EXHIBIT 4

ST. ANTHONY SCHOOL
1776 MANSION ST.
BRONX, NEW YORK 10460
TEL: 718-892-1244
FAX: 718-892-4656

FACSIMILE TRANSMITTAL SHEET

TO: MARYLYNN PORZEL
FROM: Mrs. Mary Theresa Singer, Principal
COMPANY: E-RATE PROGRAM LLC
DATE: 03-19-12
FAX NUMBER: 314-395-5882
TOTAL NO. OF PAGES INCLUDING COVER: 2
PHONE NUMBER:
SENDER'S REFERENCE NUMBER:
RE: E-RATE FILING
YOUR REFERENCE NUMBER:

☒ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

URGENT:

PLEASE SEE ATTACHED E-RATE CONTRACT FOR FILING "ALL COUNTY BUSINESS SOLUTIONS" (JOHN VISSICHELLI) FOR SAINT ANTHONY SCHOOL

Thank you, Mrs. MARY SINGER PRINCIPAL

ALL COUNTY BUSINESS SOLUTIONS
www.allcountybusiness.com
SPIN #: 143005216

CONTRACT / PROPOSAL

All County Business Machines Corp. d/b/a All County Business Solutions
60 West Jericho Turnpike Syosset, NY 11791
516.921.4660 - Office / 516.921.9148 - Fax

Prepared For:	Ms. Mary Singer
Company:	St. Anthony School
Address:	1776 Mansion Avenue
	Bronx, NY 10460
Project:	Basic Maintenance - Data Network and VoIP Phone System
AC Reference Number:	SA10583-BM-1211

Bid Date: 27-Jan-12

Application Number:	666220000999482	School Entity Number:	10583
Posting Date:	18-Jan-12	Telephone Number:	(718) 892-1244
Allowable Contract:	12-Feb-12	Fax Number:	(718) 892-4656
Certification Date:	15-Jan-12	Funding Year:	7/1/2012 - 6/30/2013

Salesperson: John Vissichelli jvissichelli@allcountybusiness.com

Scope of Proposal

Maintenance proposal to include telephone support and on-site technical services for e-rate eligible components based upon our labor rate of $150 per hour. The covered items are related to the school LAN, necessary to bring Internet to the students, listed herein. Included is the support of the Microsoft Network Server 2008, patches, hot fixes and operating system maintenance upgrades as they pertain to eligible equipment.

Maintained Equipment

Eligible Item	Quantity	Brand Name	Product Number	Location
Domain Controller / DHCP and DNS Server	1	NEOLINX	IP-560UHC2NP	Server Room
SMART UPS 1500VA LINEINT USB SERIAL 120V SLK	2	APC	SUA1500I0	Server Room
Cisco Wireless LAN Controller	1	CISCO	AIR-WLC2112-K9	Server Room
Wireless Access Points	6	CISCO	AIR LAP1131AG-A-K9	School
Cisco Small Business 300 S Managed Switch SG300-24P	2	CISCO	SRW224G4P-K9-NA	Server Room
Cisco Small Business 300 S Managed Switch SG300-28P	2	CISCO	SRW2024-K9-NA	Server Room
Linksys Instant Gigabit 8 Port Workgroup Switch	10	CISCO	EG008W	Classroom / Lab
Network Cabling	~50	Misc	N/A	Classroom / Lab
Telephone System	1	Zeus	MX80	School
Total for eligible e-rate Maintained Equipment				**$14,500.00**

ACCEPTANCE:

Spin #: 143005216
All County Business Machines Corp.
60 West Jericho Turnpike
Syosset, NY 11791

Signed: John Vissichelli
Print Name: John Vissichelli
Title: Vice President
Date: February 13, 2012

School Entity #: 10583
St. Anthony School
1776 Mansion Avenue
Bronx, NY 10460

Signed: Mrs Mary Singer
Print Name: MRS. MARY SINGER
Title: PRINCIPAL
Date: 02/15/12 ~~February 13, 2012~~

All County Business Solutions is a trade name of All County Business Machines Corporation

EXHIBIT 5

FCC Form 471

Approval by OMB
3060-0806

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)	Form 471 Application #:
StAnthonyNY12	837212 (To be assigned by administrator)

Block 1: Billed Entity Address and Identifications

1 Name of Billed Entity
ST ANTHONY SCHOOL

2 Funding Year 2012

3a Entity Number 10583

3b FCC Registration Number 0011992385

4a Street Address, P.O. Box, or Route Number
1776 MANSION ST

City BRONX State NY Zip Code 10460-3248

4b Telephone Number

4c Fax Number

5a Type of Application (check only one)

- (●) Individual School (individual public or non-public school)
- ( ) School District (LEA; public or non-public [e.g. diocesan] local district representing multiple schools)
- ( ) Library (including library system, library outlet/branch or library consortium as defined under LSTA)
- ( ) Consortium (intermediate service agencies, states, state networks, special consortia of schools and/or libraries)
- ( ) Statewide application for (enter 2-letter state code) representing (check all that apply)
  - [ ] All public schools/districts in the state
  - [ ] All non-public schools in the state
  - [ ] All libraries in the state

5b Recipient(s) of Services:
[x] Private [ ] Public [ ] Charter
[ ] Tribal [ ] Head Start [ ] State Agency

Entity Number: 10583	Applicant's Form Identifier: StAnthonyNY12
Contact Person: Richard Senturia	Contact Phone Number:

Block 1: Billed Entity Address and Identifications (continued)

6a Contact Person's Name
Richard Senturia

If the Contact Person's Street Address is the same as **Item 4** above, check here. [ ] If not, complete Item 6b.

6b Street Address, P.O. Box, or Route Number
NOTE: USAC will use this address to mail correspondence about this form.
9666 Olive Blvd.
Suite 215
City Olivette State MO Zip Code 63132-3032

Check the box next to your preferred mode of contact and provide your contact information. One box MUST be checked and an entry provided.

[ ] 6c Telephone Number
[ ] 6d Fax Number
[x] 6e E-Mail Address
Re-enter E-mail Address

6f Holiday/vacation/summer contact information: please include name of alternate contact (if applicable) and alternate phone, fax or E-mail address

If a consultant is assisting you with your application process, please complete Item 6g below:

6g Consultant Name RICHARD A SENTURIA
Name of Consultant's Employer ERateProgram, LLC
Consultant's Street Address 9666 Olive Blvd

City St. Louis State MO Zip Code 63132
Consultant's Telephone Number Ext.
Consultant's Fax Number
Consultant's E-mail Address
Re-enter E-mail Address
Consultant Registration Number 16048902

Entity Number: 10583	Applicant's Form Identifier: StAnthonyNY12
Contact Person: Richard Senturia	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	175	0
b	Telephone service: Number of classrooms or rooms with phone service	15	0
c	Direct connections to the Internet: Number of drops	1	0
d	Number of classrooms or rooms with Internet access	15	0
e	Number of computers or other devices with Internet access	60	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**	0	0
	At or greater than **1.5 mbps** and less than **3 mbps**	1	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**	0	0
	Greater than **100 mbps**	0	0

Block 3:

8 [Reserved]

Entity Number: 10583	Applicant's Form Identifier: StAnthonyNY12
Contact Person: Richard Senturia	Contact Phone Number:

Block 4: Discount Calculation Worksheet

Worksheet - 1409683
Page 1 of 1

The Block 4 worksheet is used to calculate your discount for services. You will complete one or more worksheets depending on the type of application you are filing. If you file more than one worksheet, please number the completed worksheets to assure that they are all processed correctly. Please refer to the instructions for information specific to the Type of Application you indicated in Block 1, Item 5.

☐ Check here if this worksheet contains all eligible entities in the school district or library system.

9a List entities and calculate discount(s):

(For Administrator's Use)

School District or Library System Name:

School District or Library System Entity Number:

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Name of Eligible Entity	Entity Number AND NCES Code (for Schools) or FSCS Code (for Libraries)	Urban or Rural U or R	Total Number of Students	Number of Students Eligible for NSLP	Percent of Students Eligible for NSLP (Col. 5 / Col. 4)	Disc. from Disc. Matrix	New Construction	Admin Entity or NIF	Alt Disc Mech	Weighted Product for Calculating Shared Discount (Col. 4 x Col. 7)	Insert appropriate codes(s): P= pre-K, H = Head Start, A = Adult Education, J = Juvenile Justicern E = ESA, D = Dormatory	Entity Number of School District in which Library Outlet/Branch is Located	Discount of Member Entity	Shared Discount
ALL ENTITIES			SCHOOLS AND LIBRARIES							Schools with shared services	Schools	Library Outlet/Branch	Consortia	
ST ANTHONY SCHOOL	10583 00 92221 8	U	175	154	88.000%	90	N	N	N	15750				

9b Shared Services

SCHOOL DISTRICTS: (Including groups of schools within school districts.) Calculate the totals of Columns 4 and 11. Divide the total of Column 11 by the total of Column 4. Enter the result in Column 15.	175							15750				90%
LIBRARY SYSTEMS: Calculate the total of Column 7. Divide this total by the number of outlets/branches. Enter the result in Column 15.												
CONSORTIA: Calculate the total of Column 14. Divide this total by the number of member entities. Enter the result in Column 15.												

Entity Number: 10583	Applicant's Form Identifier: StAnthonyNY12
Contact Person: Richard Senturia	Contact Phone Number:

Block 5: Discount Funding Request(s)
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.

Block 5, page 1 of 2

FRN 2271725
(to be assigned by administrator)

10 ☐ 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)

PRIORITY 1	PRIORITY 2
☑ Telecommunications Service	☐ Internal Connections Other than Basic Maintenance
☐ Internet Access	☐ Basic Maintenance of Internal Connections

12 Form 470 Application Number
922470000928277

13 SPIN – Service Provider Identification Number
143007246

14 Service Provider Name
Cablevision Systems Corporation (Education Dept)

15a ☑ Check this box if this Funding Request is for non-contracted tariffed or month-to-month services.

15b Contract Number
MTM

15c ☐ 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 ☐ 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:

16a Billing Account Number (e.g., billed telephone number)
7188921224

16b ☐ 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)
08/11/2011

18 Contract Award Date (mm/dd/yyyy)

19 Service Start Date (mm/dd/yyyy)
07/01/2012

20a Service End Date (mm/dd/yyyy)
06/30/2013

20b Contract Expiration Date (mm/dd/yyyy)

23 Calculations

Recurring Charges	A. Monthly charges (total amount per month for service)	$400.00
	B. How much of the amount in A is ineligible?	$0.00
	C. Eligible monthly pre-discount amount (A minus B)	$400.00
	D. Number of months service provided in funding year	12
	E. Annual pre-discount amount for eligible recurring charges (C x D)	$4,800.00
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
Total Charges	I. Total funding year pre-discount amount (E + H)	$4,800.00
	J. Discount from Block 4 Worksheet	90.00
	K. Funding Commitment Request (I x J)	$4,320.00

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.

Lo/Ld 8 lines

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: 10583

b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., 1):

Entity Number: 10583	Applicant's Form Identifier: StAnthonyNY12
Contact Person: Richard Senturia	Contact Phone Number:

Block 5: Discount Funding Request(s)
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.

Block 5, page 2 of 2

FRN 2271727
(to be assigned by administrator)

10 ☐ 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)

PRIORITY 1	PRIORITY 2
☐ Telecommunications Service	☐ Internal Connections Other than Basic Maintenance
☑ Internet Access	☐ Basic Maintenance of Internal Connections

12 Form 470 Application Number
922470000928277

13 SPIN – Service Provider Identification Number
143007246

14 Service Provider Name
Cablevision Systems Corporation (Education Dept)

15a ☑ Check this box if this Funding Request is for non-contracted tariffed or month-to-month services.

15b Contract Number
MTM

15c ☐ 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 ☐ 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:

16a Billing Account Number (e.g., billed telephone number)
SAS-2011

16b ☐ 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)
08/11/2011

18 Contract Award Date (mm/dd/yyyy)

19 Service Start Date (mm/dd/yyyy)
07/01/2012

20a Service End Date (mm/dd/yyyy)
06/30/2013

20b Contract Expiration Date (mm/dd/yyyy)

23 Calculations

Recurring Charges	A. Monthly charges (total amount per month for service)	$100.00
	B. How much of the amount in A is ineligible?	$0.00
	C. Eligible monthly pre-discount amount (A minus B)	$100.00
	D. Number of months service provided in funding year	12
	E. Annual pre-discount amount for eligible recurring charges (C x D)	$1,200.00
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
Total Charges	I. Total funding year pre-discount amount (E + H)	$1,200.00
	J. Discount from Block 4 Worksheet	90.00
	K. Funding Commitment Request (I x J)	$1,080.00

21 Description of This Service: NOTE: All Item 21 Attachments must be filed before the close of the filing window.
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.

Attachment
DSL 1.5mbps

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: 10583

b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., 1):

Entity Number: 10583	Applicant's Form Identifier: StAnthonyNY12
Contact Person: Richard Senturia	Contact Phone Number:

Block 6: Certifications and Signature

24 ☑ I certify that the entities listed in Block 4 of this application are eligible for support because they are: (Check one or both.)

a ☑ schools under the statutory definitions of elementary and secondary schools found in the **No Child Left Behind Act of 2001, 20 U.S.C. §§ 7801(18) and (38)**, that do not operate as for-profit businesses and do not have endowments exceeding $50 million; and/or

b ☐ libraries or library consortia eligible for assistance from a State library administrative agency under the Library Services and Technology Act of 1996 that do not operate as for-profit businesses and whose budgets are completely separate from any schools, including, but not limited to, elementary, secondary schools, colleges, or universities.

25 ☑ I certify that the entity I represent or the entities listed on this application have secured access, separately or through this program, to all of the resources, including computers, training, software, internal connections, maintenance, and electrical capacity, necessary to use the services purchased effectively. I recognize that some of the aforementioned resources are not eligible for support. I certify that the entities I represent or the entities listed on this application have secured access to all of the resources to pay the discounted charges for eligible services from funds to which access has been secured in the current funding year. I certify that the Billed Entity will pay the non-discount portion of the cost of the goods and services to the service provider(s).

a	Total funding year pre-discount amount on this Form 471 (Add the entries from Items 23I on all Block 5 Discount Funding Requests.)	6000
b	Total funding commitment request amount on this Form 471 (Add the entries from Items 23K on all Block 5 Discount Funding Requests.)	5400
c	Total applicant non-discount share (Subtract Item 25b from Item 25a.)	600
d	Total budgeted amount allocated to resources not eligible for E-rate support	2200
e	Total amount necessary for the applicant to pay the non-discount share of the services requested on this application AND to secure access to the resources necessary to make effective use of the discounts. (Add Items 25c and 25d.)	2800

f ☐ Check this box if you are receiving any of the funds in Item 25e directly from a service provider listed on any of the Forms 471 filed by this Billed Entity for this funding year, or if a service provider listed on any of the Forms 471 filed by this Billed Entity for this funding year assisted you in locating funds in Item 25e.

26 ☐ I certify that, if required by Commission rules, all of the individual schools and libraries receiving services under this form are covered by technology plans that do or will cover all 12 months of the funding year, and that have been or will be approved by a state or other authorized body or an SLD-certified technology plan approver prior to the commencement of service.

Or ☑ I certify that no technology plan is required by Commission rules.

27 ☑ I certify that (if applicable) I posted my Form 470 and (if applicable) made any related RFP available for at least 28 days before considering all bids received and selecting a service provider. I certify that all bids submitted were carefully considered and the most cost-effective service offering was selected, with price being the primary factor considered, and is the most cost-effective means of meeting educational needs and technology plan goals.

28 ☑ I certify that the entity responsible for selecting the service provider(s) has reviewed all applicable FCC, state, and local procurement/competitive bidding requirements and that the entity or entities listed on this application have complied with them.

29 ☑ I certify that the services the applicant purchases at discounts provided by 47 U.S.C. § 254 will be used primarily for educational purposes and will not be sold, resold or transferred in consideration for money or any other thing of value, except as permitted by the Commission's rules at 47 C.F.R. §§ 54.500, 54.513. Additionally, I certify that the entity or entities listed on this application have not received anything of value or a promise of anything of value, other than services and equipment sought by means of this form, from the service provider, or any representative or agent thereof or any consultant in connection with this request for services.

30 ☑ I certify that I and the entity(ies) I represent have complied with all program rules and I acknowledge that failure to do so may result in denial of discount funding and/or cancellation of funding commitments. There are signed contracts covering all of the services listed on this Form 471 except for those services provided under non-contracted tariffed or month-to-month arrangements. I acknowledge that failure to comply with program rules could result in civil or criminal prosecution by the appropriate law enforcement authorities.

Entity Number: 10583	Applicant's Form Identifier: StAnthonyNY12
Contact Person: Richard Senturia	Contact Phone Number:

Block 6: Certification and Signature (Continued)

31 ☑ I acknowledge that the discount level used for shared services is conditional, for future years, upon ensuring that the most disadvantaged schools and libraries that are treated as sharing in the service, receive an appropriate share of benefits from those services.

32 ☑ I certify that I will retain required documents for a period of at least five years after the last day of service delivered. I certify that I will retain all documents necessary to demonstrate compliance with the statute and Commission rules regarding the application for, receipt of, and delivery of services receiving schools and libraries discounts, and that if audited, I will make such records available to the Administrator. I acknowledge that I may be audited pursuant to participation in the schools and libraries program.

33 ☑ I certify that I am authorized to order telecommunications and other supported services for the eligible entity(ies) listed on this application. I certify that I am authorized to submit this request on behalf of the eligible entity(ies) listed on this application, that I have examined this request, that all of the information on this form is true and correct to the best of my knowledge, that the entities that are receiving discounts pursuant to this application have complied with the terms, conditions and purposes of the program, that no kickbacks were paid to anyone and that false statements on this form can be punished by fine or forfeiture under the Communications Act, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001 and civil violations of the False Claims Act.

34 ☑ I acknowledge that FCC rules provide that persons who have been convicted of criminal violations or held civilly liable for certain acts arising from their participation in the schools and libraries support mechanism are subject to suspension and debarment from the program. I will institute reasonable measures to be informed, and will notify USAC should I be informed or become aware that I or any of the entities listed on this application, or any person associated in any way with my entity and/or the entities listed on this application, is convicted of a criminal violation or held civilly liable for acts arising from their participation in the schools and libraries support mechanism.

35 ☑ I certify that if any of the Funding Requests on this Form 471 are for discounts for products or services that contain both eligible and ineligible components, that I have allocated the eligible and ineligible components as required by the Commission's rules at 47 C.F.R. § 54.504(g)(1), (2).

36 ☑ I certify that this funding request does not constitute a request for internal connections services, except basic maintenance services, in violation of the Commission requirement that eligible entities are not eligible for such support more than twice every five funding years as required by the Commission's rules at 47 C.F.R. § 54.506(c).

37 ☑ I certify that the non-discount portion of the costs for eligible services will not be paid by the service provider. The pre-discount costs of eligible services featured on this Form 471 are net of any rebates or discounts offered by the service provider. I acknowledge that, for the purpose of this rule, the provision, by the provider of a supported service, of free services or products unrelated to the supported service or product constitutes a rebate of some or all of the cost of the supported services.

38 Signature of authorized person ☑	39 Date 03/03/2012

40 Printed name of authorized person

41 Title or position of authorized person

☑ Check here if the consultant in Item 6g is the Authorized Person.

42a Street Address, P.O. Box, or Route Number

City
State Zip Code -

Entity Number: 10583	Applicant's Form Identifier: StAnthonyNY12
Contact Person: Richard Senturia	Contact Phone Number:

42b Telephone Number of authorized Person — Ext.

42c Fax Number of Authorized Person

42d E-mail Address of authorized Person

Re-enter E-mail Address

42e Name of Authorized Person's Employer

NOTICE: Section 54.504 of the Federal Communications Commission's rules requires all schools and libraries ordering services that are eligible for and seeking universal service discounts to file this Services Ordered and Certification Form (FCC Form 471) with the Universal Service Administrator. 47 C.F.R.§ 54.504(c). The collection of information stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended. 47 U.S.C. § 254. The data in the report will be used to ensure that schools and libraries comply with the competitive bidding requirement contained in 47C.F.R. § 54.504. All schools and libraries planning to order services eligible for universal service discounts must file this form themselves or as part of a consortium.

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.

The FCC is authorized under the Communications Act of 1934, as amended, to collect the information we request in this form. We will use the information you provide to determine whether approving this application is in the public interest. If we believe there may be a violation or a potential violation of any applicable statute, regulation, rule or order, your application may be referred to the Federal, state, or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation or order. In certain cases, the information in your application may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government is a party of a proceeding before the body or has an interest in the proceeding. In addition, consistent with the Communications Act of 1934, FCC regulations and orders, the Freedom of Information Act, 5 U.S.C. § 552, or other applicable law, information provided in or submitted with this form or in response to subsequent inquiries may be disclosed to the public.

If you owe a past due debt to the Federal government, the information you provide may also be disclosed to the Department of the Treasury Financial Management Service, other Federal agencies and/or your employer to offset your salary, IRS tax refund or other payments to collect that debt. The FCC may also provide the information to these agencies through the matching of computer records when authorized.

If you do not provide the information we request on the form, the FCC may delay processing of your application or may return your application without action.

The foregoing Notice is required by the Paperwork Reduction Act of 1995, Pub. L. No. 104-13, 44 U.S.C. § 3501, et seq.

Public reporting burden for this collection of information is estimated to average 4 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing, and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the reporting burden to the Federal Communications Commission, Performance Evaluation and Records Management, Washington, DC 20554.

Please submit this form to:
SLD-Form 471
P.O. Box 7026
Lawrence, Kansas 66044-7026

For express delivery services or U.S. Postal Service, Return Receipt Requested, mail this form to:
SLD Forms
ATTN: SLD Form 471
3833 Greenway Drive
Lawrence, Kansas 66046
(888) 203-8100

FCC Form 471 - October 2010

Close Print Preview

Previous

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FCC Form 471

Approval by OMB
3060-0806

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)	Form 471 Application #:
StAnthonyNYP-212	868057 (To be assigned by administrator)

Block 1: Billed Entity Address and Identifications

1 Name of Billed Entity
ST ANTHONY SCHOOL

2 Funding Year 2012

3a Entity Number 10583

3b FCC Registration Number 0011992385

4a Street Address, P.O. Box, or Route Number
1776 MANSION ST

City BRONX State NY Zip Code 10460-3248

4b Telephone Number

4c Fax Number

5a Type of Application (check only one)
- (●) Individual School (individual public or non-public school)
- ( ) School District (LEA; public or non-public [e.g. diocesan] local district representing multiple schools)
- ( ) Library (including library system, library outlet/branch or library consortium as defined under LSTA)
- ( ) Consortium (intermediate service agencies, states, state networks, special consortia of schools and/or libraries)
- ( ) Statewide application for (enter 2-letter state code) representing (check all that apply)
  - [ ] All public schools/districts in the state
  - [ ] All non-public schools in the state
  - [ ] All libraries in the state

5b Recipient(s) of Services:
[x] Private [ ] Public [ ] Charter
[ ] Tribal [ ] Head Start [ ] State Agency

Entity Number: 10583	Applicant's Form Identifier: StAnthonyNYP-212
Contact Person: Richard Senturia	Contact Phone Number:

Block 1: Billed Entity Address and Identifications (continued)

6a Contact Person's Name
Richard Senturia

If the Contact Person's Street Address is the same as **Item 4** above, check here. [ ] If not, complete Item 6b.

6b Street Address, P.O. Box, or Route Number
NOTE: USAC will use this address to mail correspondence about this form.
9666 Olive Blvd.
Suite 215
City Olivette State MO Zip Code 63132-3032

Check the box next to your preferred mode of contact and provide your contact information. One box MUST be checked and an entry provided.

[ ] **6c** Telephone Number
[ ] **6d** Fax Number
[x] **6e** E-Mail Address
Re-enter E-mail Address

6f Holiday/vacation/summer contact information: please include name of alternate contact (if applicable) and alternate phone, fax or E-mail address

If a consultant is assisting you with your application process, please complete Item 6g below:

6g Consultant Name RICHARD A SENTURIA
Name of Consultant's Employer ERateProgram, LLC
Consultant's Street Address 9666 Olive Blvd

City St. Louis State MO Zip Code 63132
Consultant's Telephone Number Ext.
Consultant's Fax Number
Consultant's E-mail Address
Re-enter E-mail Address
Consultant Registration Number 16048902

Entity Number: 10583	Applicant's Form Identifier: StAnthonyNYP-212
Contact Person: Richard Senturia	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		175	0
b Telephone service: Number of classrooms or rooms with phone service		15	0
c Direct connections to the Internet: Number of drops		1	0
d Number of classrooms or rooms with Internet access		15	0
e Number of computers or other devices with Internet access		60	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**	0	0
	At or greater than **1.5 mbps** and less than **3 mbps**	1	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**	0	0
	Greater than **100 mbps**	0	0

Block 3:

8 [Reserved]

Entity Number: 10583	**Applicant's Form Identifier: StAnthonyNYP-212**
Contact Person: Richard Senturia	**Contact Phone Number:**

Block 4: Discount Calculation Worksheet

Worksheet - 1483314
Page 1 of 1

The Block 4 worksheet is used to calculate your discount for services. You will complete one or more worksheets depending on the type of application you are filing. If you file more than one worksheet, please number the completed worksheets to assure that they are all processed correctly. Please refer to the instructions for information specific to the Type of Application you indicated in Block 1, Item 5.

☐ Check here if this worksheet contains all eligible entities in the school district or library system.

9a List entities and calculate discount(s):
School District or Library System Name:

(For Administrator's Use)
School District or Library System Entity Number:

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Name of Eligible Entity	Entity Number AND NCES Code (for Schools) or FSCS Code (for Libraries)	Urban or Rural U or R	Total Number of Students	Number of Students Eligible for NSLP	Percent of Students Eligible for NSLP (Col. 5 / Col. 4)	Disc from Disc Matrix	New Cons tructi on	Admin Entity or NIF	Alt Disc Mech	Weighted Product for Calculating Shared Discount (Col. 4 x Col. 7)	Insert appropriate codes(s): P= pre-K, H = Head Start, A = Adult Education, J = Juvenile Justicem E = ESA, D = Dormatory	Entity Number of School District in which Library Outlet/Branch is Located	Discount of Member Entity	Shared Discount
ALL ENTITIES			SCHOOLS AND LIBRARIES							Schools with shared services	Schools	Library Outlet/Branch	Consortia	
ST ANTHONY SCHOOL	10583 00 92221 8	U	175	154	88.000%	90	N	N	N	15750				

9b Shared Services

SCHOOL DISTRICTS: (Including groups of schools within school districts.) Calculate the totals of Columns 4 and 11. Divide the total of Column 11 by the total of Column 4. Enter the result in Column 15.	175							15750				90%
LIBRARY SYSTEMS: Calculate the total of Column 7. Divide this total by the number of outlets/branches. Enter the result in Column 15.												
CONSORTIA: Calculate the total of Column 14. Divide this total by the number of member entities. Enter the result in Column 15.												

Entity Number: 10583	Applicant's Form Identifier: StAnthonyNYP-212
Contact Person: Richard Senturia	Contact Phone Number:

Block 5: Discount Funding Request(s)
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.

Block 5, page 1 of 1

FRN 2365989
(to be assigned by administrator)

10 ☐ 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)

PRIORITY 1	PRIORITY 2
☐ Telecommunications Service	☐ Internal Connections Other than Basic Maintenance
☐ Internet Access	☑ Basic Maintenance of Internal Connections

12 **Form 470 Application Number**
866220000999492

13 **SPIN – Service Provider Identification Number**
143005216

14 **Service Provider Name**
All County Business Machines Corporation

15a ☐ Check this box if this Funding Request is for non-contracted tariffed or month-to-month services.

15b **Contract Number**
N/A

15c ☐ 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 ☐ 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:

16a **Billing Account Number** (e.g., billed telephone number)

16b ☐ 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)**
02/12/2012

18 **Contract Award Date (mm/dd/yyyy)**
03/19/2012

19 **Service Start Date** (mm/dd/yyyy)
07/01/2012

20a **Service End Date** (mm/dd/yyyy)

20b **Contract Expiration Date** (mm/dd/yyyy)
06/30/2013

23 **Calculations**

Recurring Charges	**A.** Monthly charges (total amount per month for service) $1,208.34
	B. How much of the amount in A is ineligible? $0.00
	C. Eligible monthly pre-discount amount (A minus B) $1,208.34
	D. Number of months service provided in funding year 12
	E. Annual pre-discount amount for eligible recurring charges (C x D) $14,500.08
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
Total Charges	**I.** Total funding year pre-discount amount (E + H) $14,500.08
	J. Discount from Block 4 Worksheet 90.00
	K. Funding Commitment Request (I x J) $13,050.07

21 **Description of This Service: NOTE: All Item 21 Attachments must be filed before the close of the filing window.** 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.

Attachment
Basic Maintance

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: 10583

b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., 1):

Entity Number: 10583	Applicant's Form Identifier: StAnthonyNYP-212
Contact Person: Richard Senturia	Contact Phone Number:

Block 6: Certifications and Signature

24 ☑ I certify that the entities listed in Block 4 of this application are eligible for support because they are: (Check one or both.)

a ☑ schools under the statutory definitions of elementary and secondary schools found in the **No Child Left Behind Act of 2001, 20 U.S.C. §§ 7801(18) and (38)**, that do not operate as for-profit businesses and do not have endowments exceeding $50 million; and/or

b ☐ libraries or library consortia eligible for assistance from a State library administrative agency under the Library Services and Technology Act of 1996 that do not operate as for-profit businesses and whose budgets are completely separate from any schools, including, but not limited to, elementary, secondary schools, colleges, or universities.

25 ☑ I certify that the entity I represent or the entities listed on this application have secured access, separately or through this program, to all of the resources, including computers, training, software, internal connections, maintenance, and electrical capacity, necessary to use the services purchased effectively. I recognize that some of the aforementioned resources are not eligible for support. I certify that the entities I represent or the entities listed on this application have secured access to all of the resources to pay the discounted charges for eligible services from funds to which access has been secured in the current funding year. I certify that the Billed Entity will pay the non-discount portion of the cost of the goods and services to the service provider(s).

a	Total funding year pre-discount amount on this Form 471 (Add the entries from Items 23I on all Block 5 Discount Funding Requests.)	14500.08
b	Total funding commitment request amount on this Form 471 (Add the entries from Items 23K on all Block 5 Discount Funding Requests.)	13050.07
c	Total applicant non-discount share (Subtract Item 25b from Item 25a.)	1450.01
d	Total budgeted amount allocated to resources not eligible for E-rate support	1800
e	Total amount necessary for the applicant to pay the non-discount share of the services requested on this application AND to secure access to the resources necessary to make effective use of the discounts. (Add Items 25c and 25d.)	3250.01

f ☐ Check this box if you are receiving any of the funds in Item 25e directly from a service provider listed on any of the Forms 471 filed by this Billed Entity for this funding year, or if a service provider listed on any of the Forms 471 filed by this Billed Entity for this funding year assisted you in locating funds in Item 25e.

26 ☑ I certify that, if required by Commission rules, all of the individual schools and libraries receiving services under this form are covered by technology plans that do or will cover all 12 months of the funding year, and that have been or will be approved by a state or other authorized body or an SLD-certified technology plan approver prior to the commencement of service.

Or ☐ I certify that no technology plan is required by Commission rules.

27 ☑ I certify that (if applicable) I posted my Form 470 and (if applicable) made any related RFP available for at least 28 days before considering all bids received and selecting a service provider. I certify that all bids submitted were carefully considered and the most cost-effective service offering was selected, with price being the primary factor considered, and is the most cost-effective means of meeting educational needs and technology plan goals.

28 ☑ I certify that the entity responsible for selecting the service provider(s) has reviewed all applicable FCC, state, and local procurement/competitive bidding requirements and that the entity or entities listed on this application have complied with them.

29 ☑ I certify that the services the applicant purchases at discounts provided by 47 U.S.C. § 254 will be used primarily for educational purposes and will not be sold, resold or transferred in consideration for money or any other thing of value, except as permitted by the Commission's rules at 47 C.F.R. §§ 54.500, 54.513. Additionally, I certify that the entity or entities listed on this application have not received anything of value or a promise of anything of value, other than services and equipment sought by means of this form, from the service provider, or any representative or agent thereof or any consultant in connection with this request for services.

30 ☑ I certify that I and the entity(ies) I represent have complied with all program rules and I acknowledge that failure to do so may result in denial of discount funding and/or cancellation of funding commitments. There are signed contracts covering all of the services listed on this Form 471 except for those services provided under non-contracted tariffed or month-to-month arrangements. I acknowledge that failure to comply with program rules could result in civil or criminal prosecution by the appropriate law enforcement authorities.

Entity Number: 10583	Applicant's Form Identifier: StAnthonyNYP-212
Contact Person: Richard Senturia	Contact Phone Number:

Block 6: Certification and Signature (Continued)

31 ☑ I acknowledge that the discount level used for shared services is conditional, for future years, upon ensuring that the most disadvantaged schools and libraries that are treated as sharing in the service, receive an appropriate share of benefits from those services.

32 ☑ I certify that I will retain required documents for a period of at least five years after the last day of service delivered. I certify that I will retain all documents necessary to demonstrate compliance with the statute and Commission rules regarding the application for, receipt of, and delivery of services receiving schools and libraries discounts, and that if audited, I will make such records available to the Administrator. I acknowledge that I may be audited pursuant to participation in the schools and libraries program.

33 ☑ I certify that I am authorized to order telecommunications and other supported services for the eligible entity(ies) listed on this application. I certify that I am authorized to submit this request on behalf of the eligible entity(ies) listed on this application, that I have examined this request, that all of the information on this form is true and correct to the best of my knowledge, that the entities that are receiving discounts pursuant to this application have complied with the terms, conditions and purposes of the program, that no kickbacks were paid to anyone and that false statements on this form can be punished by fine or forfeiture under the Communications Act, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001 and civil violations of the False Claims Act.

34 ☑ I acknowledge that FCC rules provide that persons who have been convicted of criminal violations or held civilly liable for certain acts arising from their participation in the schools and libraries support mechanism are subject to suspension and debarment from the program. I will institute reasonable measures to be informed, and will notify USAC should I be informed or become aware that I or any of the entities listed on this application, or any person associated in any way with my entity and/or the entities listed on this application, is convicted of a criminal violation or held civilly liable for acts arising from their participation in the schools and libraries support mechanism.

35 ☑ I certify that if any of the Funding Requests on this Form 471 are for discounts for products or services that contain both eligible and ineligible components, that I have allocated the eligible and ineligible components as required by the Commission's rules at 47 C.F.R. § 54.504(g)(1), (2).

36 ☑ I certify that this funding request does not constitute a request for internal connections services, except basic maintenance services, in violation of the Commission requirement that eligible entities are not eligible for such support more than twice every five funding years as required by the Commission's rules at 47 C.F.R. § 54.506(c).

37 ☑ I certify that the non-discount portion of the costs for eligible services will not be paid by the service provider. The pre-discount costs of eligible services featured on this Form 471 are net of any rebates or discounts offered by the service provider. I acknowledge that, for the purpose of this rule, the provision, by the provider of a supported service, of free services or products unrelated to the supported service or product constitutes a rebate of some or all of the cost of the supported services.

38 Signature of authorized person ☑	39 Date 03/19/2012

40 Printed name of authorized person

41 Title or position of authorized person

☑ Check here if the consultant in Item 6g is the Authorized Person.

42a Street Address, P.O. Box, or Route Number

City
State Zip Code -

Entity Number: 10583	Applicant's Form Identifier: StAnthonyNYP-212
Contact Person: Richard Senturia	Contact Phone Number:

42b Telephone Number of authorized Person Ext.

42c Fax Number of Authorized Person

42d E-mail Address of authorized Person

Re-enter E-mail Address

42e Name of Authorized Person's Employer

NOTICE: Section 54.504 of the Federal Communications Commission's rules requires all schools and libraries ordering services that are eligible for and seeking universal service discounts to file this Services Ordered and Certification Form (FCC Form 471) with the Universal Service Administrator. 47 C.F.R.§ 54.504(c). The collection of information stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended. 47 U.S.C. § 254. The data in the report will be used to ensure that schools and libraries comply with the competitive bidding requirement contained in 47C.F.R. § 54.504. All schools and libraries planning to order services eligible for universal service discounts must file this form themselves or as part of a consortium.

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.

The FCC is authorized under the Communications Act of 1934, as amended, to collect the information we request in this form. We will use the information you provide to determine whether approving this application is in the public interest. If we believe there may be a violation or a potential violation of any applicable statute, regulation, rule or order, your application may be referred to the Federal, state, or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation or order. In certain cases, the information in your application may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government is a party of a proceeding before the body or has an interest in the proceeding. In addition, consistent with the Communications Act of 1934, FCC regulations and orders, the Freedom of Information Act, 5 U.S.C. § 552, or other applicable law, information provided in or submitted with this form or in response to subsequent inquiries may be disclosed to the public.

If you owe a past due debt to the Federal government, the information you provide may also be disclosed to the Department of the Treasury Financial Management Service, other Federal agencies and/or your employer to offset your salary, IRS tax refund or other payments to collect that debt. The FCC may also provide the information to these agencies through the matching of computer records when authorized.

If you do not provide the information we request on the form, the FCC may delay processing of your application or may return your application without action.

The foregoing Notice is required by the Paperwork Reduction Act of 1995, Pub. L. No. 104-13, 44 U.S.C. § 3501, et seq.

Public reporting burden for this collection of information is estimated to average 4 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing, and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the reporting burden to the Federal Communications Commission, Performance Evaluation and Records Management, Washington, DC 20554.

Please submit this form to:
SLD-Form 471
P.O. Box 7026
Lawrence, Kansas 66044-7026

For express delivery services or U.S. Postal Service, Return Receipt Requested, mail this form to:
SLD Forms
ATTN: SLD Form 471
3833 Greenway Drive
Lawrence, Kansas 66046
(888) 203-8100

FCC Form 471 - October 2010

Close Print Preview

Previous

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Universal Service Administrative Company
Schools & Libraries Division

FUNDING COMMITMENT DECISION LETTER
(Funding Year 2012: 07/01/2012 - 06/30/2013)

January 29, 2013

Richard Senturia
ST ANTHONY SCHOOL
9666 Olive Blvd.
Suite 215
Olivette, MO 63132-3032

Re: Form 471 Application Number: 868057
Billed Entity Number (BEN): 10583
Billed Entity FCC RN: 0011992385
Applicant's Form Identifier: StAnthonyNYP-212

Thank you for your Funding Year 2012 application for Universal Service Support and for any assistance you provided throughout our review. The current status of the funding request(s) in the Form 471 application cited above and featured in the Funding Commitment Report(s) (Report) at the end of this letter is as follows.

- The amount, $13,050.07 is "Approved."

Please refer to the Report following this letter for specific funding request decisions and explanations. The Universal Service Administrative Company (USAC) is also sending this information to your service provider(s) so preparations can begin for implementing your approved discount(s) after you file FCC Form 486, Receipt of Service Confirmation Form. A guide that provides a definition for each line of the Report is available in the Reference Area of our website.

NEXT STEPS

- Work with your service provider to determine if you will receive discounted bills or if you will request reimbursement from USAC after paying your bills in full
- Review technology planning approval requirements
- Review CIPA requirements
- File Form 486
- Invoice USAC using the Form 474 (service provider) or Form 472 (Billed Entity applicant) - as products and services are being delivered and billed

TO APPEAL THIS DECISION:

You have the option of filing an appeal with the SLD or directly with the Federal Communications Commission (FCC).

If you wish to appeal a decision in this letter to USAC, your appeal must be received by USAC or postmarked within 60 days of the date of 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 (if available) email address for the person who can most readily discuss this appeal with us.

2. State outright that your letter is an appeal. Include the following to identify the letter and the decision you are appealing:
   - Appellant name,
   - Applicant name and service provider name, if different from appellant,
   - Applicant BEN and Service Provider Identification Number (SPIN),
   - Form 471 Application Number 868057 as assigned by USAC,
   - "Funding Commitment Decision Letter for Funding Year 2012," AND

- The exact text or the decision that you are appealing.

3. Please keep your letter to the point, and provide documentation to support your appeal. Be sure to keep a copy of your entire appeal, including any correspondence and documentation.

4. If you are the applicant, please provide a copy of your appeal to the service provider(s) affected by USAC's decision. If you are the service provider, please provide a copy of your appeal to the applicant(s) affected by USAC's decision.

5. Provide an authorized signature on your letter of appeal.

To submit your appeal to USAC by email, email your appeal to appeals@sl.universalservice.org. USAC will automatically reply to incoming emails to confirm receipt.

To submit your appeal to USAC by fax, fax your appeal to (973) 599-6542.

To submit your appeal to USAC on paper, send your appeal to:

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

If you wish to appeal a decision in this letter to 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 received by the FCC or postmarked within 60 days of the date of this letter. Failure to meet this requirement will result in automatic dismissal of your appeal. We strongly recommend that you use the electronic filing options described in the "Appeals Procedure" posted in the Reference Area of our website. 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.

OBLIGATION TO PAY NON-DISCOUNT PORTION

Applicants are required to pay the non-discount portion of the cost of the products and/or services to their service provider(s). Service providers are required to bill applicants for the non-discount portion. The FCC stated that requiring applicants to pay their share ensures efficiency and accountability in the program. If USAC is being billed via the FCC Form 474, the service provider must bill the applicant at the same time it bills USAC. If USAC is being billed via the FCC Form 472, the applicant pays the service provider in full (the non-discount plus discount portion) and then seeks reimbursement from USAC. If you are using a trade-in as part of your non-discount portion, please refer to our website for more information.

NOTICE ON RULES AND FUNDS AVAILABILITY

Applicants' receipt of funding commitments is contingent on their compliance with all statutory, regulatory, and procedural requirements of the Schools and Libraries Program. Applicants who have received funding commitments continue to be subject to audits and other reviews that USAC and/or the FCC may undertake periodically to assure that funds that have been committed are being used in accordance with all such requirements. USAC may be required to reduce or cancel funding commitments that were not issued in accordance with such requirements, whether due to action or inaction, including but not limited to that by USAC, the applicant, or the service provider. USAC, and other appropriate authorities (including but not limited to the FCC), may pursue enforcement actions and other means of recourse to collect improperly disbursed funds. The timing of payment of invoices may also be affected by the availability of funds based on the amount of funds collected from contributing telecommunications companies.

Schools and Libraries Division
Universal Service Administrative Company

FUNDING COMMITMENT REPORT
Billed Entity Name: ST ANTHONY SCHOOL
BEN: 10583
Funding Year: 2012

Comment on RAL corrections: The applicant did not submit any RAL corrections.

Form 471 Application Number: 868057
Funding Request Number: 2365989
Funding Status: Funded
Category of Service: Basic Maintenance of Internal Connections
Form 470 Application Number: 866220000999492
SPIN: 143005216
Service Provider Name: All County Business Machines Corporation
Contract Number: N/A
Billing Account Number: N/A
Multiple Billing Account Numbers: N
Service Start Date: 07/01/2012
Service End Date: N/A
Contract Award Date: 03/19/2012
Contract Expiration Date: 06/30/2013
Site Identifier: 10583
Number of Months Recurring Service Provided in Funding Year: 12
Annual Pre-discount Amount for Eligible Recurring Charges: $14,500.08
Annual Pre-discount Amount for Eligible Non-recurring Charges: $.00
Pre-discount Amount: $14,500.08
Discount Percentage Approved by the USAC: 90%
Funding Commitment Decision: $13,050.07 - FRN approved as submitted

FCDL Date: 01/29/2013
Wave Number: 028
Last Allowable Date for Delivery and Installation for Non-Recurring Services: 09/30/2013
Consultant Name: RICHARD A SENTURIA
Consultant Number (CRN): 16048902
Consultant Employer: ERateProgram, LLC

Universal Service Administrative Company
Schools & Libraries Division

FUNDING COMMITMENT DECISION LETTER
(Funding Year 2012: 07/01/2012 - 06/30/2013)

July 10, 2012

Richard Senturia
ST ANTHONY SCHOOL
9666 Olive Blvd.
Suite 215
Olivette, MO 63132-3032

Re: Form 471 Application Number: 837212
Billed Entity Number (BEN): 10583
Billed Entity FCC RN: 0011992385
Applicant's Form Identifier: StAnthonyNY12

Thank you for your Funding Year 2012 application for Universal Service Support and for any assistance you provided throughout our review. The current status of the funding request(s) in the Form 471 application cited above and featured in the Funding Commitment Report(s) (Report) at the end of this letter is as follows.

- The amount, $5,400.00 is "Approved."

Please refer to the Report following this letter for specific funding request decisions and explanations. The Universal Service Administrative Company (USAC) is also sending this information to your service provider(s) so preparations can begin for implementing your approved discount(s) after you file FCC Form 486, Receipt of Service Confirmation Form. A guide that provides a definition for each line of the Report is available in the Reference Area of our website.

NEXT STEPS

- Work with your service provider to determine if you will receive discounted bills or if you will request reimbursement from USAC after paying your bills in full
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- Review CIPA requirements
- File Form 486
- Invoice USAC using the Form 474 (service provider) or Form 472 (Billed Entity applicant) - as products and services are being delivered and billed

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You have the option of filing an appeal with the SLD or directly with the Federal Communications Commission (FCC).

If you wish to appeal a decision in this letter to USAC, your appeal must be received by USAC or postmarked within 60 days of the date of 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 (if available) email address for the person who can most readily discuss this appeal with us.

2. State outright that your letter is an appeal. Include the following to identify the letter and the decision you are appealing:
   - Appellant name,
   - Applicant name and service provider name, if different from appellant,
   - Applicant BEN and Service Provider Identification Number (SPIN),
   - Form 471 Application Number 837212 as assigned by USAC,
   - "Funding Commitment Decision Letter for Funding Year 2012," AND

DUPLICATE LETTER

- The exact text or the decision that you are appealing.

3. Please keep your letter to the point, and provide documentation to support your appeal. Be sure to keep a copy of your entire appeal, including any correspondence and documentation.

4. If you are the applicant, please provide a copy of your appeal to the service provider(s) affected by USAC's decision. If you are the service provider, please provide a copy of your appeal to the applicant(s) affected by USAC's decision.

5. Provide an authorized signature on your letter of appeal.

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To submit your appeal to USAC by fax, fax your appeal to (973) 599-6542.

To submit your appeal to USAC on paper, send your appeal to:

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

If you wish to appeal a decision in this letter to 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 received by the FCC or postmarked within 60 days of the date of this letter. Failure to meet this requirement will result in automatic dismissal of your appeal. We strongly recommend that you use the electronic filing options described in the "Appeals Procedure" posted in the Reference Area of our website. 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.

OBLIGATION TO PAY NON-DISCOUNT PORTION

Applicants are required to pay the non-discount portion of the cost of the products and/or services to their service provider(s). Service providers are required to bill applicants for the non-discount portion. The FCC stated that requiring applicants to pay their share ensures efficiency and accountability in the program. If USAC is being billed via the FCC Form 474, the service provider must bill the applicant at the same time it bills USAC. If USAC is being billed via the FCC Form 472, the applicant pays the service provider in full (the non-discount plus discount portion) and then seeks reimbursement from USAC. If you are using a trade-in as part of your non-discount portion, please refer to our website for more information.

NOTICE ON RULES AND FUNDS AVAILABILITY

Applicants' receipt of funding commitments is contingent on their compliance with all statutory, regulatory, and procedural requirements of the Schools and Libraries Program. Applicants who have received funding commitments continue to be subject to audits and other reviews that USAC and/or the FCC may undertake periodically to assure that funds that have been committed are being used in accordance with all such requirements. USAC may be required to reduce or cancel funding commitments that were not issued in accordance with such requirements, whether due to action or inaction, including but not limited to that by USAC, the applicant, or the service provider. USAC, and other appropriate authorities (including but not limited to the FCC), may pursue enforcement actions and other means of recourse to collect improperly disbursed funds. The timing of payment of invoices may also be affected by the availability of funds based on the amount of funds collected from contributing telecommunications companies.

Schools and Libraries Division
Universal Service Administrative Company

FUNDING COMMITMENT REPORT
Billed Entity Name: ST ANTHONY SCHOOL
BEN: 10583
Funding Year: 2012

Comment on RAL corrections: The applicant did not submit any RAL corrections.

Form 471 Application Number: 837212
Funding Request Number: 2271725
Funding Status: Funded
Category of Service: Telecommunications Service
Form 470 Application Number: 922470000928277
SPIN: 143007246
Service Provider Name: Cablevision Systems Corporation (Education Dept)
Contract Number: MTM
Billing Account Number: # 7188921224
Multiple Billing Account Numbers: N
Service Start Date: 07/01/2012
Service End Date: 06/30/2013
Contract Award Date: N/A
Contract Expiration Date: N/A
Site Identifier: 10583
Number of Months Recurring Service Provided in Funding Year: 12
Annual Pre-discount Amount for Eligible Recurring Charges: $4,800.00
Annual Pre-discount Amount for Eligible Non-recurring Charges: $.00
Pre-discount Amount: $4,800.00
Discount Percentage Approved by the USAC: 90%
Funding Commitment Decision: $4,320.00 - FRN approved as submitted

FCDL Date: 07/10/2012
Wave Number: 001
Last Allowable Date for Delivery and Installation for Non-Recurring Services: 09/30/2013
Consultant Name: RICHARD A SENTURIA
Consultant Number (CRN): 16048902
Consultant Employer: ERateProgram, LLC

FUNDING COMMITMENT REPORT
Billed Entity Name: ST ANTHONY SCHOOL
BEN: 10583
Funding Year: 2012

Comment on RAL corrections: The applicant did not submit any RAL corrections.

Form 471 Application Number: 837212
Funding Request Number: 2271727
Funding Status: Funded
Category of Service: Internet Access
Form 470 Application Number: 922470000928277
SPIN: 143007246
Service Provider Name: Cablevision Systems Corporation (Education Dept)
Contract Number: MTM
Billing Account Number: # SAS-2011
Multiple Billing Account Numbers: N
Service Start Date: 07/01/2012
Service End Date: 06/30/2013
Contract Award Date: N/A
Contract Expiration Date: N/A
Site Identifier: 10583
Number of Months Recurring Service Provided in Funding Year: 12
Annual Pre-discount Amount for Eligible Recurring Charges: $1,200.00
Annual Pre-discount Amount for Eligible Non-recurring Charges: $.00
Pre-discount Amount: $1,200.00
Discount Percentage Approved by the USAC: 90%
Funding Commitment Decision: $1,080.00 - FRN approved as submitted

FCDL Date: 07/10/2012
Wave Number: 001
Last Allowable Date for Delivery and Installation for Non-Recurring Services: 09/30/2013
Consultant Name: RICHARD A SENTURIA
Consultant Number (CRN): 16048902
Consultant Employer: ERateProgram, LLC

EXHIBIT 6

Richard Senturia

From: Gilani, Asad [US - SaaSNetworks] [asad.s.gilani@saasnetworks.net]
Sent: Tuesday, January 17, 2012 1:34 AM
To: B224@adnyschools.org; Richard Senturia
Cc: Gilani, Asad [US - SaaSNetworks]; Gilani, Saeeda [US]
Subject: Detail Equipment List Requested - St Anthony 10583 10460
Attachments: St Anthony School - 10583 10460.pdf

Importance: High
Sensitivity: Confidential

Mr. Acosta,

Please email me the detail inventory list for us to BID it on Maintenance.

Thank You

Service	Quantity and/or Capacity
Basic Maintenance for all eligible voice and data equipment and networks	two year contract includes hourly pricir
Basic Maintenance for Distance Learning system	two year contract includes hourly pricir
Basic maintenance for all access points	two year contract for all points and cor
Basic maintenance for all other eligible equipment and networks	two year contract includes hourly pricir

Block 2: Impact of Services Ordered for Schools and Libraries from this Form 471	
	Schools
7a Number of students or patrons to be served	200
b Telephone service: Number of classrooms or rooms with phone service	15
c Direct connections to the Internet: Number of drops	1
d Number of classrooms or rooms with Internet access	15
e Number of computers or other devices with Internet access	50
f Number of dial-up Internet access and other connections of up to 200 kbps:	0

FRN: 2207367 FCDL Date:

10. Original FRN:

11. Category of Service: Internal Connections

12. 470 Application Number: 914560000835867

13. SPIN: 143005216

14. Service Provider Name: All County Business Machines Corporation

15a. Non-Contracted tariffed/Month to Month Service:

15b. Contract Number: SA10583

15c. Covered under State Master Contract:

15d. FRN from Previous Year:

16a. Billing Account Number:

16b. Multiple Billing Account Numbers?:

EXHIBIT 7

Reference

SPIN and BEAR Contact Search Results

Guidance on determining if a company is eligible to provide telecommunications services:

Form 499 Filer column indicates "Y":

- This service provider has successfully filed a Form 499 with USAC. Telecommunications providers with a "Y" are eligible to provide Telecommunications Services and Internet service providers with a "Y" are eligible to provide Interconnected Voice over Internet Protocol (VoIP) services.

All other designations:

- Some service providers that do not have a "Y" designation are eligible to provide Telecommunications Services because they meet certain conditions and are exempt from filing a Form 499 . You can contact the Client Service Bureau to determine if the company has met those conditions.

Form 499 Filer column indicates "X":

- This service provider has been researched by USAC and is **not** eligible to provide Telecommunications Services.

Form 499 Filer column indicates "Z":

- This service provider is currently being researched by USAC to determine if it is eligible to provide Telecommunications Services.

Form 499 Filer column is blank:

- This service provider has not been researched and its status is unverified.

Applicants are reminded that they should confirm this and all other information with the service provider.

Page 1 of 1
Results 1 - 1 of 1

SPIN	Service Provider Name	Doing Business As	Contact Name	Contact Address	Contact Phone	Form 499 Filer	SPAC Filed
143035784	Saas Networks LLC	Saas Networks	Asad Gilani	661 Bedford Road , Armonk, NY 10506-3014	916224-8073		

New Search | Done

Questions about the SLD Program? Call our Client Service Bureau at (888) 203-8100.

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E-RATE CENTRAL

Dedicated to Simplifying the E-rate Program for Schools and Libraries

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Friday, October 17, 2014

Funding Data Search: SPIN BEN 471 FRN CRN State: Select One GO ESPF Home

FY: 1998 | 1999 | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014

[Print Version]

No matching data available for Service Provider Indentification Number: 143035784

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