



northside center  
for child development

1301 Fifth Avenue  
New York, NY 10029

May 7, 2015

Letter of Appeal

Federal Communications Commission  
Office of the Secretary  
9300 East Hampton Drive  
Capitol Heights, MD 20743

**CC Docket No 02-6**

**Request for Waiver** of "Administrator's Decision on Invoice Deadline Extension Request" re 13 FRNs in Form 471 #s 856761, 856689, and 860418, issued on January 16, 2015

**Authorized person who can best discuss this Appeal with you**

Richard Larson  
eRate 360 Solutions, LLC  
322 Route 46W, Suite 280W  
Parsippany, NJ 07054

Phone: (888) 535-7771 ext 102  
Fax: (866) 569-3019  
Email: rlarson@erate360.com  
(preferred mode of contact)

**Information**

Entity Northside Center for Child Development, Inc.  
Billed Entity Number 130113

471 Number	FRN	SPIN	Service Provider Name	Approved Funding
856761	2331044	143008617	Broadview Networks Holdings	\$3,213.00
856761	2331048	143008617	Broadview Networks Holdings	\$2,010.85
856761	2342019	143000677	Verizon Wireless	\$2,122.31
856761	2342036	143001359	Verizon New York Inc.	\$2,580.66
856761	2342072	143000677	Verizon Wireless	\$568.30
856689	2330945	143008617	Broadview Networks Holdings, Inc	\$1,140.15
856689	2330958	143008617	Broadview Networks Holdings, Inc	\$719.01
856689	2342124	143000677	Verizon Wireless	\$570.13
856689	2342143	143001359	Verizon New York Inc.	\$671.76
856689	2342159	143000677	Verizon Wireless	\$328.70
856689	2342165	143001359	Verizon New York Inc.	\$813.51
856689	2342176	143001359	Verizon New York Inc.	\$287.61
860418	2342375	143033021	Telequest Communication Tech.	\$541.46
<b>TOTAL</b>				<b>\$15,567.45</b>

Document Being Appealed: "Administrator's Decision on Invoice Deadline Extension Request" (ADL) re 13 FRNs in Form 471 #s 856761, 856689, and 860418, issued on January 16, 2015 (13 FRNs per schedule above)<sup>1</sup>

<sup>1</sup> Email from Schools and Libraries Division, Universal Service Administrative Company (deadline@sl.universalservice.org), to Leo Genn of Northside Center for Child Development, Inc., dated Friday,

ADL Items Being Appealed (same for all 13 FRNs):

Decision on Request "Dismissal of your request for a deadline extension"

Explanation "Current deadline extension rules and procedures do not allow approval for the reason submitted."

**Request for Waiver – 60-day Deadline for Filing Appeals:**

As the E-rate consultant for Northside Center for Child Development, Inc. (Northside), I, Richard Larson, respectfully request the Commission to waive its policy requiring appeals of decisions to be filed no later than 60 days from the date of the decision letter being appealed. The 60-day deadline for appealing this January 16, 2015 ADL was March 17, 2015. My client, Northside, has no experience or expertise in the E-rate appeals process, and must rely on me to prepare and file any appeals.

My schedule was to complete and file this appeal (and three others) the weekend of March 14<sup>th</sup> and 15<sup>th</sup>. Please note that I had just filed three appeals of invoice deadline ADLs on March 9<sup>th</sup> and 11<sup>th</sup>, 2015.<sup>2</sup>

Unfortunately, on the afternoon of March 12<sup>th</sup> I suffered a near-fatal heart attack, requiring immediate angioplasty to install four stents in my coronary arteries that day and two more stents twelve days later.<sup>3</sup> My recovery has been slow but steady, and I am now working nearly a full-time several days a week.

In view of Northside's full reliance upon me to file this appeal, I humbly request the Commission to take into account my physical failing and to waive the 60-day deadline to file this appeal, and to give fair consideration of the appeal that follows below.

**Request for Waiver - Invoice Deadline Extensions:**

Northside Center for Child Development, Inc. (Northside) respectfully requests the Commission to waive its new policy on invoice deadline extensions and instruct the Schools and Libraries Division's (SLD) to accept Northside's 10/28/2014 invoice deadline extension requests for 13 FRNs in 471 application numbers 856761, 856689, and 860418 (per schedule on page 1 above).<sup>4</sup> Approval of these Invoice Deadline Extension Requests will allow Northside to submit Form 472s (BEARs) against the \$15,567.45 of funding for these 13 FRNs.

As is true of a great many small schools, management of the E-rate process at Northside is an additional duty to an already overtasked member of the staff. Leo Genn is the Special Projects Coordinator for the five facilities operated by Northside Center for Child Development in three boroughs of New York City. Mr. Genn has a withering list of full-time duties which include:

- writing multiple capital and expense grants (exceeding 250 pages each);

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January 16, 2015; subject: "*Administrator's Decision on Invoice Deadline Extension Request*", regarding the 13 FRNs in the schedule on page 1 of this letter.

<sup>2</sup> Three FCC ECFS Filing Receipts for appeals filed on 3/9/2015 (Child Inc. and Greater Albany Public School District) and 3/11/2015 (Gilroy Unified School District) by Richard Larson, consultant for the three appellants.

<sup>3</sup> Medical records concerning Richard Larson, consultant for Northside, for 3/12-14/2015 and 3/24/2015.

<sup>4</sup> Three emails from the SLD Customer Service Bureau to Richard Larson (rlarson@erate360.com), consultant for Northside Center for Child Development, on October 28, 2014, subject: "SLD Inquiry #: 22-688333 Received", "SLD Inquiry #: 22-688308 Received", and "SLD Inquiry #: 22-688270 Received".

- administration of all previously issued City and State Grants;
- managing purchasing and contract negotiations involving vendors for physical plant maintenance, computer hardware and software, food, security guards, carters, and other vendors;
- management of contracted vendors including obtaining HIPPA Business Associate Riders, W9s, and certificates of insurance;
- management of all insurance policies to include general liability, professional liability, property, directors and officers, and employment practices liability;
- renewal of the schools' licenses with state;
- registration with various programs such as the Federal government's SAM program and New York City's HHS Accelerator Program;
- writing Northside's administrative policies;
- handling complex reimbursement issues with City and State Agencies;
- performing complex writing assignments for Northside's six Directors;
- filing of all E-rate forms.

Mr. Genn followed the complex, lengthy, and at times bewildering E-rate process to put Northside's services up for bid, submit funding requests, respond to review questions, and certify CIPA compliance and service start dates. However, by the time the multi-year E-rate process called for filing requests for discount reimbursements, Mr. Genn's limited time for E-rate duties was focused on the next two E-rate cycles. As a result, as happens all too often with small schools with over-burdened administrators, Mr. Genn overlooked preparing and filing BEAR forms.

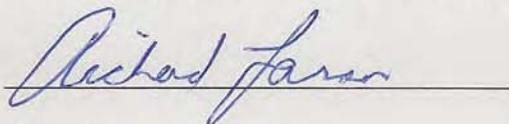
To his credit, Mr. Genn realized that he needed help in managing the multi-year, multi-stepped E-rate process and has sought help from an E-rate consulting firm. Northside asks the Commission to waive the deadline and allow Northside to submit Form 472s (BEARs) against the \$15,567.45 of funding for these 13 FRNs.

**Conclusion:**

Northside respectfully requests the Commission to waive its new policy on BEAR deadline extensions and instruct the Schools and Libraries Division's (SLD) to accept Northside's 10/28/2014 invoice deadline extension requests for 13 FRNs in 471 application numbers 856761, 856689, and 860418. Approval of these Invoice Deadline Extension Requests will allow Northside to submit Form 472s (BEARs) against the \$15,567.45 of funding for these 13 FRNs.

We are available to respond to questions or to provide any further information requested by the Commission in its review of this appeal.

**Authorized signature for this Appeal<sup>5</sup>**



Richard Larson  
eRate 360 Solutions, LLC  
322 Route 46W, Suite 280W  
Parsippany, NJ 07054

Date: 5/7/15

Phone: (888) 535-7771 ext 102  
Fax: (866) 569-3019  
Email: [rlarson@erate360.com](mailto:rlarson@erate360.com)  
(preferred mode of contact)

<sup>5</sup> "Letter of Agency" from Leo Genn, Special Projects Coordinator for Northside Center for Child Development, Inc., authorizing employees of eRate 360 Solutions, LLC, to perform e-rate services on behalf of Northside.

From: [deadline@sl.universalservice.org](mailto:deadline@sl.universalservice.org) [mailto:deadline@sl.universalservice.org]

Sent: Friday, January 16, 2015 2:47 PM

To: Leo Genn

Subject: Administrator's Decision on Invoice Deadline Extension Request

This serves as acknowledgement and dismissal of your request for a deadline extension for the following FRNs:

- 2330945
- 2330958
- 2331044
- 2331048
- 2342019
- 2342036
- 2342072
- 2342124
- 2342143
- 2342159
- 2342165
- 2342176
- 2342375

Current deadline extension rules and procedures do not allow approval for the reason submitted.

**TO APPEAL THIS DECISION:**

If you wish to appeal the decision indicated in this letter, your appeal must be POSTMARKED within 60 days of the above date on 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 e-mail address (if available) for the person who can most discuss this appeal with us.
2. State outright that your letter is an appeal. Identify which Administrative Decision you are appealing. Indicate the relevant funding year and the date of this letter. Your letter of appeal must also include the Billed Entity Name, the Form 471 Application Number, and the SLD Invoice Number from the top of your letter.
3. When explaining your appeal, copy the language or text from this letter that is at the heart of your appeal to allow the SLD to more readily understand your appeal and respond appropriately. Please keep your letter to the point, and provide documentation to support your appeal. Be sure to keep copies of your correspondence and documentation.
4. Provide an authorized signature on your letter of appeal.

If you are submitting your appeal on paper, please send your appeal to: Letter of Appeal, Schools and Libraries Division, 30 Lanidex Plaza West, PO Box 685, Parsippany, NJ 07054-0685. Additional options for filing an appeal can be found in the "Appeals Procedure" posted in the Reference Area of the SLD web site or by contacting the Client Service Bureau. We encourage the use of either the e-mail or fax filing options.

Schools and Libraries Division  
Universal Service Administrative Company

This e-mail has been generated programmatically. Please do not respond to this e-mail.

**Your submission has been accepted**

<b>ECFS Filing Receipt -</b>	
<b>Confirmation number:</b> <b>201539770900</b>	
Proceeding	
<b>Name</b>	<b>Subject</b>
02-6	In the Matter of Schools and Libraries Universal Service Support Mechanism
<b>Contact Info</b>	
<b>Name of Filer:</b> Child, Inc.	
<b>Email Address:</b> rlarsen@erate360.com	
<b>Attorney/Author Name:</b> Richard Larson	
<b>Address</b>	
<b>Address For:</b> Author	
<b>Address Line 1:</b> eRate 360 Solutions, LLC	
<b>Address Line 2:</b> 322 Route 46W, Suite 280W	
<b>City:</b> Parsippany	
<b>State:</b> NEW JERSEY	
<b>Zip:</b> 07054	
<b>Details</b>	
<b>Type of Filing:</b> REQUEST	
Document(s)	
<b>File Name</b>	<b>Custom Description</b> <b>Size</b>
Child-Inc_FCC-Appeal_471-843812_package_3-9-15.pdf	866 KB
<b>Disclaimer</b>	
<p>This confirmation verifies that ECFS has received and accepted your filing. However, your filing will be rejected by ECFS if it contains macros, passwords, redlining, read-only formatting, a virus, or automated links to other documents.</p> <p>Filings are generally processed and made available for online viewing within one business day of receipt. You may use the link below to check on the status of your filing:</p> <p><a href="http://apps.fcc.gov/ecfs/comment/confirm?confirmation=201539770900">http://apps.fcc.gov/ecfs/comment/confirm?confirmation=201539770900</a></p> <p>For any problems please contact the Help Desk at 202-418-0193.</p>	

## Your submission has been accepted

<b>ECFS Filing Receipt -</b>	
<b>Confirmation number:</b> <b>201539601347</b>	
Proceeding	
<b>Name</b>	<b>Subject</b>
02-6	In the Matter of Schools and Libraries Universal Service Support Mechanism
<b>Contact Info</b>	
<b>Name of Filer:</b> Greater Albany Public School District	
<b>Email Address:</b> rlarsen@erate360.com	
<b>Attorney/Author Name:</b> Richard Larson	
<b>Address</b>	
<b>Address For:</b> Author	
<b>Address Line 1:</b> eRate 360 Solutions, LLC	
<b>Address Line 2:</b> 322 Route 46W, Suite 280W	
<b>City:</b> Parsippany	
<b>State:</b> NEW JERSEY	
<b>Zip:</b> 07054	
<b>Details</b>	
<b>Type of Filing:</b> REQUEST	
Document (s)	
<b>File Name</b>	<b>Custom DescriptionSize</b>
GreaterAlbany_FCC-Appeal_471- 846615_package_3-9-15.pdf	1 MB
<b>Disclaimer</b>	
<p>This confirmation verifies that ECFS has received and accepted your filing. However, your filing will be rejected by ECFS if it contains macros, passwords, redlining, read-only formatting, a virus, or automated links to other documents.</p> <p>Filings are generally processed and made available for online viewing within one business day of receipt. You may use the link below to check on the status of your filing:</p> <p><a href="http://apps.fcc.gov/ecfs/comment/confirm?confirmation=201539601347">http://apps.fcc.gov/ecfs/comment/confirm?confirmation=201539601347</a></p> <p>For any problems please contact the Help Desk at 202-418-0193.</p>	

## Your submission has been accepted

<b>ECFS Filing Receipt -</b>	
<b>Confirmation number:</b> <b>2015311146022</b>	
Proceeding	
<b>Name</b>	<b>Subject</b>
02-6	In the Matter of Schools and Libraries Universal Service Support Mechanism
<b>Contact Info</b>	
<b>Name of Filer:</b> Gilroy Unified School District	
<b>Email Address:</b> rlarsen@erate360.com	
<b>Attorney/Author Name:</b> Richard Larson	
<b>Address</b>	
<b>Address For:</b> Author	
<b>Address Line 1:</b> eRate 360 Solutions, LLC	
<b>Address Line 2:</b> 322 Route 46W, Suite 280W	
<b>City:</b> Parsippany	
<b>State:</b> NEW JERSEY	
<b>Zip:</b> 07054	
<b>Details</b>	
<b>Type of Filing:</b> REQUEST	
Document(s)	
<b>File Name</b>	<b>Custom Description</b> <b>Size</b>
Gilroy_FCC-Appeal_471-830048_package_3-11-15.pdf	752 KB
<b>Disclaimer</b>	
<p>This confirmation verifies that ECFS has received and accepted your filing. However, your filing will be rejected by ECFS if it contains macros, passwords, redlining, read-only formatting, a virus, or automated links to other documents.</p> <p>Filings are generally processed and made available for online viewing within one business day of receipt. You may use the link below to check on the status of your filing:</p> <p><a href="http://apps.fcc.gov/ecfs/comment/confirm?confirmation=2015311146022">http://apps.fcc.gov/ecfs/comment/confirm?confirmation=2015311146022</a></p> <p>For any problems please contact the Help Desk at 202-418-0193.</p>	

Facility: n/a  
Location: n/a

**Patient:** LARSON, RICHARD D  
**FIN/Acct#:** 003004773  
**MR#:** 000233762  
**DOB:** 9/13/1945      **Age:** n/a      **Sex:** Male  
**Admit Date:** n/a  
**Pt Type:** n/a  
**Pt Location:** n/a  
**Patient Location:** n/a

**Attending:** Mullick, Muhammad, MD-Internal Medicine  
**Admitting:** Mullick, Muhammad, MD-Internal Medicine  
**Ordering:** n/a

**Clinical Diagnosis**

**Diagnosis:** ST elevation MI (STEMI)

**Last Reviewed Date:** 3/13/2015

**Diagnosis Date:** 3/13/2015

**Responsible Provider:**

**Status:** Active

**ED Physician Summary**

**Document Title:** ED Physician Summary Note  
**Service Date/Time:** 3/12/2015 18:01 EDT  
**Result Status:** Auth (Verified)  
**Electronically Signed By:** LoFaro, Joseph R, MD -Department Emergency Medicine (3/13/2015 00:37 EDT)

**Potential MI\***

**Patient:** LARSON, RICHARD D      **MRN:** 000233762      **FIN:** 003004773  
**Age:** 69 years      **Sex:** Male      **DOB:** 09/13/1945  
**Associated Diagnoses:** ST elevation MI (STEMI)  
**Author:** LoFaro, Joseph R, MD - Department Emergency Medicine

**Basic Information**

**Time seen:** Date & time 03/12/2015 17:57:00, Immediately upon arrival.  
**History source:** Patient, EMS.  
**Arrival mode:** Ambulance-ALS, MICU TELEMETRY CONTROL Provided.  
**History limitation:** None.

**History of Present Illness**

The patient presents with chest pain and Patient reports severe pressure like retrosternal chest pain. The onset was 1 hours ago. The course/duration of symptoms is constant. Location: substernal. Radiating pain: left arm. The character of symptoms is heaviness, pressure and dull. The degree at onset was severe. The degree at maximum was severe. The degree at present is severe. The exacerbating factor is none. The relieving factor is none. Risk factors consist of obesity. Prior episodes: none. Therapy today Nitroglycerin, Aspirin and (by EMS under my direction). Associated symptoms: shortness of breath, nausea, denies vomiting, denies diaphoresis and denies anxiety.

**Review of Systems**

**Constitutional symptoms:** Negative except as documented in HPI.  
**Respiratory symptoms:** Negative except as documented in HPI.  
**Cardiovascular symptoms:** Negative except as documented in HPI.  
**Gastrointestinal symptoms:** Abdominal pain.

Legend: A = Abnormal; C = Critical; L = Low; H = High; f = Footnotes; \* = Corrected

Saint Clare's Hospital

**Patient:** LARSON, RICHARD D  
**FIN/Acct#:** 003004773  
**MR#:** 000233762

**Facility:** n/a  
**Pt Type:** n/a

**Consultation Notes**

We will follow with you.

CC: Dr. Scaduto

Dr. Safirstein

DD: 03/14/2015 07:23  
DT: 03/14/2015 15:27

JOB #: 260044/647486579  
VE/MedQ

**Operative/Procedure Note**

Document Title: Operative/Procedure Note  
Service Date/Time: 3/12/2015 20:30 EDT  
Result Status: Transcribed  
Electronically Signed By:

**Operative Report**

FACILITY: Saint Clare's Hospital - Denville  
PATIENT NAME: LARSON, RICHARD D MR#: 000233762  
DATE OF OPERATION: 03/12/2015 PT ACCOUNT #: 3004773  
SURGEON: Jordan Safirstein, MD  
ASSISTANT:  
ANESTHESIOLOGIST:

**OPERATIVE REPORT**

**PROCEDURE PERFORMED:** Transradial left heart cardiac catheterization in the setting of an acute anterior wall myocardial infarction. Mechanical thrombectomy or mechanical thrombus aspiration. Coronary angiography. Left ventriculography. Percutaneous coronary intervention of the left anterior descending, distal, mid and proximal segments.

This report is relegated to the technical aspects of our procedure. Please see the history and physical for further details of the patient's presentation.

Legend: A = Abnormal; C = Critical; L = Low; H = High; f = Footnotes; \* = Corrected

Saint Clare's Hospital

**Patient:** LARSON, RICHARD D  
**FIN/Acct#:** 003004773  
**MR#:** 000233762

**Facility:** n/a  
**Pt Type:** n/a

**Operative/Procedure Note**

through 190 cm wire advanced into the left anterior descending all the way to the apex where it was not able to cross the apical total occlusion that was described previously. Balloon angioplasty was performed of all significant lesions and subsequent stenting was performed with overlapping 2.5 mm Resolute drug-eluting stents in the distal and mid section followed by a 3.0 34 mm resolution in the proximal to mid section and finally, a 3.0 x 14 mm stent deployed between those two segments essentially covering a large portion of the left anterior descending from proximal distal.

At the conclusion of the procedure, EKG was markedly improved. Patient's symptoms abated significantly and TIMI-3 flow was present in the left anterior descending artery.

Following stenting of the left anterior descending artery, a JR4 diagnostic catheter was used to cannulate the right coronary demonstrating a focal 50% lesion in the mid RCA. This vessel was codominant. A pigtail catheter was also used to take pressures in the left ventricle and assess function. LVEDP was about 10 mmHg. There was no significant gradient across the aortic valve and grossly, it appears that left ventricular function remained intact.

**IMPRESSION:** A 69-year-old male status post multiple overlapping stents in the left anterior descending from distal to proximal in the setting of an acute anterior wall myocardial infarction.

1. Dual anti-platelet therapy x12 months.
2. High dose statin, beta blockade and optimal medical therapy.
3. EKG in the morning. An echo prior to discharge.
4. The patient will likely need staged intervention of the obtuse marginal and circumflex arteries.

DD: 03/12/2015 20:30  
DT: 03/13/2015 10:40

JOB #: 256739/647327292  
JS/MedQ

**Diagnostic Radiology**

**Reason For Exam**  
Pain, Chest

**Report**

CLINICAL DATA: Chest pain.

FINDINGS: Examination is compared to the prior study dated 7/14/2012.

Legend: A = Abnormal; C = Critical; L = Low; H = High; f = Footnotes; \* = Corrected

# Saint Clare's Health System

**Saint Clare's Hospital**

**25 Pocono Road**

**Denville, NJ 07834**

**Name:** LARSON, RICHARD D

**Current Date:** 03/14/2015 13:17:03

**DOB:** 9/13/1945 12:00 AM **FIN:** 003004773 **MRN:** 000233762

**Patient Address:** 118 CHESAPEAKE AVE LAKE HIAWATHA NJ 07034

**Patient Phone:** (973)334-4654

**Attending Physician:** Mullick, Muhammad, MD- Internal Medicine

**Primary Care Provider:**

**Name:** Scaduto, Philip Mark, MD - Internal Medicine

**Phone:** (973) 335-8656

**Discharge Diagnosis:** ST elevation MI (STEMI)

Saint Clare's Hospital would like to thank you for allowing us to assist you with your healthcare needs. The following includes patient education materials and information regarding your injury/illness.

**Comment:**

LARSON, RICHARD D has been given the following list of follow-up instructions, prescriptions, and patient education materials:

**Follow-up Instructions**

**With:**

**Address:**

**When:**

LARSON, RICHARD

Opt Out:

MMC - AHD

Patient Discharge Instructions DT301

From: 03/23/2015 13:15 To: 03/24/2015 13:15

Rm-Bed: HD06 - 01 Admit Dt: 03/24/2015 07:18

Age: 69 yr Gender: M MD: Safirstein, Jordan G., MD

DOB: 09/13/1945 Acct: 1508300142

MRN: 00602548

Requested: 03/24/2015 13:15 (KTF)

Page 1 of 4

## Patient Discharge Instructions Report

Patient Discharge Instructions for: RICHARD LARSON

**Admitting Diagnosis:** Coronary atherosclerosis of native coronary artery

**Working Diagnosis:** Coronary atherosclerosis of native coronary artery

**Attending Physician:** JORDAN G SAFIRSTEIN, MD

**Allergies:** No Known Allergies

**Most Recent Vital** BMI: 32.8

BP #1: 115/68

BSA (Mostellar): 2.21

**Signs:**

HEIGHT: 175cm

Heart Rate: 67

O2 Saturation: 97% room air

RESPIRATIONS: 18

TEMP (C): 36.7C oral

WEIGHT: 100.6kg

**DISCHARGE DATE** DISCHARGE DATE:: 03/24/2015.

**DISCHARGE TO** PLANNED DISCHARGE DESTINATION: HOME.

**DISCHARGE ACTIVITY: ACTIVE SPORTS** Do not resume until cleared by physician.

**DISCHARGE SEXUAL ACTIVITY** Instructions: Resume.

**DISCHARGE DIET** 2-3 Grams Sodium,Low Fat,Low Cholesterol,.

**Discharge Instructions** Discharge date: 03/24/2015 - 6 pm.

**Discharge: F/U Appointment** DR. Safirstein would like to see you in 7-10 days Please call 9735863400 as soon as possible for an appointment.

**PROCEDURE** Operative procedure: Stent to LCx/OM1.

**RIDE IN CAR:** Yes.

**DRIVING CAR:** No.

**DISCHARGE BATHING INSTRUCTIONS** BATH: : SHOWER.

**DISCHARGE ACTIVITY WALKING** WALKING: : INDOORS.

WALKING: : OUTDOORS.

WALKING: : STAIRS.

**SEE MEDICATION RECONCILIATION FORM** .

**Richard Larson**

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**From:** sldnoreply@sl.universalservice.org  
**Sent:** Tuesday, October 28, 2014 3:06 PM  
**To:** rlarson@erate360.com  
**Subject:** SLD Inquiry #: 22-688333 Received

Thank you for using Submit a Question. This message serves as a receipt confirmation of your submission.

The case number for your submission is 22-688333.

Please refer to this case number in subsequent contacts regarding this issue. Note that we may need to ask you for additional information to completely answer your question or fulfill your request.

If you still have questions about this issue after you review our response, please call us at 1-888-203-8100. Please do not reply to this message or to our response, as replies go to an unattended mailbox.

If you have a new question or issue, please submit another question and we will create a new case number to address it.

If you need program information, you can visit the SLD web site at [www.usac.org/sl](http://www.usac.org/sl).

Thank you.

Following is the information you submitted:

*[FirstName]=Richard [LastName]=Larson [JobTitle]=Compliance Officer [EmailAddress]=rlarson@erate360.com [WorkPhone]=8885357771102 [FaxPhone]=8665693019 [PreviousCaseNumber]=0 [FormType]=Invoice Extension [Owner]=DEADLINEEXTENSIONS [DateSubmitted]=10/28/2014 3:05:33 PM [AttachmentFlag]=N[Question2]=I request an extension of the filing deadline for Form 472 for the following: Contact Person: Richard Larson Contact Phone: 888-535-7771 x.102 Contact Fax: 866-569-3019 Contact Email: [rlarson@erate360.com](mailto:rlarson@erate360.com) Applicant: Northside Center For Child Development, Inc. BEN: 10113 471 Application #: 856689 FRN: 2342159 SPIN: 143000677 Service Provider: Verizon Wireless Amount of Invoice: \$365.22 Reason for request: Documentation requirements that necessitate third-party contact or certification. 471 Application #: 856689 FRN: 2342165 SPIN: 143001359 Service Provider: Verizon New York Inc. Amount of Invoice: \$903.90 Reason for request: Documentation requirements that necessitate third-party contact or certification. 471 Application #: 856689 FRN: 2342176 SPIN: 143001359 Service Provider: Verizon New York Inc. Amount of Invoice: \$319.57 Reason for request: Documentation requirements that necessitate third-party contact or certification. 471 Application #: 860418 FRN: 2342375 SPIN: 143033021 Service Provider: Telequest Communication Technologies Inc. Amount of Invoice: \$601.62 Reason for request: Documentation requirements that necessitate third-party contact or certification.*

**Richard Larson**

---

**From:** sldnoreply@sl.universalservice.org  
**Sent:** Tuesday, October 28, 2014 2:58 PM  
**To:** rlarson@erate360.com  
**Subject:** SLD Inquiry #: 22-688308 Received

Thank you for using Submit a Question. This message serves as a receipt confirmation of your submission.

The case number for your submission is 22-688308.

Please refer to this case number in subsequent contacts regarding this issue. Note that we may need to ask you for additional information to completely answer your question or fulfill your request.

If you still have questions about this issue after you review our response, please call us at 1-888-203-8100. Please do not reply to this message or to our response, as replies go to an unattended mailbox.

If you have a new question or issue, please submit another question and we will create a new case number to address it.

If you need program information, you can visit the SLD web site at [www.usac.org/sl](http://www.usac.org/sl).

Thank you.

Following is the information you submitted:

*[FirstName]=Richard [LastName]=Larson [JobTitle]=Compliance Officer [EmailAddress]=[rlarson@erate360.com](mailto:rlarson@erate360.com) [WorkPhone]=8885357771102 [FaxPhone]=8665693019 [PreviousCaseNumber]=0 [FormType]=Invoice Extension [Owner]=DEADLINEEXTENSIONS [DateSubmitted]=10/28/2014 2:56:52 PM [AttachmentFlag]=N[Question2]=I request an extension of the filing deadline for Form 472 for the following: Contact Person: Richard Larson Contact Phone: 888-535-7771 x.102 Contact Fax: 866-569-3019 Contact Email: [rlarson@erate360.com](mailto:rlarson@erate360.com) Applicant: Northside Center For Child Development, Inc. BEN: 10113 471 Application #: 856689 FRN: 2330945 SPIN: 143008617 Service Provider: Broadview Networks Holdings, Inc Amount of Invoice: \$1,140.15 Reason for request: Documentation requirements that necessitate third-party contact or certification. 471 Application #: 856689 FRN: 2330958 SPIN: 143008617 Service Provider: Broadview Networks Holdings, Inc Amount of Invoice: \$719.01 Reason for request: Documentation requirements that necessitate third-party contact or certification. 471 Application #: 856689 FRN: 2342124 SPIN: 143000677 Service Provider: Verizon Wireless Amount of Invoice: \$570.13 Reason for request: Documentation requirements that necessitate third-party contact or certification. 471 Application #: 856689 FRN: 2342143 SPIN: 143001359 Service Provider: Verizon New York Inc. Amount of Invoice: \$671.76 Reason for request: Documentation requirements that necessitate third-party contact or certification.*

**Richard Larson**

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**From:** sldnoreply@sl.universalservice.org  
**Sent:** Tuesday, October 28, 2014 2:43 PM  
**To:** rlarson@erate360.com  
**Subject:** SLD Inquiry #: 22-688270 Received

Thank you for using Submit a Question. This message serves as a receipt confirmation of your submission.

The case number for your submission is 22-688270.

Please refer to this case number in subsequent contacts regarding this issue. Note that we may need to ask you for additional information to completely answer your question or fulfill your request.

If you still have questions about this issue after you review our response, please call us at 1-888-203-8100. Please do not reply to this message or to our response, as replies go to an unattended mailbox.

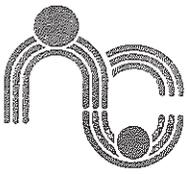
If you have a new question or issue, please submit another question and we will create a new case number to address it.

If you need program information, you can visit the SLD web site at [www.usac.org/sl](http://www.usac.org/sl).

Thank you.

Following is the information you submitted:

*[FirstName]=Richard [LastName]=Larson [JobTitle]=Compliance Officer [EmailAddress]=[rlarson@erate360.com](mailto:rlarson@erate360.com) [WorkPhone]=8885357771102 [FaxPhone]=8665693019 [PreviousCaseNumber]=0 [FormType]=Invoice Extension [Owner]=DEADLINEEXTENSIONS [DateSubmitted]=10/28/2014 2:42:13 PM [AttachmentFlag]=N[Question2]=I request an extension of the filing deadline for Form 472 for the following: Contact Person: Richard Larson Contact Phone: 888-535-7771 x.102 Contact Fax: 866-569-3019 Contact Email: [rlarson@erate360.com](mailto:rlarson@erate360.com) Applicant: Northside Center For Child Development, Inc. BEN: 10113 471 Application #: 856761 FRN: 2331044 SPIN: 143008617 Service Provider: Broadview Networks Holdings, Inc Amount of Invoice: \$3,213.00 Reason for request: Documentation requirements that necessitate third-party contact or certification. 471 Application #: 856761 FRN: 2331048 SPIN: 143008617 Service Provider: Broadview Networks Holdings, Inc Amount of Invoice: \$2,010.85 Reason for request: Documentation requirements that necessitate third-party contact or certification. 471 Application #: 856761 FRN: 2342019 SPIN: 143000677 Service Provider: Verizon Wireless Amount of Invoice: \$2,122.31 Reason for request: Documentation requirements that necessitate third-party contact or certification. 471 Application #: 856761 FRN: 2342036 SPIN: 143001359 Service Provider: Verizon New York Inc. Amount of Invoice: \$2,580.66 Reason for request: Documentation requirements that necessitate third-party contact or certification. 471 Application #: 856761 FRN: 2342072 SPIN: 143000677 Service Provider: Verizon Wireless Amount of Invoice: \$568.30 Reason for request: Documentation requirements that necessitate third-party contact or certification.*



Letter of Agency

Northside Center for Child Development  
Billed Entity Number: 10113

Letter of Agency For FY 13 (2010 - 2011); FY 14 (2011 - 2012); FY 15 (2012 - 2013); FY 16 (2013 - 2014)

I hereby authorize eRate 360 Solutions, LLC and its employees: Keith C. Oakley, Steve Tenzer, Rich Larson, Carlos Alvarez, Matt Hetman, Fred Josephs, Bert Garofano, and John Harvey to submit FCC Form 470, FCC Form 471, and other E-rate forms, and to submit various change applications such as SPIN changes and service substitutions, to the Schools and Library Division of the Universal Service Administrative Company on behalf of Northside Center for Child Development for all eligible services outlined in the most current "Eligible Services List" published by USAC. I understand that, in submitting these forms on our behalf, you are making certifications for Northside Center for Child Development. By signing this Letter of Agency, I make the following certifications

- (a) I certify that our school is a school 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.
- (b) I certify that our school has 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 to the extent that the Billed Entity is passing through the non-discounted charges for the services requested under this Letter of Agency, that the entities I represent have secured access to all of the resources to pay the non-discounted charges for eligible services from funds to which access has been secured in the current funding year.
- (c) I certify that our school is covered by a technology plan(s) that is written, that covers all 12 months of the funding year, and that has been or will be approved by a state or other authorized body, or an SLD-certified technology plan approver, prior to the commencement of priority two services. The plan(s) is written at the following level(s):  
 an individual technology plan for using the services requested in this application; and/or  
 higher-level technology plan(s) for using the services requested in this application; or  
 no technology plan needed; applying for basic local, cellular, PCS, and/or long distance telephone service and/or voice mail only.
- (d) I certify that the services the district purchases at discounts provided by 47 U.S.C. § 254 will be used solely 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 rules of the Federal Communications Commission (Commission or FCC) at 47 C.F.R. § 54.500(et seq.).
- (e) I certify that our school has 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. I acknowledge that failure to comply with program rules could result in civil or criminal prosecution by the appropriate law enforcement authorities.

NORTHSIDE CENTER  
1301 Fifth Avenue  
New York, NY 10029  
Phone: 212-426-3400  
Fax: 212-410-7561

CENTRAL HARLEM  
SERVICES  
247-249 West 135th Street  
New York, NY 10030  
Phone: 646-259-2000  
Fax: 212-694-4477

SUSAN PATRICOF  
HEAD START CENTER  
302-306 East 111th Street  
New York, NY 10029  
Phone: 646-351-1300  
Fax: 646-351-1399

BRONX CHILDREN  
AND FAMILY SERVICES  
745 Eagle Avenue  
Bronx, New York 10456  
Phone: 347-926-5400  
Fax: 718-401-4146

FT. GREENE - BROOKLYN  
CHILDREN AND FAMILY  
SERVICES CENTER  
44-60 Rockwell Place  
Brooklyn, NY 11201  
Phone: 347-505-5501  
Fax: 347-505-5551

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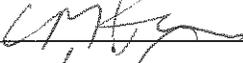
(f) I acknowledge that the discount level used for shared services is conditional, for future years, upon ensuring that the most disadvantaged schools and libraries that are treated as sharing in the service, receive an appropriate share of benefits from those services.

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- (g) 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.
- (h) I certify that I am authorized to order telecommunications and other supported services for the eligible entity(ies) covered by this Letter of Agency. I certify that I am authorized to make this request on behalf of the eligible entity(ies) covered by this Letter of Agency, that I have examined this Letter, that all of the information on this Letter is true and correct to the best of my knowledge, that the entities that will be receiving discounted services under this Letter 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.
- (i) 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, or any person associated in any way with my entity and/or the entities, is convicted of a criminal violation or held civilly liable for acts arising from their participation in the schools and libraries support mechanism.
- (j) I certify, on behalf of the entities covered by this Letter of Agency, that any funding requests for internal connections services, except basic maintenance services, applied for in the resulting FCC Form 471 application are not in violation of the Commission requirement that eligible entities are not eligible for such support more than twice every five funding years beginning with Funding Year 2005 as required by the Commission's rules at 47 C.F.R. § 54.506(c).
- (k) I certify that, to the best of my knowledge, the non-discount portion of the costs for eligible services will not be paid by the service provider. I acknowledge that 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.
- (l) I certify that I am authorized to sign this Letter of Agency and, to the best of my knowledge, information, and belief, all information provided to eRate 360 Solutions, LLC for E-rate submission is true.

District: Northside Center for Child Development

Date: 7/1/14

Signature: 

Printed Name: Leola

Title: Administrator