

Schools and Libraries Universal Service Description of Services Ordered and Certification Form 471

Estimated Average Burden Hours per Response: 4 hours

This form is designed to help schools and libraries to list the eligible services they have ordered and estimate the annual charges for them so that the Fund Administrator can set aside sufficient support to reimburse providers for services.

Please read instructions before beginning this application. (You can also file online at www.usac.org/sl.)

The instructions include information on the deadlines for filing this application.

Applicant's Form Identifier (Create an identifier for your own reference) Yr16-Tel	Form 471 Application #: 884447 (To be assigned by administrator)
Block 1: Billed Entity Address and Identifications	
<div style="margin-bottom: 10px;"> 1 Name of Billed Entity LEMON GROVE ELEM SCHOOL DIST </div> <div style="margin-bottom: 10px;"> 2 Funding Year 2013 </div> <div style="margin-bottom: 10px;"> 3a Entity Number 143624 </div> <div style="margin-bottom: 10px;"> 3b FCC Registration Number 0001526490 </div> <div style="margin-bottom: 10px;"> 4a Street Address, P.O. Box, or Route Number 8025 LINCOLN ST </div> <div style="margin-bottom: 10px;"> City LEMON GROVE State CA Zip Code 91945-2515 </div> <div style="margin-bottom: 10px;"> 4b Telephone Number </div> <div style="margin-bottom: 10px;"> 4c Fax Number </div> <div style="margin-bottom: 10px;"> 5a Type of Application (check only one) <input type="radio"/> Individual School (individual public or non-public school) <input checked="" type="radio"/> School District (LEA; public or non-public [e.g. diocesan] local district representing multiple schools) <input type="radio"/> Library (including library system, library outlet/branch or library consortium as defined under LSTA) <input type="radio"/> Consortium (intermediate service agencies, states, state networks, special consortia of schools and/or libraries) <input type="radio"/> Statewide application for (enter 2-letter state code) representing (check all that apply) <input type="checkbox"/> All public schools/districts in the state <input type="checkbox"/> All non-public schools in the state <input type="checkbox"/> All libraries in the state </div> <div style="margin-bottom: 10px;"> 5b Recipient(s) of Services: <input type="checkbox"/> Private <input checked="" type="checkbox"/> Public <input type="checkbox"/> Charter <input type="checkbox"/> Tribal <input type="checkbox"/> Head Start <input type="checkbox"/> State Agency </div>	
Entity Number: 143624	Applicant's Form Identifier: Yr16-Tel
Contact Person: Nanette Rodriguez	Contact Phone Number:
Block 1: Billed Entity Address and Identifications (continued)	
<div style="margin-bottom: 10px;"> 6a Contact Person's Name Nanette Rodriguez </div> <div style="margin-bottom: 10px;"> If the Contact Person's Street Address is the same as Item 4 above, check here. <input type="checkbox"/> If not, complete Item 6b. </div> <div style="margin-bottom: 10px;"> 6b Street Address, P.O. Box, or Route Number NOTE: USAC will use this address to mail correspondence about this form. 1800 30th Street Suite 175 City Bakersfield State CA Zip Code 93301- </div> <div style="margin-bottom: 10px;"> Check the box next to your preferred mode of contact and provide your contact information. One box MUST be checked and an entry provided <input type="checkbox"/> 6c Telephone Number <input type="checkbox"/> 6d Fax Number <input checked="" type="checkbox"/> 6e E-Mail Address Re-enter E-mail Address </div> <div style="margin-bottom: 10px;"> 6f Holiday/vacation/summer contact information: please include name of alternate contact (if applicable) and alternate phone, fax or E-mail address </div> <div style="margin-bottom: 10px;"> If a consultant is assisting you with your application process, please complete Item 6g below: </div> <div style="margin-bottom: 10px;"> 6g Consultant Name Fred Brakeman Name of Consultant's Employer Infinity Communications & Consulting Consultant's Street Address P.O. BOX 6069 City Bakersfield State CA Zip Code 93386 Consultant's Telephone Number Ext. Consultant's Fax Number Consultant's E-mail Address Re-enter E-mail Address Consultant Registration Number 16043605 </div>	
Entity Number: 143624	Applicant's Form Identifier: Yr16-Tel
Contact Person: Nanette Rodriguez	Contact Phone Number:

Complete this information on EVERY Form 471 you file for the services requested on that form. Please complete all rows that apply to services for which you are requesting discounts.

Schools/school districts complete the left-hand column and libraries complete the right-hand column. Consortia complete all that apply.

Block 2: Impact of Services Ordered for Schools and Libraries from this Form 471

		Schools	Libraries	
7a Number of students or patrons to be served		4192	0	
b Telephone service: Number of classrooms or rooms with phone service		207	0	
c Direct connections to the Internet: Number of drops		21	0	
d Number of classrooms or rooms with Internet access		207	0	
e Number of computers or other devices with Internet access		3226	0	
f Number of dial-up Internet access and other connections of up to 200 kbps:		0	0	
g	High-speed Internet access services: Number of buildings served at the following speeds (please use advertised download speed coming into building, not actual speed in classroom or work area):	At or greater than 200 kbps and less than 1.5 mbps	3	0
		At or greater than 1.5 mbps and less than 3 mbps	0	0
		At or greater than 3 mbps and less than 10 mbps	0	0
		At or greater than 10 mbps and less than 25 mbps	0	0
		At or greater than 25 mbps and less than 50 mbps	0	0
		At or greater than 50 mbps and less than 100 mbps	8	0
		Greater than 100 mbps	0	0

Block 3:

8 [Reserved]

[illegible]

Entity Number: 143624		Applicant's Form Identifier: Yr16-Tel																			
Contact Person: Nanette Rodriguez		Contact Phone Number:																			
Block 5: Discount Funding Request(s)		Block 5, page 4 of 7																			
Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as needed, and number the completed pages to assure that they are all processed correctly.		FRN 2408430 (to be assigned by administrator)																			
10 <input type="checkbox"/> If this is a duplicate Funding Request (e.g., of an FRN that is not yet approved, under appeal, etc.), check this box and enter the original FRN in the space provided:																					
11 Category of Service (only ONE category should be checked)		23 Calculations																			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> PRIORITY 1 <input type="checkbox"/> Telecommunications Service <input checked="" type="checkbox"/> Internet Access </td> <td style="width: 50%; vertical-align: top;"> PRIORITY 2 <input type="checkbox"/> Internal Connections Other than Basic Maintenance <input type="checkbox"/> Basic Maintenance of Internal Connections </td> </tr> </table>		PRIORITY 1 <input type="checkbox"/> Telecommunications Service <input checked="" type="checkbox"/> Internet Access	PRIORITY 2 <input type="checkbox"/> Internal Connections Other than Basic Maintenance <input type="checkbox"/> Basic Maintenance of Internal Connections	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="5" style="width: 30%; vertical-align: middle; text-align: center;">Recurring Charges</td> <td style="width: 10%;">A.</td> <td style="width: 40%;">Monthly charges (total amount per month for service)</td> <td style="width: 20%; text-align: right;">\$19,548.13</td> </tr> <tr> <td>B.</td> <td>How much of the amount in A is ineligible?</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>C.</td> <td>Eligible monthly pre-discount amount (A minus B)</td> <td style="text-align: right;">\$19,548.13</td> </tr> <tr> <td>D.</td> <td>Number of months service provided in funding year</td> <td style="text-align: right;">12</td> </tr> <tr> <td>E.</td> <td>Annual pre-discount amount for eligible recurring charges (C x D)</td> <td style="text-align: right;">\$234,577.56</td> </tr> </table>		Recurring Charges	A.	Monthly charges (total amount per month for service)	\$19,548.13	B.	How much of the amount in A is ineligible?	\$0.00	C.	Eligible monthly pre-discount amount (A minus B)	\$19,548.13	D.	Number of months service provided in funding year	12	E.	Annual pre-discount amount for eligible recurring charges (C x D)	\$234,577.56
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12 Form 470 Application Number 787930000786758																					
13 SPIN – Service Provider Identification Number 143024442																					
14 Service Provider Name Sun Microwave, Inc																					
15a <input type="checkbox"/> Check this box if this Funding Request is for non-contracted tariffed or month-to-month services.		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="5" style="width: 30%; vertical-align: middle; text-align: center;">Non-Recurring Charges</td> <td style="width: 10%;">F.</td> <td style="width: 40%;">Annual non-recurring charges</td> <td style="width: 20%; text-align: right;">\$0.00</td> </tr> <tr> <td>G.</td> <td>How much of the amount in F is ineligible?</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>H.</td> <td>Annual eligible pre-discount amount for non-recurring charges (F minus G)</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>I.</td> <td>Total funding year pre-discount amount (E + H)</td> <td style="text-align: right;">\$234,577.56</td> </tr> <tr> <td>J.</td> <td>Discount from Block 4 Worksheet</td> <td style="text-align: right;">81.00</td> </tr> </table>		Non-Recurring Charges	F.	Annual non-recurring charges	\$0.00	G.	How much of the amount in F is ineligible?	\$0.00	H.	Annual eligible pre-discount amount for non-recurring charges (F minus G)	\$0.00	I.	Total funding year pre-discount amount (E + H)	\$234,577.56	J.	Discount from Block 4 Worksheet	81.00		
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15b Contract Number NA																					
15c <input type="checkbox"/> Check this box if this Funding Request is covered under a master contract (a contract negotiated by a third party, the terms and conditions of which are then made available to an eligible entity that purchases directly from the service provider). 15d <input checked="" type="checkbox"/> Check this box if this Funding Request is a continuation of an FRN from a previous funding year based on a multi-year contract. If so, provide that FRN here: 2245484																					
16a Billing Account Number (e.g., billed telephone number) 16b <input type="checkbox"/> Check this box if there are multiple Billing Account Numbers and attach a complete list of those numbers to this page.																					
17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 01/11/2010		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="5" style="width: 30%; vertical-align: middle; text-align: center;">Total Charges</td> <td style="width: 10%;">K.</td> <td style="width: 40%;">Funding Commitment Request (I x J)</td> <td style="width: 20%; text-align: right;">\$190,007.82</td> </tr> </table>		Total Charges	K.	Funding Commitment Request (I x J)	\$190,007.82														
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	18 Contract Award Date (mm/dd/yyyy) 01/27/2010																				
	19 Service Start Date (mm/dd/yyyy) 07/01/2013																				
	20a Service End Date (mm/dd/yyyy)																				
	20b Contract Expiration Date (mm/dd/yyyy) 06/30/2015																				
21 Description of This Service: NOTE: All Item 21 Attachments must be filed before the close of the filing window. Attachment You MUST attach a description of the service, including a breakdown of components, costs, manufacturer name, make and model number. You must include any additional account or telephone numbers if the billed account has multiple numbers. Label the description with an Attachment Number, and note number in space provided.																					
22 Entity/Entities Receiving This Service:		a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service.																			
		b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., 1) 1511027																			