

September 15, 2016

CC Docket No. 02-6

Dorchester County Public Library  
303 Gay Street  
Cambridge, MD 21613  
Entity Number: 126401  
Form 471 Application Number 950684  
FRN: 2585729

Eddie Holt  
eRate Solutions, LLC  
P.O. Box 1426  
Lawrence, KS 66044

Request for Invoice Deadline Extension

To whom it may concern,

We ask that the FCC review the original appeal, specifically the request for the Invoice Deadline Extension for FRN 2585729, as the USAC decision does not address the appeal in regards to the correct deadlines for appeal submissions.

USAC contends, in their Administrator's Decision on Appeal, that the appeal was postmarked more than 60 days after the FCC Form 472 (BEAR) Notification Letter was issued. This statement would be correct if we were appealing based on the FCC Form 472 (BEAR) Notification Letter dated March 2, 2016.

We are appealing the Dismissal of Invoice Deadline Extension Request correspondence dated April 20, 2016 for which the deadline would have been June 19, 2016. The Letter of Appeal to USAC on June 6, 2016 clearly states the subject as such. Therefore we once again request an Invoice Deadline Extension so that invoice may be resubmitted with the correct billed date.

Thank you for your help in this matter,

Eddie Holt  
eRate Solutions, LLC  
P.O. Box 1426  
Lawrence, KS 66044  
[eddieholt@eratesolutions.com](mailto:eddieholt@eratesolutions.com)  
785-840-0100 ext 105  
Fax 785-749-7381

Attachments: Invoice Deadline Extension Appeal FRN 2585729 with Denial. Letter of Authorization



**Universal Service Administrative Company**  
Schools & Libraries Division

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**Administrator's Decision on Appeal – Funding Year 2014-2015**

August 03, 2016

Eddie Holt  
Erate Solutions, LLC  
Po Box 1426  
Lawrence, KS 66044

Re: Applicant Name: DORCHESTER COUNTY PUB LIBRARY  
Billed Entity Number: 126401  
Form 471 Application Number: 950684  
Funding Request Number(s): 2585729  
Decision Letter Date: March 02, 2016  
Date Appeal Postmarked: June 06, 2016  
Your Correspondence Dated: June 06, 2016

Our records show that your appeal was postmarked more than 60 days after the date your FCC Form 472 (BEAR) Notification Letter was issued, as shown above. Federal Communications Commission (FCC) rules require applicants to postmark appeals within 60 days of the date on the decision letter being appealed. FCC rules do not permit the Universal Service Administrative Company (USAC) to consider your appeal.

If you believe there is a basis for further examination of your application, you may file an appeal with the FCC. You should refer to CC Docket No. 02-6 on the first page of your appeal to the FCC. Your appeal must be postmarked within 60 days of the above date on this letter. Failure to meet this requirement will result in automatic dismissal of your appeal. If you are submitting your appeal via United States Postal Service, send to: FCC, Office of the Secretary, 445 12th Street SW, Washington, DC 20554. Further information and options for filing an appeal directly with the FCC can be found under the Reference Area/"Appeals" of the SLD section of the USAC website or by contacting the Client Service Bureau. We strongly recommend that you use the electronic filing options.

Schools and Libraries Division  
Universal Service Administrative Company

## LETTER OF APPEAL

June 6, 2016

Schools and Libraries Program Correspondence Unit  
Attention: Letter of Appeal  
30 Lanidex Plaza West, PO Box 685  
Parsippany, NJ 07054-0685

RE: Dorchester County Public Library  
Entity Number: 126401  
Form 471 Application # 950684  
FRN: 2585729  
Deadline Extension Dismissal Date: April 20, 2016

To Whom It May Concern:

I am appealing the denial decision of the Invoice Deadline Extension for FRN 2585729. The extension request was denied for the following reason; "Current deadline extension rules and procedures do not allow approval for the reason submitted."

The extension is necessary as invoice 2334243 was denied for the reason of "Billed Date Before 486 Service-Start Date." The date listed on the invoice (07/0204) was a clear typographical error. The Form 472 Notification Letter was dated March 2, 2016 SEVEN DAYS after the last day to invoice for this FRN which was February 25, 2016.

I am requesting a 90 DAY invoice deadline extension from the date of this letter so that the invoice can be resubmitted with the correct billed dated of 07/2014.

If you have any questions or need any additional information, please contact me.

Thank you,



Eddie Holt  
e-Rate Consultant for Dorchester County Public Library  
eRate Solutions, LLC  
785-840-0100  
785-749-7381 (fax)  
[eddieholt@eratesolutions.com](mailto:eddieholt@eratesolutions.com)

## Eddie Holt

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**From:** deadline@sl.universalservice.org  
**Sent:** Wednesday, April 20, 2016 10:31 AM  
**To:** eddieholt@eratesolutions.com  
**Subject:** Administrator's Decision on Invoice Deadline Extension Request

This serves as acknowledgement and dismissal of your request for a deadline extension for the following FRNs:

2585729

Current deadline extension rules and procedures do not allow approval for the reason submitted.

### TO APPEAL THIS DECISION:

If you wish to appeal the decision indicated in this letter, your appeal must be POSTMARKED within 60 days of the above date on this letter. Failure to meet this requirement will result in automatic dismissal of your appeal. In your letter of appeal:

1. Include the name, address, telephone number, fax number, and e-mail address (if available) for the person who can most discuss this appeal with us.
2. State outright that your letter is an appeal. Identify which Administrative Decision you are appealing. Indicate the relevant funding year and the date of this letter. Your letter of appeal must also include the Billed Entity Name, the Form 471 Application Number, and the SLD Invoice Number from the top of your letter.
3. When explaining your appeal, copy the language or text from this letter that is at the heart of your appeal to allow the SLD to more readily understand your appeal and respond appropriately. Please keep your letter to the point, and provide documentation to support your appeal. Be sure to keep copies of your correspondence and documentation.
4. Provide an authorized signature on your letter of appeal.

If you are submitting your appeal on paper, please send your appeal to: Letter of Appeal, Schools and Libraries Division, 30 Lanidex Plaza West, PO Box 685, Parsippany, NJ 07054-0685. Additional options for filing an appeal can be found in the "Appeals Procedure" posted in the Reference Area of the SLD web site or by contacting the Client Service Bureau. We encourage the use of either the e-mail or fax filing options.

Schools and Libraries Division  
Universal Service Administrative Company

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

## Eddie Holt

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**From:** sldnoreply@sl.universalservice.org  
**Sent:** Tuesday, March 22, 2016 10:07 AM  
**To:** eddieholt@eratesolutions.com  
**Subject:** SLD Inquiry #: 22-887943 Received

Thank you for using Submit a Question. This message serves as a receipt confirmation of your submission.

The case number for your submission is 22-887943.

Please refer to this case number in subsequent contacts regarding this issue. Note that we may need to ask you for additional information to completely answer your question or fulfill your request.

If you still have questions about this issue after you review our response, please call us at 1-888-203-8100. Please do not reply to this message or to our response, as replies go to an unattended mailbox.

If you have a new question or issue, please submit another question and we will create a new case number to address it.

If you need program information, you can visit the SLD web site at [www.usac.org/sl](http://www.usac.org/sl).

Thank you.

Following is the information you submitted:

*[FirstName]=Eddie [LastName]=Holt [JobTitle]= [EmailAddress]=eddieholt@eratesolutions.com  
[WorkPhone]=7858400100 [FaxPhone]=7857497381 [PreviousCaseNumber]=0 [FormType]=Invoice  
Extension [Owner]=DEADLINEEXTENSIONS [DateSubmitted]=3/22/2016 11:03:03 AM  
[AttachmentFlag]=N[Question2]=Invoice Deadline Extension Request for FRN 2585729 Contact Person:  
Eddie Holt Contact Information: eddieholt@eratesolutions.com Form 471 Number: 950684 Funding Request  
Number: 2585729 Service Provider Name: Bay Country Communications Inc SPIN: 143028788 Reason:  
Previous BEAR Invoice rejected due to typographical error in Customer Billed Date.*



Universal Service Administrative Company

Schools and Libraries Division

Form 472 (BEAR) Notification Letter

*Deadline Request  
3/22/16*

March 2, 2016

Jon Shilling  
Bay Country Communications Inc  
502 Maryland Ave.  
Cambridge, MD 21613-1930

Re: Invoice Number - as assigned by USAC: 2334243  
Service Provider Identification Number: 143028788  
Reimbursement Form Number: BAY-14  
Billed Entity Number: 126401

EDDIE HOLT  
DORCHESTER COUNTY PUB LIBRARY  
PO BOX 1426  
LAWRENCE, KS 66044

Preferred Mode of Contact: E-mail at [eddieholt@eratesolutions.com](mailto:eddieholt@eratesolutions.com)  
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](http://www.usac.org/sl)

BEAR NOTIFICATION LETTER APPLICANT REIMBURSEMENT REPORT

Form 471 Application Number: 950684  
Funding Request Number: 2585729  
Funding Year 2014: 07/01/2014 - 06/30/2015  
Contract Number: MTM  
Funding Commitment Decision: \$912.00  
Reimbursement Amount for this FRN: \$0.00  
Reimbursement Request Decision Explanation:  
Billed Date Before 486 Service-Start Date;

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Do not write in this space

**FCC Form 472**  
**DO NOT STAPLE THIS FORM**

**Universal Service for Schools and Libraries**

(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-PERM, 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)  
 Bay-14

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

**BLOCK 1: HEADER INFORMATION**

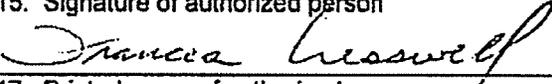
- |   |                                  |
|---|----------------------------------|
| 1. Billed Entity Name   | DORCHESTER COUNTY PUBLIC LIBRARY |
| 2. Billed Entity Number                                       | 126401                           |
| 3. Service Provider Identification Number (SPIN)              | 143028788                        |
| 4. Contact Name   | EDDIE HOLT                       |
| 5. Contact Telephone Number                                   | 785-840-0100                     |
| 6. Total Reimbursement Amount (total from Block 2, Column 14) | \$912.00                         |

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

Billed Entity Name DORCHESTER COUNTY PUBLIC LIBRARY Billed Entity Number 126401  
 Contact Name EDDIE HOLT Contact Telephone Number 785-840-0100

Applicant Form Identifier Bay-14

<b>BLOCK 2: LINE ITEM INFORMATION PER FUNDING REQUEST NUMBER</b>													
(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)						
FCC Form 471 Application Number (from Funding Commitment Decision Letter)	Funding Request Number (FRN) (from Funding Commitment Decision Letter)	Bill Frequency	Customer Billed Date (mm/yyyy)	Shipping Date to Customer or Last Day of Work Performed (mm/dd/yyyy)	Total (Undiscounted) Amount for Service	Discount Rate	Amount Billed to USAC (Column 12 multiplied by Column 13)						
1	950684	2585729	DO NOT WRITE IN THIS COLUMN.	07/0204	\$1,140.00	0.80	\$912.00						
2							\$0.00						
3							\$0.00						
4							\$0.00						
5							\$0.00						
6							\$0.00						
7							\$0.00						
8							\$0.00						
9							\$0.00						
10							\$0.00						
11							\$0.00						
12							\$0.00						
13							\$0.00						
14							\$0.00						
<b>TOTAL REIMBURSEMENT AMOUNT TO BE ENTERED INTO ITEM (6)</b>						<b>\$912.00</b>	<b>\$912.00</b>						

<b>BILLED ENTITY APPLICANT Reimbursement Form</b>	
Billed Entity Name <u>DORCHESTER COUNTY PUBLIC LIBRARY</u>	
Billed Entity Number <u>126401</u>	
Contact Name <u>EDDIE HOLT</u>	
Applicant Form Identifier <u>Bay-14</u>	
<b>Block 3: Billed Entity Certification</b>	
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 FCC 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 Funding Commitment Decision Letter.	
D. I recognize that I may be audited pursuant to this application and will retain for at least five years (or whatever retention period is required by the rules in effect at the time of this certification), after the last day of service delivered in this funding year 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 	16. Date 01/13/2016
17. Printed name of authorized person FRANCES CRESSWELL	
18. Title or position of authorized person LIBRARY DIRECTOR	
19. Telephone number of authorized person 4102287331	
20. Address of authorized person 303 GAY STREET CAMBRIDGE, MD 21613	

**BILLED ENTITY APPLICANT Reimbursement Form**

Billed Entity Name DORCHESTER COUNTY PUBLIC LIBRARY

Billed Entity Number 126401

Contact Name EDDIE HOLT

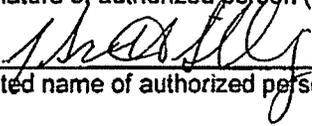
Applicant Form Identifier Bay-14

**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)



22. Date

1.14.16

23. Printed name of authorized person

J Scott Shilling

24. Title or position of authorized person

VP

25. Telephone number of authorized person

410-901-2224

26. Address of authorized person

502 Maryland Ave  
Cambridge, MD 21613

**27. Applicant Remittance Information**

Name **FRANCESS CRESSWELL**

Title **LIBRARY DIRECTOR**

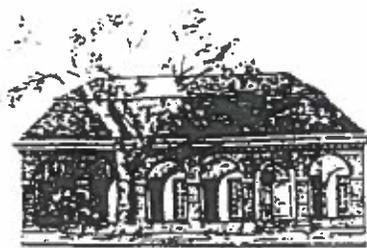
Street Address **303 GAY STREET, CAMBRIDGE MD 21613**

Approved by OMB  
OMB Control No. 3060 – 0856  
Estimated time per response: 1.0 hour

**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**



# DORCHESTER COUNTY PUBLIC LIBRARY

303 GAY STREET

CAMBRIDGE, MARYLAND 21613

1-410-228-7331 • 1-410-228-6313 (Fax)

[www.dorchesterlibrary.org](http://www.dorchesterlibrary.org)

To Whom It May Concern,

This letter serves as authorization for Eddie Holt of eRate Solutions, L.L.C. to act on behalf of Dorchester County Public Library for all E-Rate related needs for the Funding Year of 2014.

A handwritten signature in blue ink that reads "Frances Creswell". The signature is written in a cursive style and is positioned above the printed name and title.

Frances Creswell  
Library Director  
Dorchester County Public Library

03/17/2014