>Service / Features</b>	<b>Monthly Rate</b>
Dial Up	\$19.95
Residential High Speed Internet *	
Speed (DS/US) in Mbps	
.256/.256	\$24.95
6/1	\$49.95
12/2	\$54.95
30/5	\$64.95
50/15	\$74.95
100/20	\$84.95
250/50	\$94.95
500/100	\$144.95
1,000/500	\$244.95
Above 1 Gbps	Available Upon Request
* \$5 Discount if Customer has all CRMU local phone line(s)	-\$5.00
Upgrade your existing speed for a Day or Weekend	
1 Gbps for a Day – add \$14.95/day (Mon-Thu)	
1 Gbps for a Weekend – add \$29.95 (Fri-Sun)	

<b>Internet</b>	
<b>Service / Features</b>	<b>Monthly Rate</b>
<b>General High Speed Internet *</b>	
Speed (DS/US) in Mbps	
6/1	\$104.95
30/5	\$134.95
50/15	\$194.95
100/20	\$294.95
250/50	\$594.95
500/100	\$794.95
1,000/500	\$994.95
Above 1 Gbps	Available Upon Request
Upgrade your existing speed for a Day or Weekend	
1 Gbps for a Day – add \$49.95/day (Mon-Thu)	
1 Gbps for a Weekend – add \$99.95 (Fri-Sun)	
<b>* Discounts Apply</b>	
\$20 if Business Customer has all CRMU local lines	-\$20.00
\$50 if Business Customer has all CRMU local lines & LD	-\$50.00
Network/Employee Internet	\$10.00

	<b>Monthly Rate</b>
<b>Rural Wireless High Speed Internet</b>	
Speed (DS/US)	
1 Mbps / 256k	\$34.95
3 Mbps / 512k	\$39.95
9 / 1 Mbps	\$50.95
13 / 1 Mbps	\$54.95
18 / 3 Mbps	\$64.95
Monthly Equipment Rental	\$4.95

<b>Managed Wi-Fi Service</b>	
<b>Service / Features</b>	<b>Monthly Rate</b>
Managed Wi-Fi Service – Includes GigaCenter Router	\$9.95
Extra GigaCenter Access Points	\$9.95
Extra 804Mesh Access Points	\$4.95

<b>Residential Packages</b>	
<b>Service / Features</b>	<b>Monthly Rate</b>
<b>Basic Package</b>	\$84.95
Local Telephone	
Long Distance	
Basic Cable TV	
- FREE HD Channels	
- FREE watchTVEverywhere	
Digital Voice Messaging	
Call Waiting	
100 Minutes of Long Distance	
<b>Family Choice Package</b>	\$114.95
Local Telephone	
Long Distance	
Basic Cable TV with High Definition	
- FREE HD Channels	
- FREE watchTVEverywhere	
Residential 50/15 Mbps High Speed Internet	
Upgrade to 100/20 Mbps	
Upgrade to 250/50 Mbps	
Upgrade to 500/100 Mbps	
Upgrade to 1,000/500 Mbps	
Digital Voice Messaging	
Call Waiting	
Call Forwarding	
Three-Way Calling	
100 Minutes of Long Distance	
<b>Resale Calling Feature Rates</b>	<b>Monthly Rate</b>
<b>Service / Features</b>	<b>Rate</b>
ILEC Charge plus 25%	varies