



November 28, 2017

FCC

Waiver Request

RE: HULL-DAISETTA ISD INDEP SCH DIST
Ben: 141325
Form 471 Application Number: 161001078
Funding Request Number: 1699001104
USAC Correspondence Dated: November 27, 2017 (Exhibit A)
BEAR Invoice showing original creation date. (Exhibit B)

RE: Hull-Daisetta ISD, FCC Form 486 Form # 14003

Please consider my request to waive the FCC rules regarding the invoicing deadline on the above mentioned FCC Form 486. Originally I had submitted an invoice on an incorrect Form 486. This was done well within the allotted time period; however, I did not realize my mistake until after the extension deadline in October.

We were a school district directly impacted by Hurricane Harvey. During the time of the deadline extension we were still dealing with the effects of a displaced school. During this turmoil and confusion, I missed the deadline of the extension.

Please allow me to go back in and resubmit a corrected BEAR invoice. We are a small school and rely very heavily on ERATE reimbursements. Due to the damage we received in Hurricane Harvey, much of our reserves will go toward meeting deductibles for storm repairs. Being able to garner this refund will greatly help our district.

Respectfully submitted,

Mary Huckabay

Superintendent, Hull-Daisetta ISD



HULL-DAISETTA
Independent School District

A
Mary Huckabay <mhuckabay@hdisd.net>

YOUR E-RATE PROGRAM REMITTANCE STATEMENT: 443006813

1 message

CustomerSupport@usac.org <CustomerSupport@usac.org>
To: mhuckabay@hdisd.net

Mon, Nov 27, 2017 at 3:15 PM



Universal Service
Administrative Co.

SCHOOLS AND LIBRARIES BEAR PROGRAM REMITTANCE STATEMENT
As Of November 27, 2017

Attn: Mary Huckabay
HULL-DAISETTA INDEP SCH DIST

RE: FCC Form 498 ID 443006813

This notice provides an explanation of your entity's Billed Entity Applicant Reimbursement (BEAR) payment for the following invoices.

	Approved
11/27/2017143011008 Internet Management Services, Inc. 1699001104 2016ims Applicant Name:HULL-DAISETTA INDEP SCH DIST;SLD Invoice Number:2612350;BEAR Letter Date:11/27/2017;Line Item Detail Number:8671067;Amount Requested:43740.00;No Form 486 Filed or Form 486 Missing Start Date;28;	\$0.00
Total Approved Disbursement	<u>\$0.00</u>
Total Actual Disbursement:	<u>\$0.00</u>

If you have any questions, please contact USAC Customer Operations at (888) 641-8722 or CustomerSupport@usac.org. You may also visit us at www.usac.org.

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called
11-27-17

Case #
208203

*ERATE having
difficulties
will have to
resubmit invoice
from EPC

B

Home New BEAR Form Track Form Bulk Download Terms and Conditions Deadline Extension Logout

Edit BEAR Invoice

The following invoice has been successfully saved:

Invoice ID: 2612350

Created on 6/26/2017 8:51 AM

Last updated on 6/26/2017 8:51 AM

Applicant Form Identifier 2016ims

Block 1: Header Information

Need Help?

1. Billed Entity Name HULL-DAISETTA INDEP SCH DIST	2. Billed Entity Number 141325	3. Service Provider Identification Number (SPIN) 143011008	Service Provider Name Internet Management Services, Inc.
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Applicant FCC Form 498 ID

443006813 ▼

4. Contact Name	MARY HUCKABAY
5. Contact Telephone Phone	(936) 536 - 6321 ext. 143
Contact Fax	(936) 536 - 6251
Contact Email	mhuckabay@hdisd.net

**6. Total Reimbursement
Amount**
(total from Block 2, Column 14)
\$ 43740

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	13. Discount Rate	14. Discount Amount Billed to USAC (Column 12 multiplied by Column 13)	
1) 161001078	1699001104	ANNUAL ▼		6/30/2017	48600.00	90	43740.00	

Add Line Item

Block 3: Billed Entity Certification

Need Help?

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 this Billed Entity Applicant Reimbursement Form represent charges for eligible services and/or equipment 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 this Billed Entity Applicant Reimbursement Form were already billed by the Service Provider and paid for by the Billed Entity Applicant on behalf of eligible schools, libraries, and consortia of those entities.
- ☒ **C.** The discount amounts listed in this Billed Entity Applicant Reimbursement Form are for eligible services and/or equipment approved by the Fund Administrator pursuant to a Funding Commitment Decision Letter (FCDL).
- ☒ **D.** I acknowledge that I may be audited pursuant to this application and will retain for at least 10 years (or whatever retention period is required by the rules in effect at the time of this certification), after the latter of the last day of the applicable funding year or the service delivery deadline for the funding request any and all records that I rely upon to complete 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.

Contact Information for Billed Entity Authorized Person:**15. Signature** ☒

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.

16. Date 6/26/2017

17. Name MARY HUCKABAY
18. Title/Position SUPERINTENDENT OF SC
20. Address 1 117 NORTH MAIN
Address 2
City DAISSETTA
State TX
Zip Code 77533

19. Phone Number (936) 536 - 7503 ext.
19a. Fax Number (936) 536 - 6251 ext.
19b. Email mhuckabay@hdisd.net
19c. Name of Authorized Person's Employer Hull-Daisetta ISD

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

OMB Number 3060 - 0856 Form 472

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Client Service Bureau: 1-888-203-8100

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