

EXHIBIT 9

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) 471ENCINITAS13NvLS	Form 471 Application #: 892138 (To be assigned by administrator)
Block 1: Billed Entity Address and Identifications	
<p>1 Name of Billed Entity ENCINITAS UNION ELEM SCH DIST</p> <p>2 Funding Year 2013</p> <p>3a Entity Number 143637</p> <p>3b FCC Registration Number 0014168363</p> <p>4a Street Address, P.O. Box, or Route Number 101 S RANCHO SANTA FE RD</p> <p>City ENCINITAS State CA Zip Code 92024-4349</p> <p>4b Telephone Number</p> <p>4c Fax Number</p> <p>5a Type of Application (check only one)</p> <p><input type="radio"/> Individual School (individual public or non-public school)</p> <p><input checked="" type="radio"/> School District (LEA; public or non-public [e.g. diocesan] local district representing multiple schools)</p> <p><input type="radio"/> Library (including library system, library outlet/branch or library consortium as defined under LSTA)</p> <p><input type="radio"/> Consortium (intermediate service agencies, states, state networks, special consortia of schools and/or libraries)</p> <p><input type="radio"/> Statewide application for (enter 2-letter state code) representing (check all that apply)</p> <p><input type="checkbox"/> All public schools/districts in the state</p> <p><input type="checkbox"/> All non-public schools in the state</p> <p><input type="checkbox"/> All libraries in the state</p> <p>5b Recipient(s) of Services:</p> <p><input type="checkbox"/> Private <input checked="" type="checkbox"/> Public <input type="checkbox"/> Charter</p> <p><input type="checkbox"/> Tribal <input type="checkbox"/> Head Start <input type="checkbox"/> State Agency</p>	
Entity Number: 143637	Applicant's Form Identifier: 471ENCINITAS13NvLS
Contact Person: NANCY VON LANGEN-SCOTT OR DAVID DELACALZADA	
Contact Phone Number:	
Block 1: Billed Entity Address and Identifications (continued)	
<p>6a Contact Person's Name NANCY VON LANGEN-SCOTT OR DAVID DELACALZADA</p> <p>If the Contact Person's Street Address is the same as Item 4 above, check here. <input type="checkbox"/> If not, complete Item 6b.</p> <p>6b Street Address, P.O. Box, or Route Number NOTE: USAC will use this address to mail correspondence about this form. 11321 LEGACY TERRACE</p> <p>City SAN DIEGO State CA Zip Code 92131-3552</p> <p>Check the box next to your preferred mode of contact and provide your contact information. One box MUST be checked and an entry provided.</p> <p><input type="checkbox"/> 6c Telephone Number</p> <p><input type="checkbox"/> 6d Fax Number</p> <p><input checked="" type="checkbox"/> 6e E-Mail Address Re-enter E-mail Address</p> <p>6f Holiday/vacation/summer contact information; please include name of alternate contact (if applicable) and alternate phone, fax or E-mail address</p> <p>If a consultant is assisting you with your application process, please complete Item 6g below:</p> <p>6g Consultant Name NvLS Professional Services, LLC Name of Consultant's Employer NvLS Professional Services, LLC Consultant's Street Address 11321 Legacy Terrace NvLS Professional Services LLC City San Diego State CA Zip Code 92131 Consultant's Telephone Number Ext. Consultant's Fax Number Consultant's E-mail Address Re-enter E-mail Address Consultant Registration Number 16024810</p>	
Entity Number: 143637	Applicant's Form Identifier: 471ENCINITAS13NvLS
Contact Person: NANCY VON LANGEN-SCOTT OR DAVID DELACALZADA	
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	5447	0
b	Telephone service: Number of classrooms or rooms with phone service	286	0
c	Direct connections to the Internet: Number of drops	1455	0
d	Number of classrooms or rooms with Internet access	286	0
e	Number of computers or other devices with Internet access	4241	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
		At or greater than 1.5 mbps and less than 3 mbps	0
		At or greater than 3 mbps and less than 10 mbps	0
		At or greater than 10 mbps and less than 25 mbps	0
		At or greater than 25 mbps and less than 50 mbps	0
		At or greater than 50 mbps and less than 100 mbps	0
	Greater than 100 mbps	11	0

Block 3:

8 [Reserved]

Entity Number: 143637						Applicant's Form Identifier: 471ENCINITAS13NvLS									
Contact Person: NANCY VON LANGEN-SCOTT OR DAVID DELACALZADA						Contact Phone Number:									
Block 4: Discount Calculation Worksheet											Worksheet - 1524930 Page 1 of 1				
<p>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.</p> <p><input checked="" type="checkbox"/> Check here if this worksheet contains all eligible entities in the school district or library system.</p>															
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 Justice, E= ESA, D= Dormitory	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		
LA COSTA HEIGHTS ELEM SCHOOL	103820 06 12750 08830	U	668	37	5.539%	40	N	N	N	26720					
OLIVENHAIN-PIONEER ELEM SCH	103821 06 12750 03928	U	685	17	2.482%	40	N	N	N	27400					
MISSION ESTANCIA ELEM SCHOOL	103823 06 12750 09537	U	562	20	3.559%	40	N	N	N	22480					
CAPRI ELEMENTARY SCHOOL	103877 06 12750 01433	U	662	156	23.565%	50	N	N	N	33100					
EUSD DISTRICT OFFICE	16033542 06 12750 99999	U	0	0	0.000%	45	N	N	N	0					
FLORA VISTA ELEMENTARY SCHOOL	103879 06 12750 01435	U	485	19	3.918%	40	N	N	N	19400					
OCEAN KNOLL ELEMENTARY SCHOOL	103888 06 12750 01436	U	496	192	38.710%	60	N	N	N	29760					
PARK DALE LANE ELEM SCHOOL	103889 06 12750 01438	U	575	118	20.522%	50	N	N	N	28750					
EL CAMINO CREEK ELEMENTARY SCHOOL	221647 06 12750 08592	U	776	13	1.675%	40	N	N	N	31040					
PAUL ECKE ELEMENTARY SCHOOL	103878 06 12750 01434	U	538	158	29.368%	50	N	N	N	26900					
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.			5447							245550				45%	
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.															

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Block 5: Discount Funding Request(s)		Block 5, page 1 of 7																																							
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.		FRN 2424810 (to be assigned by administrator)																																							
10 <input type="checkbox"/> 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) <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"> PRIORITY 1 <input checked="" type="checkbox"/> Telecommunications Service <input type="checkbox"/> Internet Access </td> <td style="width:50%;"> PRIORITY 2 <input type="checkbox"/> Internal Connections Other than Basic Maintenance <input type="checkbox"/> Basic Maintenance of Internal Connections </td> </tr> </table>		PRIORITY 1 <input checked="" type="checkbox"/> Telecommunications Service <input type="checkbox"/> Internet Access	PRIORITY 2 <input type="checkbox"/> Internal Connections Other than Basic Maintenance <input type="checkbox"/> Basic Maintenance of Internal Connections	23 Calculations <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td rowspan="5" style="width:10%; text-align:center; vertical-align:middle;">Recurring Charges</td> <td style="width:10%;">A. Monthly charges (total amount per month for service)</td> <td style="width:10%; text-align:right;">\$3,699.11</td> <td style="width:10%;"></td> </tr> <tr> <td>B. How much of the amount in A is ineligible?</td> <td style="text-align:right;">\$0.00</td> <td></td> </tr> <tr> <td>C. Eligible monthly pre-discount amount (A minus B)</td> <td style="text-align:right;">\$3,699.11</td> <td></td> </tr> <tr> <td>D. Number of months service provided in funding year</td> <td style="text-align:center;">7</td> <td></td> </tr> <tr> <td>E. Annual pre-discount amount for eligible recurring charges (C x D)</td> <td style="text-align:right;">\$25,893.77</td> <td></td> </tr> <tr> <td rowspan="3" style="text-align:center; vertical-align:middle;">Non-Recurring Charges</td> <td>F. Annual non-recurring charges</td> <td style="text-align:right;">\$0.00</td> <td></td> </tr> <tr> <td>G. How much of the amount in F is ineligible?</td> <td style="text-align:right;">\$0.00</td> <td></td> </tr> <tr> <td>H. Annual eligible pre-discount amount for non-recurring charges (F minus G)</td> <td style="text-align:right;">\$0.00</td> <td></td> </tr> <tr> <td rowspan="3" style="text-align:center; vertical-align:middle;">Total Charges</td> <td>I. Total funding year pre-discount amount (E + H)</td> <td style="text-align:right;">\$25,893.77</td> <td></td> </tr> <tr> <td>J. Discount from Block 4 Worksheet</td> <td style="text-align:right;">45.00</td> <td></td> </tr> <tr> <td>K. Funding Commitment Request (I x J)</td> <td style="text-align:right;">\$11,652.20</td> <td></td> </tr> </table>		Recurring Charges	A. Monthly charges (total amount per month for service)	\$3,699.11		B. How much of the amount in A is ineligible?	\$0.00		C. Eligible monthly pre-discount amount (A minus B)	\$3,699.11		D. Number of months service provided in funding year	7		E. Annual pre-discount amount for eligible recurring charges (C x D)	\$25,893.77		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)	\$25,893.77		J. Discount from Block 4 Worksheet	45.00		K. Funding Commitment Request (I x J)	\$11,652.20	
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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: b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., 1): 1524930																																							

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10 <input type="checkbox"/> 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:																											
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12 Form 470 Application Number 657010001045676																											
13 SPIN – Service Provider Identification Number 143002665																											
14 Service Provider Name Pacific Bell Telephone Company																											
15a <input type="checkbox"/> Check this box if this Funding Request is for non-contracted tariffed or month-to-month services.																											
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17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 01/07/2013																											
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10 <input type="checkbox"/> 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)		23 Calculations	
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12 Form 470 Application Number 78158000630176		A. Monthly charges (total amount per month for service) \$130.82	
13 SPIN - Service Provider Identification Number 143001192		B. How much of the amount in A is ineligible? \$0.00	
14 Service Provider Name AT&T Corp.		C. Eligible monthly pre-discount amount (A minus B) \$130.82	
15a <input type="checkbox"/> Check this box if this Funding Request is for non-contracted tariffed or month-to-month services.		D. Number of months service provided in funding year 7	
15b Contract Number CALNET 2 MSA 2		E. Annual pre-discount amount for eligible recurring charges (C x D) \$915.74	
15c <input checked="" type="checkbox"/> 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).		F. Annual non-recurring charges \$0.00	
15d <input checked="" type="checkbox"/> 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: 2318311		G. How much of the amount in F is ineligible? \$0.00	
16a Billing Account Number (e.g., billed telephone number) MULTIPLE		H. Annual eligible pre-discount amount for non-recurring charges (F minus G) \$0.00	
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17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 11/09/2007		Total Charges J. Discount from Block 4 Worksheet 45.00	
18 Contract Award Date (mm/dd/yyyy) 01/08/2008		K. Funding Commitment Request (I x J) \$412.08	
19 Service Start Date (mm/dd/yyyy) 07/01/2013			
20a Service End Date (mm/dd/yyyy)			
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<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">PRIORITY 1</td> <td style="width:50%;">PRIORITY 2</td> </tr> <tr> <td><input checked="" type="checkbox"/> Telecommunications Service</td> <td><input type="checkbox"/> Internal Connections Other than Basic Maintenance</td> </tr> <tr> <td><input type="checkbox"/> Internet Access</td> <td><input type="checkbox"/> Basic Maintenance of Internal Connections</td> </tr> </table>		PRIORITY 1	PRIORITY 2	<input checked="" type="checkbox"/> Telecommunications Service	<input type="checkbox"/> Internal Connections Other than Basic Maintenance	<input type="checkbox"/> Internet Access	<input type="checkbox"/> Basic Maintenance of Internal Connections	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td rowspan="5" style="width:10%; vertical-align: middle;">Recurring Charges</td> <td style="width:10%;">A. Monthly charges (total amount per month for service)</td> <td style="width:10%; text-align: right;">\$2,544.33</td> <td style="width:10%;"></td> </tr> <tr> <td>B. How much of the amount in A is ineligible?</td> <td style="text-align: right;">\$0.00</td> <td></td> </tr> <tr> <td>C. Eligible monthly pre-discount amount (A minus B)</td> <td style="text-align: right;">\$2,544.33</td> <td></td> </tr> <tr> <td>D. Number of months service provided in funding year</td> <td style="text-align: center;">12</td> <td></td> </tr> <tr> <td>E. Annual pre-discount amount for eligible recurring charges (C x D)</td> <td style="text-align: right;">\$30,531.96</td> <td></td> </tr> <tr> <td rowspan="3" style="vertical-align: middle;">Non-Recurring Charges</td> <td>F. Annual non-recurring charges</td> <td style="text-align: right;">\$0.00</td> <td></td> </tr> <tr> <td>G. How much of the amount in F is ineligible?</td> <td style="text-align: right;">\$0.00</td> <td></td> </tr> <tr> <td>H. Annual eligible pre-discount amount for non-recurring charges (F minus G)</td> <td style="text-align: right;">\$0.00</td> <td></td> </tr> <tr> <td rowspan="3" style="vertical-align: middle;">Total Charges</td> <td>I. Total funding year pre-discount amount (E + H)</td> <td style="text-align: right;">\$30,531.96</td> <td></td> </tr> <tr> <td>J. Discount from Block 4 Worksheet</td> <td style="text-align: right;">45.00</td> <td></td> </tr> <tr> <td>K. Funding Commitment Request (I x J)</td> <td style="text-align: right;">\$13,739.38</td> <td></td> </tr> </table>		Recurring Charges	A. Monthly charges (total amount per month for service)	\$2,544.33		B. How much of the amount in A is ineligible?	\$0.00		C. Eligible monthly pre-discount amount (A minus B)	\$2,544.33		D. Number of months service provided in funding year	12		E. Annual pre-discount amount for eligible recurring charges (C x D)	\$30,531.96		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)	\$30,531.96		J. Discount from Block 4 Worksheet	45.00		K. Funding Commitment Request (I x J)	\$13,739.38	
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12 Form 470 Application Number 657010001045676																																													
13 SPIN - Service Provider Identification Number 143000677																																													
14 Service Provider Name Verizon Wireless (Celco Partnership)																																													
15a <input type="checkbox"/> Check this box if this Funding Request is for non-contracted tariffed or month-to-month services.																																													
15b Contract Number WSCA 3																																													
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16a Billing Account Number (e.g., billed telephone number) 862406067																																													
16b <input type="checkbox"/> 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) 01/07/2013																																													
18 Contract Award Date (mm/dd/yyyy) 02/12/2013																																													
19 Service Start Date (mm/dd/yyyy) 07/01/2013																																													
20a Service End Date (mm/dd/yyyy)																																													
Contract Expiration Date																																													
20b (mm/dd/yyyy) 10/31/2016																																													
21 Description of This Service: NOTE: All Item 21 Attachments must be filed before the close of the filing window. Attachment 7 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.																																													
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:																																											
		b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., 1): 1524930																																											

Entity Number: 143637	Applicant's Form Identifier: 471ENCINITAS13NvLS
Contact Person: NANCY VON LANGEN-SCOTT OR DAVID DELACALZADA	Contact Phone Number:
Block 6: Certifications and Signature	
<p>24 <input checked="" type="checkbox"/> I certify that the entities listed in Block 4 of this application are eligible for support because they are: (Check one or both.)</p> <p style="margin-left: 20px;">a <input checked="" type="checkbox"/> 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</p> <p style="margin-left: 20px;">b <input type="checkbox"/> 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.</p> <p>25 <input checked="" type="checkbox"/> 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).</p>	
a Total funding year pre-discount amount on this Form 471 (Add the entries from Items 23l on all Block 5 Discount Funding Requests.)	336137.05
b Total funding commitment request amount on this Form 471 (Add the entries from Items 23K on all Block 5 Discount Funding Requests.)	151261.67
c Total applicant non-discount share (Subtract Item 25b from Item 25a.)	184875.38
d Total budgeted amount allocated to resources not eligible for E-rate support	12302.87
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.)	197178.25
f <input type="checkbox"/> 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.	
<p>26 <input type="checkbox"/> 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.</p> <p style="margin-left: 20px;">Or <input checked="" type="checkbox"/> I certify that no technology plan is required by Commission rules.</p> <p>27 <input checked="" type="checkbox"/> 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.</p> <p>28 <input checked="" type="checkbox"/> 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.</p> <p>29 <input checked="" type="checkbox"/> 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.</p> <p>30 <input checked="" type="checkbox"/> 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.</p>	

Entity Number: 143637		Applicant's Form Identifier: 471ENCINITAS13NvLS	
Contact Person: NANCY VON LANGEN-SCOTT OR DAVID DELACALZADA		Contact Phone Number:	
Block 6: Certification and Signature (Continued)			
31	<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/>	39	Date 03/12/2013
40	Printed name of authorized person		
41	Title or position of authorized person		
	<input checked="" type="checkbox"/> 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: 143637		Applicant's Form Identifier: 471ENCINITAS13NvLS	
Contact Person: NANCY VON LANGEN-SCOTT OR DAVID DELACALZADA		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		
<p>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 47 C.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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>The foregoing Notice is required by the Paperwork Reduction Act of 1995, Pub. L. No. 104-13, 44 U.S.C. § 3501, et seq.</p> <p>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.</p> <p>Please submit this form to: SLD-Form 471 P.O. Box 7026 Lawrence, Kansas 66044-7026</p> <p>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</p>			
FCC Form 471 - October 2010			

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) 471ENCINITAS14NvLS	Form 471 Application #: 947306 (To be assigned by administrator)
Block 1: Billed Entity Address and Identifications	
<p>1 Name of Billed Entity ENCINITAS UNION ELEM SCH DIST</p> <p>2 Funding Year 2014</p> <p>3a Entity Number 143637</p> <p>3b FCC Registration Number 0014168363</p> <p>4a Street Address, P.O. Box, or Route Number 101 S RANCHO SANTA FE RD</p> <p>City ENCINITAS State CA Zip Code 92024-4349</p> <p>4b Telephone Number</p> <p>4c Fax Number</p> <p>5a Type of Application (check only one)</p> <p><input type="checkbox"/> Individual School (individual public or non-public school)</p> <p><input checked="" type="checkbox"/> School District (LEA; public or non-public [e.g. diocesan] local district representing multiple schools)</p> <p><input type="checkbox"/> Library (including library system, library outlet/branch or library consortium as defined under LSTA)</p> <p><input type="checkbox"/> Consortium (intermediate service agencies, states, state networks, special consortia of schools and/or libraries)</p> <p><input type="checkbox"/> Statewide application for (enter 2-letter state code) representing (check all that apply)</p> <p><input type="checkbox"/> All public schools/districts in the state</p> <p><input type="checkbox"/> All non-public schools in the state</p> <p><input type="checkbox"/> All libraries in the state</p> <p>5b Recipient(s) of Services:</p> <p><input type="checkbox"/> Private <input checked="" type="checkbox"/> Public <input type="checkbox"/> Charter</p> <p><input type="checkbox"/> Tribal <input type="checkbox"/> Head Start <input type="checkbox"/> State Agency</p>	
Entity Number: 143637	Applicant's Form Identifier: 471ENCINITAS14NvLS
Contact Person: NANCY VON LANGEN-SCOTT OR DAVID DELACALZADA	
Contact Phone Number:	
Block 1: Billed Entity Address and Identifications (continued)	
<p>6a Contact Person's Name NANCY VON LANGEN-SCOTT OR DAVID DELACALZADA</p> <p>If the Contact Person's Street Address is the same as Item 4 above, check here. <input type="checkbox"/> If not, complete Item 6b.</p> <p>6b Street Address, P.O. Box, or Route Number NOTE: USAC will use this address to mail correspondence about this form. 11321 LEGACY TERRACE</p> <p>City SAN DIEGO State CA Zip Code 92131-3552</p> <p>Check the box next to your preferred mode of contact and provide your contact information. One box MUST be checked and an entry provided.</p> <p><input type="checkbox"/> 6c Telephone Number</p> <p><input type="checkbox"/> 6d Fax Number</p> <p><input checked="" type="checkbox"/> 6e E-Mail Address Re-enter E-mail Address</p> <p>6f Holiday/vacation/summer contact information: please include name of alternate contact (if applicable) and alternate phone, fax or E-mail address</p> <p>If a consultant is assisting you with your application process, please complete Item 6g below:</p> <p>6g Consultant Name NvLS Professional Services, LLC Name of Consultant's Employer NvLS Professional Services, LLC Consultant's Street Address 11321 Legacy Terrace NvLS Professional Services LLC City San Diego State CA Zip Code 92131 Consultant's Telephone Number Ext. Consultant's Fax Number Consultant's E-mail Address Re-enter E-mail Address Consultant Registration Number 16024810</p>	
Blocks 2 and 3 [Reserved]	

Entity Number: 143637						Applicant's Form Identifier: 471ENCINITAS14NvLS									
Contact Person: NANCY VON LANGEN-SCOTT OR DAVID DELACALZADA						Contact Phone Number:									
Block 4: Discount Calculation Worksheet											Worksheet - 1635094 Page 1 of 1				
<p>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.</p> <p><input checked="" type="checkbox"/> Check here if this worksheet contains all eligible entities in the school district or library system.</p>															
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 Justice, E = ESA, D = Dormitory	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		
LA COSTA HEIGHTS ELEM SCHOOL	103820 06 12750 08830	U	712	34	4.775%	40	N	N	N	28480					
OLIVENHAIN-PIONEER ELEM SCH	103821 06 12750 03928	U	689	18	2.612%	40	N	N	N	27560					
MISSION ESTANCIA ELEM SCHOOL	103823 06 12750 09537	U	557	26	4.668%	40	N	N	N	22280					
CAPRI ELEMENTARY SCHOOL	103877 06 12750 01433	U	675	152	22.519%	50	N	N	N	33750					
EUUSD DISTRICT OFFICE	16033542 06 12750 99999	U	0	0	0.000%	44	N	N	N	0					
FLORA VISTA ELEMENTARY SCHOOL	103879 06 12750 01435	U	432	9	2.083%	40	N	N	N	17280					
OCEAN KNOLL ELEMENTARY SCHOOL	103888 06 12750 01436	U	554	194	35.018%	60	N	N	N	33240					
PARK DALE LANE ELEM SCHOOL	103889 06 12750 01438	U	538	81	15.112%	40	N	N	N	21440					
EL CAMINO CREEK ELEMENTARY SCHOOL	221647 06 12750 08592	U	720	16	2.222%	40	N	N	N	28800					
PAUL ECKE ELEMENTARY SCHOOL	103878 06 12750 01434	U	560	145	25.893%	50	N	N	N	28000					
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.			5435							240830				44%	
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: 143637		Applicant's Form Identifier: 471ENCINITAS14NvLS	
Contact Person: NANCY VON LANGEN-SCOTT OR DAVID DELACALZADA		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 6 FRN 2609907 (to be assigned by administrator)	
10 <input type="checkbox"/> 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)		23 Calculations	
PRIORITY 1 <input checked="" type="checkbox"/> Telecommunications Service PRIORITY 2 <input type="checkbox"/> Internal Connections Other than Basic Maintenance <input type="checkbox"/> Internet Access <input type="checkbox"/> Basic Maintenance of Internal Connections		A. Monthly charges (total amount per month for service) \$2,993.18	
12 Form 470 Application Number 335470001069064		B. How much of the amount in A is ineligible? \$0.00	
13 SPIN - Service Provider Identification Number 143002665		C. Eligible monthly pre-discount amount (A minus B) \$2,993.18	
14 Service Provider Name Pacific Bell Telephone Company		D. Number of months service provided in funding year 12	
15a <input type="checkbox"/> Check this box if this Funding Request is for non-contracted tarified or month-to-month services.		E. Annual pre-discount amount for eligible recurring charges (C x D) \$35,918.16	
15b Contract Number CALNET 3 - 1.6		F. Annual non-recurring charges \$0.00	
15c <input type="checkbox"/> 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).		G. How much of the amount in F is ineligible? \$0.00	
15d <input type="checkbox"/> 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:		H. Annual eligible pre-discount amount for non-recurring charges (F minus G) \$0.00	
16a Billing Account Number (e.g., billed telephone number) C602224716777&7777&8777		I. Total funding year pre-discount amount (E + H) \$35,918.16	
16b <input type="checkbox"/> Check this box if there are multiple Billing Account Numbers and attach a complete list of those numbers to this page.		J. Discount from Block 4 Worksheet 44.00	
17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 01/07/2013		K. Funding Commitment Request (I x J) \$15,803.99	
18 Contract Award Date (mm/dd/yyyy) 02/19/2014			
19 Service Start Date (mm/dd/yyyy) 07/01/2014			
20a Service End Date (mm/dd/yyyy)			
Contract Expiration Date 20b (mm/dd/yyyy) 06/30/2017			
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.			
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Entity Number: 143637	Applicant's Form Identifier: 471ENCINITAS14NvLS
Contact Person: NANCY VON LANGEN-SCOTT OR DAVID DELACALZADA	Contact Phone Number:

Block 5 (Continued):

24 Description of Broadband and other Connectivity Services Ordered for Schools and Libraries from this funding request

Complete the information below for this funding request only if requesting **Telecommunications Services** or **Internet Access** for the purpose of providing broadband and other types of connectivity to school and/or library facilities.

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Type of Connection	Number of lines included in this FRN	Download speed per line in Mbps

b If the Internet service is available to students or patrons in more than just a single location or office, please indicate:

1.	If the access is provided by wired connections, approximately what percentage of the school classroom or public library rooms included in the Block 4 worksheet for this FRN will have access to wired drops? ___%
2.	If the access is provided by Wi-Fi connections, approximately what percentage of the school classroom or public library rooms included in the Block 4 worksheet for this FRN will have access to a Wi-Fi signal? ___%

c For consortia and statewide applications, do the connections in this FRN include the last mile connection to the school or library? Yes No
If no above, are these connections only for backbone connections? Yes No

Entity Number: 143637		Applicant's Form Identifier: 471ENCINITAS14NvLS																												
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13 SPIN – Service Provider Identification Number 143002665																														
14 Service Provider Name Pacific Bell Telephone Company																														
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Block 5 (Continued):

24 Description of Broadband and other Connectivity Services Ordered for Schools and Libraries from this funding request

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Block 5 (Continued):

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19 Service Start Date (mm/dd/yyyy) 07/01/2014																														
20a Service End Date (mm/dd/yyyy)																														
20b Contract Expiration Date (mm/dd/yyyy) 06/30/2015																														
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.																														
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Entity Number: 143637	Applicant's Form Identifier: 471ENCINITAS14NvLS
Contact Person: NANCY VON LANGEN-SCOTT OR DAVID DELACALZADA	Contact Phone Number:

Block 5 (Continued):

24 Description of Broadband and other Connectivity Services Ordered for Schools and Libraries from this funding request

Complete the information below for this funding request only if requesting **Telecommunications Services** or **Internet Access** for the purpose of providing broadband and other types of connectivity to school and/or library facilities.

Check this box if this request is for services or equipment that do not provide broadband or connectivity. For instance, check the box if this funding request is for internal connections, basic maintenance, or requests for services like e-mail or phone service.

a Which technology(ies) and speed(s) are being provided in this Funding Request? Please list the number of lines and average download speed for the lines included in this funding request. If there are multiple download speeds for the lines within one type of broadband connection, this form provides two additional lines per broadband connection category. If you need additional space, please make copies of this page and number the completed pages to assure that they are all processed correctly. A response to this item is not a substitute for a complete response to Item 21 but should be consistent with the description of services in the response to Item 21. Please ask your service provider if you need assistance.

Type of Connection	Number of lines included in this FRN	Download speed per line in Mbps
Fiber optic/OC-x	9	250
Fiber optic/OC-x	1	500
Fiber optic/OC-x	1	3000

b If the Internet service is available to students or patrons in more than just a single location or office, please indicate:

1.	If the access is provided by wired connections, approximately what percentage of the school classroom or public library rooms included in the Block 4 worksheet for this FRN will have access to wired drops? <u>100</u> %
2.	If the access is provided by Wi-Fi connections, approximately what percentage of the school classroom or public library rooms included in the Block 4 worksheet for this FRN will have access to a Wi-Fi signal? <u>100</u> %

c For consortia and statewide applications, do the connections in this FRN include the last mile connection to the school or library? Yes No
 If no above, are these connections only for backbone connections? Yes No

Entity Number: 143637		Applicant's Form Identifier: 471ENCINITAS14NvLS																																									
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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 5 of 6 FRN 2609918 (to be assigned by administrator)																																									
10 <input type="checkbox"/> 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)		23 Calculations																																									
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">PRIORITY 1 <input type="checkbox"/> Telecommunications Service</td> <td style="width:50%;">PRIORITY 2 <input type="checkbox"/> Internal Connections Other than Basic Maintenance</td> </tr> <tr> <td><input checked="" type="checkbox"/> Internet Access</td> <td><input type="checkbox"/> Basic Maintenance of Internal Connections</td> </tr> </table>		PRIORITY 1 <input type="checkbox"/> Telecommunications Service	PRIORITY 2 <input type="checkbox"/> Internal Connections Other than Basic Maintenance	<input checked="" type="checkbox"/> Internet Access	<input type="checkbox"/> Basic Maintenance of Internal Connections	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td rowspan="5" style="width:10%; vertical-align: middle;">Recurring Charges</td> <td style="width:10%;">A. Monthly charges (total amount per month for service)</td> <td style="width:10%; text-align: right;">\$6,000.00</td> <td style="width:10%;"></td> </tr> <tr> <td>B. How much of the amount in A is ineligible?</td> <td style="text-align: right;">\$0.00</td> <td></td> </tr> <tr> <td>C. Eligible monthly pre-discount amount (A minus B)</td> <td style="text-align: right;">\$6,000.00</td> <td></td> </tr> <tr> <td>D. Number of months service provided in funding year</td> <td style="text-align: center;">12</td> <td></td> </tr> <tr> <td>E. Annual pre-discount amount for eligible recurring charges (C x D)</td> <td style="text-align: right;">\$72,000.00</td> <td></td> </tr> <tr> <td rowspan="3" style="vertical-align: middle;">Non-Recurring Charges</td> <td>F. Annual non-recurring charges</td> <td style="text-align: right;">\$0.00</td> <td></td> </tr> <tr> <td>G. How much of the amount in F is ineligible?</td> <td style="text-align: right;">\$0.00</td> <td></td> </tr> <tr> <td>H. Annual eligible pre-discount amount for non-recurring charges (F minus G)</td> <td style="text-align: right;">\$0.00</td> <td></td> </tr> <tr> <td rowspan="3" style="vertical-align: middle;">Total Charges</td> <td>I. Total funding year pre-discount amount (E + H)</td> <td style="text-align: right;">\$72,000.00</td> <td></td> </tr> <tr> <td>J. Discount from Block 4 Worksheet</td> <td style="text-align: right;">44.00</td> <td></td> </tr> <tr> <td>K. Funding Commitment Request (I x J)</td> <td style="text-align: right;">\$31,680.00</td> <td></td> </tr> </table>		Recurring Charges	A. Monthly charges (total amount per month for service)	\$6,000.00		B. How much of the amount in A is ineligible?	\$0.00		C. Eligible monthly pre-discount amount (A minus B)	\$6,000.00		D. Number of months service provided in funding year	12		E. Annual pre-discount amount for eligible recurring charges (C x D)	\$72,000.00		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)	\$72,000.00		J. Discount from Block 4 Worksheet	44.00		K. Funding Commitment Request (I x J)	\$31,680.00	
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12 Form 470 Application Number 945190000973278																																											
13 SPIN - Service Provider Identification Number 143000014																																											
14 Service Provider Name Cox California Telcom, LLC																																											
15a <input type="checkbox"/> Check this box if this Funding Request is for non-contracted tariffed or month-to-month services.																																											
15b Contract Number INTERNET ACCESS																																											
15c <input type="checkbox"/> 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 <input checked="" type="checkbox"/> 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: 2424833																																											
16a Billing Account Number (e.g., billed telephone number) NEW																																											
16b <input type="checkbox"/> Check this box if there are multiple Billing Account Numbers and attach a complete list of those numbers to this page.																																											
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Entity Number: 143637	Applicant's Form Identifier: 471ENCINITAS14NvLS
Contact Person: NANCY VON LANGEN-SCOTT OR DAVID DELACALZADA	Contact Phone Number:

Block 5 (Continued):

24 Description of Broadband and other Connectivity Services Ordered for Schools and Libraries from this funding request

Complete the information below for this funding request only if requesting **Telecommunications Services** or **Internet Access** for the purpose of providing broadband and other types of connectivity to school and/or library facilities.

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Type of Connection	Number of lines included in this FRN	Download speed per line in Mbps
Fiber optic/OC-x	1	1000

b If the Internet service is available to students or patrons in more than just a single location or office, please indicate:

1.	If the access is provided by wired connections, approximately what percentage of the school classroom or public library rooms included in the Block 4 worksheet for this FRN will have access to wired drops? <u>100</u> %
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c For consortia and statewide applications, do the connections in this FRN include the last mile connection to the school or library? Yes No
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Entity Number: 143637		Applicant's Form Identifier: 471ENCINITAS14NvLS	
Contact Person: NANCY VON LANGEN-SCOTT OR DAVID DELACALZADA		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 6 of 6 FRN 2609927 (to be assigned by administrator)	
10 <input type="checkbox"/> 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)		23 Calculations	
PRIORITY 1 <input checked="" type="checkbox"/> Telecommunications Service PRIORITY 2 <input type="checkbox"/> Internal Connections Other than Basic Maintenance <input type="checkbox"/> Internet Access <input type="checkbox"/> Basic Maintenance of Internal Connections		A. Monthly charges (total amount per month for service) \$2,432.67	
12 Form 470 Application Number 657010001045676		B. How much of the amount in A is ineligible? \$0.00	
13 SPIN – Service Provider Identification Number 143000677		C. Eligible monthly pre-discount amount (A minus B) \$2,432.67	
14 Service Provider Name Verizon Wireless (Celco Partnership)		D. Number of months service provided in funding year 12	
15a <input type="checkbox"/> Check this box if this Funding Request is for non-contracted tariffed or month-to-month services.		E. Annual pre-discount amount for eligible recurring charges (C x D) \$29,192.04	
15b Contract Number WSCA 3		F. Annual non-recurring charges \$0.00	
15c <input checked="" type="checkbox"/> 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).		G. How much of the amount in F is ineligible? \$0.00	
15d <input checked="" type="checkbox"/> 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: 2424846		H. Annual eligible pre-discount amount for non-recurring charges (F minus G) \$0.00	
16a Billing Account Number (e.g., billed telephone number) 862406067		I. Total funding year pre-discount amount (E + H) \$29,192.04	
16b <input type="checkbox"/> Check this box if there are multiple Billing Account Numbers and attach a complete list of those numbers to this page.		J. Discount from Block 4 Worksheet 44.00	
17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 01/07/2013		K. Funding Commitment Request (I x J) \$12,844.50	
18 Contract Award Date (mm/dd/yyyy) 02/12/2013		Total Charges	
19 Service Start Date (mm/dd/yyyy) 07/01/2014		Non-Recurring Charges	
20a Service End Date (mm/dd/yyyy)		Recurring Charges	
Contract Expiration Date 20b (mm/dd/yyyy) 10/31/2016		Total Charges	
21 Description of This Service: NOTE: All Item 21 Attachments must be filed before the close of the filing window. Attachment 6 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.			
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Entity Number: 143637	Applicant's Form Identifier: 471ENCINITAS14NvLS
Contact Person: NANCY VON LANGEN-SCOTT OR DAVID DELACALZADA	Contact Phone Number:

Block 5 (Continued):

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Type of Connection	Number of lines included in this FRN	Download speed per line in Mbps
Cellular Wireless	82	10

b If the internet service is available to students or patrons in more than just a single location or office, please indicate:

1.	If the access is provided by wired connections, approximately what percentage of the school classroom or public library rooms included in the Block 4 worksheet for this FRN will have access to wired drops? <u>100</u> %
2.	If the access is provided by Wi-Fi connections, approximately what percentage of the school classroom or public library rooms included in the Block 4 worksheet for this FRN will have access to a Wi-Fi signal? <u>100</u> %

c For consortia and statewide applications, do the connections in this FRN include the last mile connection to the school or library? Yes No
If no above, are these connections only for backbone connections? Yes No

Entity Number: 143637	Applicant's Form Identifier: 471ENCINITAS14NvLS
Contact Person: NANCY VON LANGEN-SCOTT OR DAVID DELACALZADA	Contact Phone Number:
Block 6: Certifications and Signature	
<p>25 <input checked="" type="checkbox"/> I certify that the entities listed in Block 4 of this application are eligible for support because they are: (Check one or both.)</p> <p style="margin-left: 20px;">a <input checked="" type="checkbox"/> 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</p> <p style="margin-left: 20px;">b <input type="checkbox"/> 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.</p> <p>26 <input checked="" type="checkbox"/> 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).</p>	
a Total funding year pre-discount amount on this Form 471 (Add the entries from Items 23I on all Block 5 Discount Funding Requests.)	357357.36
b Total funding commitment request amount on this Form 471 (Add the entries from Items 23K on all Block 5 Discount Funding Requests.)	157237.24
c Total applicant non-discount share (Subtract Item 26b from Item 26a.)	200120.12
d Total budgeted amount allocated to resources not eligible for E-rate support	842192
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 26c and 26d.)	1042312.12
f <input type="checkbox"/> Check this box if you are receiving any of the funds in Item 26e 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 26e.	
<p>27 <input type="checkbox"/> 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.</p> <p style="margin-left: 20px;">Or <input checked="" type="checkbox"/> I certify that no technology plan is required by Commission rules.</p> <p>28 <input checked="" type="checkbox"/> 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.</p> <p>29 <input checked="" type="checkbox"/> 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.</p> <p>30 <input checked="" type="checkbox"/> 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.</p> <p>31 <input checked="" type="checkbox"/> I certify that I and the entity(ies) I represent have complied with all program rules, including recordkeeping requirements, 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.</p>	

Entity Number: 143637		Applicant's Form Identifier: 471ENCINITAS14NvLS	
Contact Person: NANCY VON LANGEN-SCOTT OR DAVID DELACALZADA		Contact Phone Number:	
Block 6: Certification and Signature (Continued)			
32	<input checked="" type="checkbox"/> 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.		
33	<input checked="" type="checkbox"/> I certify that I will retain required documents for a period of at least five years (or whatever retention period is required by the rules in effect at the time of this certification) after the last day of service delivered. 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.		
34	<input checked="" type="checkbox"/> 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.		
35	<input checked="" type="checkbox"/> 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.		
36	<input checked="" type="checkbox"/> 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).		
37	<input checked="" type="checkbox"/> 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).		
38	<input checked="" type="checkbox"/> 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.		
39	Signature of authorized person <input checked="" type="checkbox"/>	40	Date 03/26/2014
41	Printed name of authorized person		
42	Title or position of authorized person <input checked="" type="checkbox"/> Check here if the consultant in Item 6g is the Authorized Person.		
43a	Street Address, P.O. Box, or Route Number City State Zip Code -		

Entity Number: 143637		Applicant's Form Identifier: 471ENCINITAS14NvLS	
Contact Person: NANCY VON LANGEN-SCOTT OR DAVID DELACALZADA		Contact Phone Number:	
43b	Telephone Number of authorized Person	Ext.	
43c	Fax Number of Authorized Person		
43d	E-mail Address of authorized Person	Re-enter E-mail Address	
43e	Name of Authorized Person's Employer		
<p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>The foregoing Notice is required by the Paperwork Reduction Act of 1995, Pub. L. No. 104-13, 44 U.S.C. § 3501, et seq.</p> <p>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.</p> <p>Please submit this form to: SLD-Form 471 P.O. Box 7026 Lawrence, Kansas 66044-7026</p> <p>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</p>			

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EXHIBIT 10

Encinitas

UNION SCHOOL DISTRICT

101 S. Rancho Santa Fe Road
Encinitas, CA 92024-4349
Phone: (760) 944-4300
FAX: (760) 942-7094
www.eusd.net

June 16, 2014

Board of Trustees

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30 Lanidex Plaza West | Parsippany, NJ 07054
Phone: 973-581-5367
Fax: 973-599-6515
E-mail: dhara.patel@sl.universalservice.org

Ms. Patel:

Thank you for the opportunity to answer the 2014 Selective Review for Encinitas School District for 471 947306. Our answers are as follows and our supporting documentation is attached. Due to the size of the files, we have converted to zip folders and may send in multiple emails.

Superintendent

Timothy Baird,
Ed.D.

I. Budget:

If a finalized operating budget for 2013-2014 is not available or in the early stages of an approval process, please provide a letter signed by a school or library official (superintendent, board president, chief business administrator).

We have attached the finalized budget for 2013-14 Approved Budget.

Assistant Superintendents

Leighangela
Brady, Ed.D.
Educational
Services

II. FRN 2609913 and FRN 2609918

a. Vendor Evaluation:

The copy of bid selection documentation you provided for FRN 2609913 indicates that several criteria were used in determining the successful vendor. However, weighting of the each factor is not indicated. Please provide copy of bid evaluation worksheet that indicates the weighting of those factors in percentages identifying which criterion was the primary factor for the selection of the winning bids.

Encinitas' regular practice is to assign the greatest weight to price as a factor in evaluating proposals to provide E-Rate supported services. That practice was followed here, where the ultimate selectee, Cox Business, received the maximum score on pricing because it was the more favorable (i.e., lowest, of the two bids). Even if the competing vendor had received maximum scores for "Response Compliance" and "Design", Cox would have been the victor, indicating that price was the decisive factor in the evaluation.

b. Contract

Based on the copy contract you have submitted for FRN 2609913 and FRN 2609918 contract award date is modified to 03/13/2012.

We have been instructed by our California State Erate Coordinator to use the last date signed on a contract for our Contract Award Date but we will accept 03/13/2012 as the Contract Award Date since that is the date that the district signed the contract.

FRN 2609927

The copy of the contract you have submitted doesn't support the contract award date 02/12/2013 and contract expiration date 10/31/2016. Please provide copy of contract to support the contract award date and term of the contract.

The decision to purchase our cellular services through Verizon Wireless, through the WSCA (Western States Contracting Alliance) contract was approved through a Consent item at our Board

Angelica Lopez
Administrative
Services

John Britt
Business
Services

meeting on 2/12/2013 (attached "Award Bid #2160 - VERIZON.docx"). There are no forms or contracts required to be signed to participate in WSCA. The term is listed on their website: <http://www.aboutwsca.org/contract.cfm/contract/w4-2001> (expiration 10/31/16) and is attached "WSCA Current Cooperative Contracts.htm".

III. FRN 2609907, 2609910, 2609911:

Based on the documentation it is determined that service is purchased off the state master contract and vendor was selected based on the result of the mini-bid evaluation between the winners of the various sections. Correct.

The copy of "CALNET 3 MINI-BID.pdf" has the pricing for each vendor listed to compare. Did you use any other criteria during vendor evaluation process?

We were of the understanding that if we conducted a mini-bid showing the prices, that would suffice for our decision. ATT was the most cost effective and is our current vendor. We had been very satisfied with their services and there was little transition moving from CALNET 2 to CALNET 3. Changing to another vendor would have been very time-consuming and costly.

If yes, Please provide the vendor evaluations matrix that shows all the criteria that is considered during the evaluation.

Thank you, Ms. Patel for reviewing our 471 947306 for Encinitas School District. Please let us know if you have further questions.

Sincerely,


Sher Hoff
Purchasing Supervisor