

GODFREY MEMORIAL LIBRARY



November 7, 2017

A library of History and the People who lived it.
We specialize in Genealogy, History and Biography.

To Whom It May Concern:

I have submitted all of the documentation required to receive the e-rate discount for our telephone service. Each form submitted was certified. The final form, the BEAR invoice is on page 2. It was certified on October 24, 2017.

However, I received an e-mail on November 6, 2017 informing me that the reimbursement is \$0 because "No Form 486 Filed or Form 486 Missing". A customer service representative from the customer service line for the USAC Schools and Libraries division told me that form 486 is stuck in a technical glitch that makes it look like it is in review. They have escalated the technical problem to be resolved. But, the deadline has passed for me to submit another invoice in time.

I am requesting a deadline waiver per instructions from the customer service representative.

Thank you for your assistance,

Beth Mariotti

Executive Director

View BEAR Invoice

PRINTABLE PAGE

The following has been successfully certified:

Certified on 10/24/2017 11:50 AM

Invoice ID: 2713882

Created on 10/24/2017 11:50 AM

Last updated on 10/24/2017 11:50 AM

Applicant Form Identifier

Block 1: Header Information

[Need Help?](#)

1. Billed Entity Name
GODFREY MEMORIAL
LIBRARY

2. Billed Entity Number
16060585

3. Service Provider
Identification Number (SPIN)
143001305

Applicant FCC Form 458 ID
143010626

4. Contact Name
BETH MARIOTTI

5. Contact Telephone Phone
(860) 346-4375

Contact Fax
(860) 437-9874

Contact Email
bmariotti@godfrey.org

6. Total Reimbursement Amount
(total from Block 2, Column 14)
\$ 381.13

Block 2: Line Item Information Per Funding Request Number

[Need Help?](#)

7. FCC Form 471 Application Number (from Funding Commitment Decision Letter)	8. Funding Request Number (FRN) (from Funding Commitment Decision Letter)	9. Bill Frequency	10. Customer Billed Date	11. Shipping date to Customer or Last Day of Work Performed (mm/dd/yyyy)	12. Total (Undiscounted) Amount for Service Rate	13. Discount	14. Discount Amount Billed to USAC (Column 12 multiplied by Column 13)	Approval Status
1) 161005679	1599064401	MONTHLY	6/23/2017	\$ 1905.65	20	\$ 381.13	CERTIFIED	

Block 2: Line Item Information Per Funding Request Number

[Need Help?](#)

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1) 161005679	1599064401	MONTHLY	6/23/2017	\$ 1905.65	20	\$ 381.13	CERTIFIED	

Block 3: Billed Entity Certification

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Contact Information for Billed Entity Authorized Person:

By logging into your account using your PIN, checking this box, and clicking the "certify" button at the end of the form, you have electronically signed the form. You are reminded that an electronic signature is the same as a handwritten signature on the form. To see a copy of the Terms and Conditions to which you previously agreed, please click on the "Terms and Conditions" menu above.

Submission Date 10/24/2017

17. Name
BETH MARIOTTI

18. Title/Position
EXECUTIVE DIRECTOR

20. Address 1
134 NEWFIELD ST.

Address 2

City
MIDDLETOWN

State
CT

Zip Code
06457 -

19. Phone Number
(860) 346-4375

19a. Fax Number
(860) 347-9874

19b. Email
BMARIOTTI@GODFREY.ORG

19c. Name of Authorized
Person's Employer
Godfrey Memorial Library

OMB Number 3060-0000 Form 472