

EX PARTE OR LATE FILED



2300 N Street, Suite 600
Washington, D.C. 20037
202-663-9064
e-mail RHAGA@neca.org

Robert W. Haga
Director -
Government Relations

RECEIVED

SEP - 5 1997

FEDERAL COMMUNICATIONS COMMISSION
OFFICE OF THE SECRETARY

DOCKET FILE COPY ORIGINAL

September 5, 1997

Mr. William F. Caton
Acting Secretary
Federal Communications Commission
1919 M Street, N.W. - Room 222
Washington, D.C. 20554

Re: Notice of Ex Parte Presentation, In the Matter of the
Universal Service Joint Board, CC Docket No. 96-45

Dear Mr. Caton:

On August 20, 1997, NECA representatives Bill Stern, Vice President - Tariffs & Costs, Mannie Green, Director - Methods, Procedures & Systems, and myself met with Lisa Gelb, Irene Flannery, Lisa Boehley, and Lori Wright of the Universal Service Branch, and Debra Kriete of the Pennsylvania Public Utilities Commission.

NECA reviewed the work we have done to date distributing and processing FCC Form 457, and ministerial functions for Schools and Libraries Corporation and the Rural Health Care Corporation related to meeting the January 1, 1998 date established by the Commission. NECA discussed the application process, the need to work closely with the Commission as the applications are designed in order to design and establish systems to handle the applications, and the posting of a summary of the applicant's objectives in procuring the services and a standardized checklist specifying those services. NECA provided an initial draft copy of application forms containing the type of information which would be necessary to administer the program according to Commission rules. NECA views these draft forms as an initial jumping off point to begin discussion on the type of information the administrator would require. NECA stated its intention to place the draft and subsequent iterations in the public record in an effort to get comments from all interested parties. NECA stated that it would begin administrative development based on the information already contained in the record in this docket including the Department of Education's July 31 submission.

Throughout the discussion NECA emphasized the need to work closely with the Commission throughout the planning stage until the unaffiliated corporations are operational.

Finally, NECA reviewed the process for allowing carriers to offset contributions instead of receiving payments, basing the commitment of funds on funding requests rather than the application for services, the collection of urban rate information from carriers, and what material the Corporations must collect from applicants.

No. of Copies rec'd
List ABCDE

024

Mr. William F. Caton
Acting Secretary

September 5, 1997

In accordance with Commission rules I am submitting two copies of this notice to the Office of the Secretary. Please acknowledge receipt hereof by affixing a notation on a duplicate copy of this letter furnished herewith for such purposes and remitting same to the bearer.

Sincerely,



Robert Haga

Attachment

cc: Lisa Gelb
Irene Flannery
Lisa Boehley
Lori Wright
Debra Kriete

Application Form

"This form will be posted on [NEV's Website](#)"

Universal Service Support - Schools and Libraries

Applicant Name

Customer ID #:

EIN Code:

Application Control #:

Street Address:

County

City

State

Zip Code

Area Served

Telephone #

FAX#

Contact

Address (if different)

E-Mail@

Telephone #

FAX#

Please check the correct response to the following questions:

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Is the applicant a school under statutory definition of elementary and secondary schools in the Elementary and Secondary Education Act of 1965. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is the applicant a not-for-profit elementary or secondary school | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Does the applicant have an endowment exceeding \$50 million. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Will the service be used solely for educational purposes. | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Will the services be sold, resold or transferred in consideration for money or any thing of value. | <input type="checkbox"/> | <input type="checkbox"/> |

DRAFT

Universal Service Support - Schools and Libraries

Applicant Name

Customer ID #: EIN Code:

6. Are the services being provided via an aggregated service purchase

7. A technology Plan associated with this application has been developed and was duly approved by an authorized agent or the S&L Corp. Please provide the following information regarding your approved technology plan, namely:

Date approved:

Approved by:

Title:

Organization:

8. Are all necessary funds associated with this request for the current year been budgeted for and approved by the Board to pay for the "non-discounted" portion of the requested connections and services, as well as any necessary hardware, software and staff training required in time to use the services effectively.

Certification Statement

Pursuant to FCC Rules, Section 54.603, I hereby certify that I am authorized to order telecommunication services and submit this request on behalf of the above named applicant, that to the best of my knowledge and belief, the information contained in this application is complete, accurate and consistent with FCC Rules.

Signature _____ Date

Printed Name of certifying officer / person

Title or position of certifying officer / person

Website Posting of Schools/Libraries Summary

DRAFT

Applicant Name

Applicant ID Number

Application Control Number

Street Address:

County: City

State: Zip Code

Telephone Number () - FAX # () -

Contact Person

Street Address: (If Different) E-Mail

Telephone Number () - FAX # () -

Applicant Type:

State /School District

School,

Library,

Consortium,

Other

Multi-entity/districts: List type of entity and addresses of each entity for which services are requested:

Name	Address	Contact	Entity will be issuing Funding Requests: (Y/N)	Percent of Students Eligible for Participation in NSLP: (%)

Total Number of Students , ,

Total Number of Library Patrons , ,

Number of Buildings to be Served , ,

Total Number of Rooms to be Served , ,

% of Students in Federal School Lunch Program . %

Name of Nearest School District (if Library)

DRAFT

Existing Service:
New Service:
Services Requested:

- Basic Telephone
- Internal Connections:
 - Voice # of Nodes _____ # of LANS _____
 - Video # of Nodes _____ # of Networks _____
- External Service
 - Voice
 - Data Number of locations
 - Video Number of locations
 - Internet Services
 - Speed No. of Connections

Summary of Service Requested: Please describe in sufficient detail so as to create a full understanding of the Products/Services being requested:

Approximate Installation Date: 00/00/00
Expected Completion Date: 00/00/00

For a complete copy of the Associated RFP, Please Contact:

Name:

Address:

Phone: () - FAX: () -

E-Mail:

URL:

**Schools and Libraries
Website Posting Confirmation**

DRAFT

School/Library	<input style="width: 100%;" type="text"/>		
Applicant ID Number	<input style="width: 30%;" type="text"/>		<input style="width: 30%;" type="text"/>
Application Control Number	<input style="width: 100%;" type="text"/>		
Street Address:	<input style="width: 100%;" type="text"/>		
County:	<input style="width: 30%;" type="text"/>	City	<input style="width: 30%;" type="text"/>
State:	<input style="width: 30%;" type="text"/>	Zip Code	<input style="width: 30%;" type="text"/>
Telephone Number	<input style="width: 30%; border: 1px solid black;" type="text" value="() -"/>	FAX #	<input style="width: 30%; border: 1px solid black;" type="text" value="() -"/>
Contact Name	<input style="width: 100%;" type="text"/>		
Street Address (If Different)	<input style="width: 30%;" type="text"/>	E-Mail	<input style="width: 30%;" type="text"/>
Telephone Number	<input style="width: 30%; border: 1px solid black;" type="text" value="() -"/>	FAX #	<input style="width: 30%; border: 1px solid black;" type="text" value="() -"/>

This is to confirm that your RFP has been posted to the Schools/Libraries Website as of today: 00/00/00.
Please be advised that this Website Posting must remain open for a period of 4 weeks prior to awarding the contract, pursuant to FCC Rules Section 254.

You may contract with your selected service provider as of : 00/00/00

When you have made your service provider selection, please complete and return to us the attached Funding Request Form (also available on the Website). The selected provider(s) bids must also be attached to the Funding Request Form to obtain your Universal Service Funding Commitment. A Funding Request form will not be processed until all certifications have been received.

Funding Commitments will be issued on a **“first-come, first-served”** basis. You will receive, based on availability of funds and approval, a Commitment Notification from us, or a notice of the lack of funds and estimated length of delay (if applicable).

Schools and Libraries Funding Request Form

DRAFT

School/Library Name

Applicant ID Number

Application Control Number

Street Address:

County: City

State: Zip Code

Telephone Number - FAX # -

Contact Name:

Street Address (If different): E-Mail

Telephone Number - FAX # -

Service Provider Selected	Date Service Scheduled to Commence	Services Contracted	Contract Total Amount

The Funding Request Form will not be processed without the selected service providers' bids attached to the funding Request Form.

Return Form via: U. S. Postal Service Priority Mail, Fed Ex, UPS or any commercially available service which utilizes a pick-up time and date stamp.

Return Form to: Administrator, Schools/Libraries Corporation
100 South Jefferson Road
Whippany, New Jersey 07981

Schools and Libraries

Commitment Notification

DRAFT

Your Request for funds has been approved.

Total amount of funds committed for the calendar year 1998. \$

(See below for breakdown if applicable)

Name

Customer ID Number

Application Control Number

Street Address:

County: City

State: Zip Code

Area Served

Telephone Number () - FAX # () -

School/Library Contact Name

Street Address (if different) E-Mail

Telephone Number () - FAX # () -

Total Recurring Monthly: \$□□□,□□□.□□

Total One-Time: \$□□□,□□□.□□

School/Library	Provider	\$ Committed	Contracted Service	Work Order Number

Please ensure that the work order number is referenced in all correspondences and invoices from Service Providers. Payments for the discounted portion will not be made without the assigned work order number.

All discount payments will be made directly to the Service Provider(s).