



Liberty Union High School District

20 Oak Street, Brentwood CA, 94513

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 twelve FRNs in Form 471 # 844432, 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 Liberty Union High School District
Billed Entity Number 144172

471 Number	FRN	SPIN	Service Provider Name	Approved Funding
844432	2293231	143001192	AT&T Corp.	\$30,809.60
844432	2293232	143001192	AT&T Corp.	\$5,960.88
844432	2293242	143002665	Pacific Bell Telephone Company	\$11,095.20
844432	2293247	143027372	SCHOOLWIRES INC.	\$3,363.72
844432	2293249	143000891	Nextel of California Inc.	\$2,774.08
844432	2355859	143006742	Sprint Spectrum, L.P.	\$5,494.99
TOTAL				\$59,498.47

Document Being Appealed: "Administrator's Decision on Invoice Deadline Extension Request" (ADL) re six FRNs in Form 471 # 844432, issued on January 16, 2015 (six FRNs per schedule above)¹

ADL Items Being Appealed (same for all six 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."

¹ Email from Schools and Libraries Division, Universal Service Administrative Company (deadline@sl.universalservice.org), to Matthew Hetman (mhetman@erate360.com), consultant for Liberty Union High School District, dated Friday, January 16, 2015; subject: "Administrator's Decision on Invoice Deadline Extension Request", regarding 13 FRNs, including the six FRNs in the schedule above.

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

As the E-rate appeals author for Liberty Union High School District (the District), 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, the District, 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 14th and 15th. Please note that I had just filed three appeals of invoice deadline ADLs on March 9th and 11th, 2015.²

Unfortunately, on the afternoon of March 12th 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.³ My recovery has been slow but steady, and I am now working nearly a full-time several days a week.

In view of the District'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:

Liberty Union High School District (the District) respectfully requests the Commission to waive its new policy on invoice deadline extensions and instruct the Schools and Libraries Division's (SLD) to accept the District's 10/27/2014 invoice deadline extension requests for six FRNs in 471 application number 844432 (per schedule on page 1 above).⁴ Approval of these Invoice Deadline Extension Requests will allow the District to submit Form 472s (BEARs) against the \$59,498.47 of funding for these six FRNs.

Last year the District's account payable bookkeeper fell victim to a prolonged illness and went on a lengthy medical leave (as of March 2015, the bookkeeper remained on medical leave). Without this experienced staffer, the District was unable to gather the documents and compile the information necessary for preparation of the BEAR forms.

The District respectfully asks the Commission to take into account the hardship that the District and its students will experience if it is deprived of the BEAR reimbursements for these six FRNs.

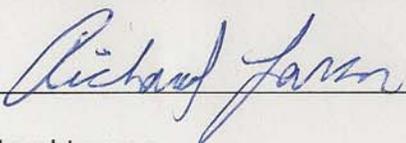
We are available to respond to questions or to provide any further information requested by the Commission in its review of this appeal.

² 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.

³ Medical records concerning Richard Larson, consultant for the District, for 3/12-14/2015 and 3/24/2015.

⁴ Email from the SLD Customer Service Bureau to Matthew Hetman (mhetman@erate360.com), consultant for Liberty Union High School District, on October 27, 2014, subject: "SLD Inquiry #: 22-686412 Received".

Authorized signature for this Appeal⁵



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
(preferred mode of contact)

⁵ "Letter of Agency" from Gina Kroner, Technology Director for Liberty Union High School District, authorizing employees of eRate 360 Solutions, LLC, to perform e-rate services on behalf of the District.

mgh

From: deadline@sl.universalservice.org
Sent: Tuesday, December 23, 2014 3:27 PM
To: mhetman@erate360.com
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:

- 2255018
- 2255020
- 2255021
- 2255022
- 2255023
- 2255024
- 2255025
- 2293231
- 2293232
- 2293242
- 2293247
- 2293249
- 2355859

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

ECFS Filing Receipt -	
Confirmation number: 201539770900	
Proceeding	
Name	Subject
02-6	In the Matter of Schools and Libraries Universal Service Support Mechanism
Contact Info	
Name of Filer: Child, Inc.	
Email Address: rlarsen@erate360.com	
Attorney/Author Name: Richard Larson	
Address	
Address For: Author	
Address Line 1: eRate 360 Solutions, LLC	
Address Line 2: 322 Route 46W, Suite 280W	
City: Parsippany	
State: NEW JERSEY	
Zip: 07054	
Details	
Type of Filing: REQUEST	
Document(s)	
File Name	Custom Description Size
Child-Inc_FCC-Appeal_471-843812_package_3-9-15.pdf	866 KB
Disclaimer	
<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>http://apps.fcc.gov/ecfs/comment/confirm?confirmation=201539770900</p> <p>For any problems please contact the Help Desk at 202-418-0193.</p>	

Your submission has been accepted

ECFS Filing Receipt -	
Confirmation number: 201539601347	
Proceeding	
Name	Subject
02-6	In the Matter of Schools and Libraries Universal Service Support Mechanism
Contact Info	
Name of Filer: Greater Albany Public School District	
Email Address: rlarsen@erate360.com	
Attorney/Author Name: Richard Larson	
Address	
Address For: Author	
Address Line 1: eRate 360 Solutions, LLC	
Address Line 2: 322 Route 46W, Suite 280W	
City: Parsippany	
State: NEW JERSEY	
Zip: 07054	
Details	
Type of Filing: REQUEST	
Document (s)	
File Name	Custom DescriptionSize
GreaterAlbany_FCC-Appeal_471- 846615_package_3-9-15.pdf	1 MB
Disclaimer	
<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>http://apps.fcc.gov/ecfs/comment/confirm?confirmation=201539601347</p> <p>For any problems please contact the Help Desk at 202-418-0193.</p>	

Your submission has been accepted

ECFS Filing Receipt -	
Confirmation number: 2015311146022	
Proceeding	
Name	Subject
02-6	In the Matter of Schools and Libraries Universal Service Support Mechanism
Contact Info	
Name of Filer: Gilroy Unified School District	
Email Address: rlarsen@erate360.com	
Attorney/Author Name: Richard Larson	
Address	
Address For: Author	
Address Line 1: eRate 360 Solutions, LLC	
Address Line 2: 322 Route 46W, Suite 280W	
City: Parsippany	
State: NEW JERSEY	
Zip: 07054	
Details	
Type of Filing: REQUEST	
Document(s)	
File Name	Custom Description Size
Gilroy_FCC-Appeal_471-830048_package_3-11-15.pdf	752 KB
Disclaimer	
<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>http://apps.fcc.gov/ecfs/comment/confirm?confirmation=2015311146022</p> <p>For any problems please contact the Help Desk at 202-418-0193.</p>	

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 .

mg

From: sldcaseattachments@sl.universalservice.org
Sent: Monday, October 27, 2014 11:00 AM
To: mhetman@erate360.com
Subject: SLD Inquiry #: 22-686412 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 22-686412.

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.

You indicated in your submission that you wish to send us an attachment. To submit an attachment, please reply to this message and attach your attachment to the reply. Any additional information you wish to provide should be included in the attachment, not added to the text of this email.

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.

Thank you.

Here is the information you submitted:

*[FirstName]=Matthew G [LastName]=Hetman [JobTitle]=Consultant
[EmailAddress]=mhetman@erate360.com [WorkPhone]=8885357771104 [FaxPhone]=8665693019
[PreviousCaseNumber]=0 [FormType]=Invoice Extension [Owner]=DEADLINEEXTENSIONS
[DateSubmitted]=10/27/2014 10:59:41 AM [AttachmentFlag]=Y[Question2]=Matthew Hetman, Consultant on behalf of Liberty Union High School District ; Phone: 888-535-7771 ext 104; email - mhetman@erate360.com
We Request an Invoice Extension Date until December 30, 2014 for Billed Entity Number: 144172, Liberty Union High School District for Funding Year 15 due to documentation requirements that necessitate third-party contact or certification. 471# 844432, FRN 2293231 , Telecommunications Service; Service Provider: AT&T Corp., SPIN 143001192, committed amount \$66977.40. 471# 844432, FRN 2293232 , Telecommunications Service; Service Provider: AT&T Corp., SPIN 143001192, committed amount \$12958.44 471# 844432, FRN 2293242 , Telecommunications Service; Service Provider: Pacific Bell Telephone Company,, SPIN 143002665, committed amount \$24120.00 471# 844432, FRN 2355859 , Telecommunications Service; Service Provider: Sprint Spectrum, L.P.,, SPIN 143006742, committed amount \$11945.64 471# 844432, FRN 2293249 , Telecommunications Service; Service Provider: Nextel of California,, SPIN 143000891, committed amount \$6030.60 471# 844432, FRN 2293247 , Telecommunications Service; Service Provider: Schoolwires INC.,, SPIN 143027372, committed amount \$7312.44*

Letter of Agency

Liberty Union High School District
Billed Entity Number: 144172

Letter of Agency For FY 15 (2012 - 2013)

I hereby authorize eRate 360 Solutions, LLC and its employees: Keith C. Oakley, Steve Tenzer, Rich Larson, Carlos Alvarez, Matt Hetman, Fred Josephs, and Bert Garofano 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 **Liberty Union High School District** 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 **Liberty Union High School District**. By signing this Letter of Agency, I make the following certifications

- (a) I certify that **schools in our district** are all 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.
- (b) I certify that our **school district** 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 district** 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 district** 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.
- (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.

- (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: Liberty Union High School District

Date: 6/10/2011

Signature: *Gina Kroner*

Printed Name: GINA KRONER

Title: Technology Director