

<b>14 Service Provider Name</b>  Frontier North, Inc.		<b>Charges</b> \$3,638.74  <b>D. Number of months service provided in funding year</b> 12  <b>E. Annual pre-discount amount for eligible recurring charges (C x D)</b> \$43,664.88
<b>15a</b> <input checked="" type="checkbox"/> Check this box if this Funding Request is for non-contracted tariffed or month-to-month services.		
<b>15b Contract Number</b>  MTM		
<b>15c</b> <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).		<b>Non-Recurring Charges</b>  <b>F. Annual non-recurring charges</b> \$0.00  <b>G. How much of the amount in F is ineligible?</b> \$0.00  <b>H. Annual eligible pre-discount amount for non-recurring charges (F minus G)</b> \$0.00
<b>15d</b> <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:		
<b>16a Billing Account Number (e.g., billed telephone number)</b>  224-159-1185-062205-5		
<b>16b</b> <input type="checkbox"/> Check this box if there are multiple Billing Account Numbers and attach a complete list of those numbers to this page.		
<b>17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing)</b>  02/12/2013		<b>Total Charges</b>  <b>I. Total funding year pre-discount amount (E + H)</b> \$43,664.88  <b>J. Discount from Block 4 Worksheet</b> 77.00  <b>K. Funding Commitment Request (I x J)</b> \$33,621.96
<b>18 Contract Award Date (mm/dd/yyyy)</b>		
<b>19 Service Start Date (mm/dd/yyyy)</b> 07/01/2014		
<b>20a Service End Date (mm/dd/yyyy)</b> 06/30/2015		<b>20b Contract Expiration Date (mm/dd/yyyy)</b>
<b>21 Description of This Service: NOTE: All Item 21 Attachments must be filed before the close of the filing window. Attachment</b> 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. <p style="text-align: right;">FRONTIER#1</p>		
<b>22 Entity/Entities Receiving This Service:</b>		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):      1620369

Entity Number: 136658	Applicant's Form Identifier: FY14-15
Contact Person: BILL POOLE	Contact Phone Number: (217) 243-9101

**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
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**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: 136658	Applicant's Form Identifier: FY14-15
Contact Person: BILL POOLE	Contact Phone Number: (217) 243-9101

<b>Block 5: Discount Funding Request(s)</b> 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 10  FRN 2689490 (to be assigned by administrator)
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**10**  If this is a duplicate Funding Request (e.g., of an FRN that is not yet approved, under appeal, etc.), check this box and enter the original FRN in the space provided:

<b>11 Category of Service ( only ONE category should be checked)</b>		<b>23 Calculations</b>
PRIORITY 1 <input type="checkbox"/> Telecommunications Service <input checked="" type="checkbox"/> Internet Access	PRIORITY 2 <input type="checkbox"/> Internal Connections Other than Basic Maintenance <input type="checkbox"/> Basic Maintenance of Internal Connections	A. Monthly charges (total amount per month for service)

<b>12 Form 470 Application Number</b> 134750001072238		Recurring Charges	\$2,500.00
<b>13 SPIN – Service Provider Identification Number</b> 143029836			<b>B. How much of the amount in A is ineligible?</b> \$0.00
<b>14 Service Provider Name</b> MCC Telephony, LLC			<b>C. Eligible monthly pre-discount amount (A minus B)</b> \$2,500.00
<b>15a</b> <input type="checkbox"/> Check this box if this Funding Request is for non-contracted tariffed or month-to-month services.			<b>D. Number of months service provided in funding year</b> 8
<b>15b Contract Number</b> MCA-40600			<b>E. Annual pre-discount amount for eligible recurring charges (C x D)</b> \$20,000.00
<b>15c</b> <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).		Non-Recurring Charges	<b>F. Annual non-recurring charges</b> \$0.00
<b>15d</b> <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: 2171203			<b>G. How much of the amount in F is ineligible?</b> \$0.00
<b>16a Billing Account Number (e.g., billed telephone number)</b> 2172439101			<b>H. Annual eligible pre-discount amount for non-recurring charges (F minus G)</b> \$0.00
<b>16b</b> <input type="checkbox"/> Check this box if there are multiple Billing Account Numbers and attach a complete list of those numbers to this page.			
<b>17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing)</b> 02/12/2013		Total Charges	<b>I. Total funding year pre-discount amount (E + H)</b> \$20,000.00
<b>18 Contract Award Date (mm/dd/yyyy)</b> 03/13/2013			<b>J. Discount from Block 4 Worksheet</b> 77.00
<b>19 Service Start Date (mm/dd/yyyy)</b> 07/01/2014			<b>K. Funding Commitment Request (I x J)</b> \$15,400.00
<b>20a Service End Date (mm/dd/yyyy)</b> Contract Expiration Date <b>20b (mm/dd/yyyy)</b> 02/17/2015			
<b>21 Description of This Service: NOTE: All Item 21 Attachments must be filed before the close of the filing window. Attachment</b> 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.			MEDIACOM#1
<b>22 Entity/Entities Receiving This Service:</b>		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):      1620369	

Entity Number: 136658	Applicant's Form Identifier: FY14-15
Contact Person: BILL POOLE	Contact Phone Number: (217) 243-9101

**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	1	30
Fiber optic/OC-x	1	70

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? 100%
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? 100%

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: 136658	Applicant's Form Identifier: FY14-15
Contact Person: BILL POOLE	Contact Phone Number: (217) 243-9101
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 7 of 10 FRN 2689506 (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:

<b>11 Category of Service ( only ONE category should be checked)</b> <table border="1"> <tr> <td><input type="checkbox"/> PRIORITY 1 Telecommunications Service</td> <td><input type="checkbox"/> PRIORITY 2 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>		<input type="checkbox"/> PRIORITY 1 Telecommunications Service	<input type="checkbox"/> PRIORITY 2 Internal Connections Other than Basic Maintenance	<input checked="" type="checkbox"/> Internet Access	<input type="checkbox"/> Basic Maintenance of Internal Connections	<b>23 Calculations</b>	
<input type="checkbox"/> PRIORITY 1 Telecommunications Service	<input type="checkbox"/> PRIORITY 2 Internal Connections Other than Basic Maintenance						
<input checked="" type="checkbox"/> Internet Access	<input type="checkbox"/> Basic Maintenance of Internal Connections						
<b>12 Form 470 Application Number</b> 134750001072238		Recurring Charges	<b>A. Monthly charges (total amount per month for service)</b> \$1,015.20				
<b>13 SPIN – Service Provider Identification Number</b> 143029836			<b>B. How much of the amount in A is ineligible?</b> \$0.00				
<b>14 Service Provider Name</b> MCC Telephony, LLC			<b>C. Eligible monthly pre-discount amount (A minus B)</b> \$1,015.20				
<b>15a</b> <input checked="" type="checkbox"/> Check this box if this Funding Request is for non-contracted tariffed or month-to-month services.			<b>D. Number of months service provided in funding year</b> 12				
<b>15b Contract Number</b> MTM			<b>E. Annual pre-discount amount for eligible recurring charges (C x D)</b> \$12,182.40				
<b>15c</b> <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).		Non-Recurring Charges	<b>F. Annual non-recurring charges</b> \$0.00				
<b>15d</b> <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:			<b>G. How much of the amount in F is ineligible?</b> \$0.00				
<b>16a Billing Account Number (e.g., billed telephone number)</b>			<b>H. Annual eligible pre-discount amount for non-recurring charges (F minus G)</b> \$0.00				
<b>16b</b> <input checked="" type="checkbox"/> Check this box if there are multiple Billing Account Numbers and attach a complete list of those numbers to this page.		Total Charges	<b>I. Total funding year pre-discount amount (E + H)</b> \$12,182.40				
<b>17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing)</b> 02/12/2013			<b>J. Discount from Block 4 Worksheet</b> 77.00				
<b>18 Contract Award Date (mm/dd/yyyy)</b>			<b>K. Funding Commitment Request (I x J)</b> \$9,380.45				
<b>19 Service Start Date (mm/dd/yyyy)</b> 07/01/2014							
<b>20a Service End Date (mm/dd/yyyy)</b> 06/30/2015							
<b>20b Contract Expiration Date (mm/dd/yyyy)</b>							
<b>21 Description of This Service: NOTE: All Item 21 Attachments must be filed before the close of the filing window. Attachment</b> 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. <span style="float: right;">MEDIACOM#2</span>							
<b>22 Entity/Entities Receiving This Service:</b>		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): 1620369					

Entity Number: 136658	Applicant's Form Identifier: FY14-15
Contact Person: BILL POOLE	Contact Phone Number: (217) 243-9101

**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.

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Type of Connection	Number of lines included in this FRN	Download speed per line in Mbps
Cable	8	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? 100%

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? 100%

**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: 136658	Applicant's Form Identifier: FY14-15
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Contact Person: BILL POOLE		Contact Phone Number: (217) 243-9101			
<b>Block 5: Discount Funding Request(s)</b> 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 8 of 10 FRN 2689622 (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 type="checkbox"/> Telecommunications Service <input checked="" type="checkbox"/> Internet Access		Recurring Charges A. Monthly charges (total amount per month for service) \$59.95 B. How much of the amount in A is ineligible? \$0.00 C. Eligible monthly pre-discount amount (A minus B) \$59.95 D. Number of months service provided in funding year 12 E. Annual pre-discount amount for eligible recurring charges (C x D) \$719.40			
PRIORITY 2 <input type="checkbox"/> Internal Connections Other than Basic Maintenance <input type="checkbox"/> Basic Maintenance of Internal Connections					
12 Form 470 Application Number 134750001072238					
13 SPIN – Service Provider Identification Number 143037515					
14 Service Provider Name Illinois Rural Electric Cooperative					
15a <input checked="" type="checkbox"/> Check this box if this Funding Request is for non-contracted tariffed or month-to-month services.					
15b Contract Number MTM					
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 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:					
16a Billing Account Number (e.g., billed telephone number) 24018082				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	
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) 02/12/2013					
18 Contract Award Date (mm/dd/yyyy)					
19 Service Start Date (mm/dd/yyyy) 07/01/2014					
20a Service End Date (mm/dd/yyyy) 06/30/2015					
Contract Expiration Date 20b (mm/dd/yyyy)					
19 Service Start Date (mm/dd/yyyy) 07/01/2014		Total Charges I. Total funding year pre-discount amount (E + H) \$719.40 J. Discount from Block 4 Worksheet 80.00 K. Funding Commitment Request (I x J) \$575.52			
20a Service End Date (mm/dd/yyyy) 06/30/2015					
Contract Expiration Date 20b (mm/dd/yyyy)					
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. IREC#1					
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: 73183 b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., 1):			

Entity Number: 136658	Applicant's Form Identifier: FY14-15
Contact Person: BILL POOLE	Contact Phone Number: (217) 243-9101

**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
Non-Cellular Wireless (e.g. microwave)	1	6

**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? 100%

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? 100%

**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: 136658		Applicant's Form Identifier: FY14-15	
Contact Person: BILL POOLE		Contact Phone Number: (217) 243-9101	
<b>Block 5: Discount Funding Request(s)</b> 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 9 of 10 FRN 2691135 (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 type="checkbox"/> Telecommunications Service <input checked="" type="checkbox"/> Internet Access		PRIORITY 2 <input type="checkbox"/> Internal Connections Other than Basic Maintenance <input type="checkbox"/> Basic Maintenance of Internal Connections	
12 Form 470 Application Number 134750001072238		Recurring Charges A. Monthly charges (total amount per month for service) \$1,500.00 B. How much of the amount in A is ineligible? \$0.00 C. Eligible monthly pre-discount amount (A minus B) \$1,500.00 D. Number of months service provided in funding year 12 E. Annual pre-discount amount for eligible recurring charges (C x D) \$18,000.00	
13 SPIN - Service Provider Identification Number 143027426			
14 Service Provider Name SCHOOLinSITES.com LLC		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	
15a <input type="checkbox"/> Check this box if this Funding Request is for non-contracted tariffed or month-to-month services. 15b Contract Number 2172439101			
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 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:		Total Charges I. Total funding year pre-discount amount (E + H) \$18,000.00 J. Discount from Block 4 Worksheet 77.00 K. Funding Commitment Request (I x J) \$13,860.00	
16a Billing Account Number (e.g., billed telephone number) 2172439101 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) 02/12/2013			
18 Contract Award Date (mm/dd/yyyy) 03/12/2014			
19 Service Start Date (mm/dd/yyyy) 07/01/2014			
20a Service End Date (mm/dd/yyyy)			
Contract Expiration Date 20b (mm/dd/yyyy) 06/30/2015			
21 Description of This Service: NOTE: All Item 21 Attachments must be filed before the close of the filing window. Attachment You MJST 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. SITES#1			
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): 1620369	

Entity Number: 136658	Applicant's Form Identifier: FY14-15
Contact Person: BILL POOLE	Contact Phone Number: (217) 243-9101

**Block 5 (Continued):**

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

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Type of Connection	Number of lines included in this FRN	Download speed per line in Mbps
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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? \_\_\_%

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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  
If no above, are these connections only for backbone connections?  Yes  No

Entity Number: 136658		Applicant's Form Identifier: FY14-15	
Contact Person: BILL POOLE		Contact Phone Number: (217) 243-9101	
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 10 of 10 FRN 2691674 (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 type="checkbox"/> Telecommunications Service <input checked="" type="checkbox"/> Internet Access PRIORITY 2 <input type="checkbox"/> Internal Connections Other than Basic Maintenance <input type="checkbox"/> Basic Maintenance of Internal Connections		A. Monthly charges (total amount per month for service) \$2,031.17 B. How much of the amount in A is ineligible? \$0.00 C. Eligible monthly pre-discount amount (A minus B) \$2,031.17 D. Number of months service provided in funding year 12 E. Annual pre-discount amount for eligible recurring charges (C x D) \$24,374.04	
12 Form 470 Application Number 134750001072238		Recurring Charges	
13 SPIN - Service Provider Identification Number 143028319			
14 Service Provider Name Illinois Century Network		Non-Recurring Charges	
15a <input checked="" type="checkbox"/> Check this box if this Funding Request is for non-contracted tariffed or month-to-month services.			
15b Contract Number MTM		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) 2172439101		Total Charges	
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) 02/12/2013		I. Total funding year pre-discount amount (E + H) \$24,374.04	
18 Contract Award Date (mm/dd/yyyy)		J. Discount from Block 4 Worksheet 77.00	
19 Service Start Date (mm/dd/yyyy) 07/01/2014		K. Funding Commitment Request (I x J) \$18,768.01	
20a Service End Date (mm/dd/yyyy) 06/30/2015			
Contract Expiration Date 20b (mm/dd/yyyy)			
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. ICN#1			
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): 1620369	

Entity Number: 136658	Applicant's Form Identifier: FY14-15
Contact Person: BILL POOLE	Contact Phone Number: (217) 243-9101

**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
T1/DS-1	2	1.5
Fiber optic/OC-x	1	15
Fiber optic/OC-x	1	30
Fiber optic/OC-x	1	70

**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? 100 %

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? 0 %

**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: 136658	Applicant's Form Identifier: FY14-15
Contact Person: BILL POOLE	Contact Phone Number: (217) 243-9101

**Block 6: Certifications and Signature**

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

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

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

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

a Total funding year pre-discount amount on this Form 471 (Add the entries from Items 23I on all Block 5 Discount Funding Requests.)	127341.92
b Total funding commitment request amount on this Form 471 (Add the entries from Items 23K on all Block 5 Discount Funding Requests.)	98074.86
c Total applicant non-discount share (Subtract Item 26b from Item 26a.)	29267.06
d Total budgeted amount allocated to resources not eligible for E-rate support	
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.)	29267.06

f  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.

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

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

28  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.

29  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.

30  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.

31  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.

Entity Number: 136658	Applicant's Form Identifier: FY14-15
Contact Person: BILL POOLE	Contact Phone Number: (217) 243-9101

**Block 6: Certification and Signature (Continued)**

- 32  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  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  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  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  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  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 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 type="checkbox"/>	40 Date
41 Printed name of authorized person	
42 Title or position of authorized person	
<input 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: 136658	
Applicant's Form Identifier: FY14-15	
Contact Person: BILL POOLE	
Contact Phone Number: (217) 243-9101	
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><b>NOTICE:</b> 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><b>Please submit this form to:</b>  SLD-Form 471  P.O. Box 7026  Lawrence, Kansas 66044-7026</p> <p><b>For express delivery services or U.S. Postal Service, Return Receipt Requested, mail this form to:</b>  SLD Forms  ATTN: SLD Form 471  3833 Greenway Drive  Lawrence, Kansas 66046  (888) 203-8100</p>	

Close Print Preview

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Jacksonville School District 117  
1211 N. Diamond  
Jacksonville, Illinois 62650  
ATTN: Bill Poole, Director of Technology

# **ATTACHMENT 5**

**Inquiry USAC Form 471**



Bill Poole &lt;bpoole@jsd117.org&gt;

**RE: Initial Contact; 22-754166**

1 message

sldnoreply@sl.universalservice.org <sldnoreply@sl.universalservice.org>  
To: bpoole@jsd117.org

Wed, Apr 15, 2015 at 2:32 PM

Thank you for your inquiry.

To correct this error, you would need to file a Form 500.

Applicants can file a Form 500 after funding has been committed to accomplish one or more of the following:

- To adjust the Funding Year Service Start Date reported on a previously filed FCC Form 486 for this Funding Year
- To adjust the Contract Expiration Date listed on its FCC Form 471 application for this Funding Year
- To request an extension of the service delivery and installation deadline for non-recurring services
- To cancel irrevocably and totally a Funding Request Number (FRN)
- To reduce irrevocably the amount of a Funding Request Number (FRN)
- To notify USAC of an equipment transfer within the three year prohibition on equipment transfers due to a temporary or permanent entity closure

For more information regarding the Form 500, please refer to the following page on our website:  
<http://www.usac.org/sl/applicants/before-youre-done/500-filing.aspx>

If you have any further questions, please feel free to contact our Schools and Libraries Helpline at 1-888-203-8100. Please remember to visit our website for updates: <http://www.usac.org/sl>

Thank you,  
Schools and Libraries Division  
Universal Service Administrative Company

-----Original Message-----

From: bpoole@jsd117.org  
Subject: Initial Contact

[FirstName]=BILL  
[LastName]=POOLE  
[JobTitle]=DIRECTOR OF TECHNOLOGY  
[EmailAddress]=BPOOLE@JSD117.ORG  
[WorkPhone]=2172439101  
[FaxPhone]=  
[PreviousCaseNumber]=0

[FormType]=Other

[Owner]=TCSB

[DateSubmitted]=4/15/2015 3:19:55 PM

[AttachmentFlag]=N[Question2]=I was informed today by our Internet provider that I have placed an incorrect date on the Contract expiration date for FRN 2689490 on my Form 471 for FY14-15 (App #: 527810001185718). The date I placed on the line should have read 6/30/15 instead of 2/17/15. The amended agreement was coterminal and should have ended at the original date of the contract which was dated 6/30/15.

The vendor indicated I needed to seek an amendment from USAC in order to receive reimbursement for the last four months of the 5 year agreement. The document I used was a service change order which is not considered the governing document according to the vendor.

I need to know what steps need to be taken to resolve this issue. What steps are necessary for USAC to consider making an amendment to our existing funding decision for FRN 2689490?

Jacksonville School District 117  
1211 N. Diamond  
Jacksonville, Illinois 62650  
ATTN: Bill Poole, Director of Technology

# **ATTACHMENT 6**

## **USAC Form 500 Mail Receipt**

**U.S. Postal Service™**  
**CERTIFIED MAIL® RECEIPT**  
 Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

LAWRENCE KS 66046 OFFICIAL USE

Postage	\$	\$1.19	0139
Certified Fee		\$2.30	06
Return Receipt Fee (Endorsement Required)		\$2.70	APR 21 2015
Restricted Delivery Fee (Endorsement Required)		\$0.00	
<b>Total Postage &amp; Fees</b>	<b>\$</b>	<b>\$7.19</b>	04/21/2015

Sent To  
 Street & Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

PS Form 3800, July 2014 See Reverse for Instructions

7014 2870 0001 9746 4736

JACKSONVILLE MPO  
 JACKSONVILLE, Illinois  
 626509998  
 1615500139-0098  
 04/21/2015 (217)245-2149 01:14:31 PM

=====  
 Sales Receipt  
 Product Sale Unit Final  
 Description Qty Price Price  
 -----  
 LAWRENCE KS 66046-5502 \$1.19  
 Zone-3  
 First-Class Mail Large Env  
 1.60 oz.  
 Expected Delivery: Fri 04/24/15  
 Return Rcpt (Green \$2.70  
 Card)  
 @@ Certified \$3.30  
 USPS Certified Mail #:  
 70142870000197464736  
 =====  
 Issue Postage: \$7.19  
 =====  
 Total: \$7.19

Paid by:  
 MasterCard \$7.19  
 Account #: XXXXXXXXXXXX2353  
 Approval #: 141429  
 Transaction #: 686  
 23902930114

@@ For tracking or inquiries go to  
 USPS.com or call 1-800-222-1811.

Order stamps at [usps.com/shop](http://usps.com/shop) or  
 call 1-800-Stamp24. Go to  
[usps.com/clicknship](http://usps.com/clicknship) to print  
 shipping labels with postage. For  
 other information call  
 1-800-ASK-USPS.

\*\*\*\*\*  
 \*\*\*\*\*  
 Get your mail when and where you  
 want it with a secure Post Office  
 Box. Sign up for a box online at  
[usps.com/poboxes](http://usps.com/poboxes).  
 \*\*\*\*\*  
 \*\*\*\*\*

Bill#:1000202159405  
 Clerk:06

All sales final on stamps and postage  
 Refunds for guaranteed services only  
 Thank you for your business

Jacksonville School District 117  
1211 N. Diamond  
Jacksonville, Illinois 62650  
ATTN: Bill Poole, Director of Technology

# **ATTACHMENT 7**

## **USAC Form 500 Letter**



Universal Service Administrative Company

Schools and Libraries Division

FORM 500 NOTIFICATION LETTER  
(Funding Year 2014: 07/01/2014 - 06/30/2015)

May 18, 2015

*Called USAC*

*5/22/15*

*@ ~ 8:30 AM CST*

*Case # 22-775481*

BILL POOLE  
JACKSONVILLE SCHOOL DIST 117  
1211 NORTH DIAMOND ST.  
JACKSONVILLE, IL 62650

Re: Form 500 Application Number: 1063212  
Applicant's Form 500 Identifier: None entered

We are issuing this Form 500 Notification Letter to notify you that the Schools and Libraries Division (SLD) of the Universal Service Administrative Company (USAC) has processed your FCC Form 500, Adjustment to Funding Commitment and Modification to Receipt of Service Confirmation Form.

Attached to this letter is a Report summarizing the modifications or changes you requested. An explanation of the data provided in our letter reports is in the "Guide to USAC Letter Reports" posted in the Reference Area of our website.

Retain this letter for your records. A copy of this information has been provided to the service provider(s) whose Service Provider Identification Number(s) (SPIN) is featured on this Form 500.

**DEADLINES:**

Recurring services must be delivered during the funding year (between July 1 and June 30). In general, non-recurring services must be delivered between July 1 and September 30 following the close of that Funding Year. The deadline may be extended for delivery and installation of non-recurring services as described in Step 11: Service Delivery Deadlines and Extension Requests on our website.

Invoices must be postmarked no later than 120 days after the last date to receive service or 120 days after the date of the Form 486 Notification Letter, whichever is later. If an invoice is postmarked after the later of those two dates, payment will be denied.

You can request a Service Delivery Deadline Extension or Invoice Deadline Extension from USAC following the guidance posted on our website.

Discuss with your service provider(s) whether you prefer discounts on your bills or reimbursement after paying for services in full. USAC will process either reimbursements based on Form 472 (BEAR) or discounts based on Form 474 (SPI) for a given FRN. Once established, however, the selected process - SPIs or BEARs - must be used consistently for the entire Funding Year.

NOTE: USAC will base the billing mode (reimbursement or discounting) on the first invoice type that it processes for payment. It is therefore imperative for the service provider and the customer to establish together the preferred invoicing mode.

**NOTICE ON SERVICE START DATE**

The Service Start Date as reflected on this letter may have been changed from what you indicated on the Form 500. The Service Start Date may not be before the Allowable Vendor Selection/Contract Date (AVS/CD) from the Form 470 cited for this FRN on the Form 471. Additionally, applicants cannot use the Form 500 to change the Service Start Date from a Service Start Date that was adjusted on a Form 486. You will know that a change has been made if there is an asterisk (\*) next to the Service Start Date Change. It is important

Schools and Libraries Division - Correspondence Unit  
30 Lanidex Plaza West, PO Box 685, Parsippany, NJ 07054-0685  
Visit us online at: [www.usac.org/sl](http://www.usac.org/sl)

that you and the service provider both recognize that USAC should only be invoiced and USAC may only direct disbursement of the discounts on eligible, approved services actually delivered and installed after the Service Start Date indicated on this letter.

**TO APPEAL THE SERVICE START DATE CHANGE DECISION**

If you wish to appeal a decision in this letter, your appeal must be received by USAC or postmarked within 60 days of the date of this letter. Failure to meet this requirement will result in automatic dismissal of your appeal. In your letter of appeal:

1. Include the name, address, telephone number, fax number, and (if available) email address for the person who can most readily discuss this appeal with us.
2. State outright that your letter is an appeal. Include the following to identify the letter and the decision you are appealing:
  - appellant name,
  - applicant or service provider name, if different than appellant,
  - applicant BEN and service provider SPIN,
  - Form 500 number as assigned by USAC,
  - Funding Request Number(s) (FRNs) you are appealing if provided in the letter,
  - "Form 500 Notification Letter for FY 2014," AND
  - the exact text or the decision that you are appealing.
3. Please keep your letter to the point, and provide documentation to support your appeal. Be sure to keep a copy of your entire appeal, including any correspondence and documentation.
4. If you are an applicant, please provide a copy of your appeal to the service provider(s) affected by USAC's decision. If you are a service provider, please provide a copy of your appeal to the applicant(s) affected by USAC's decision.
5. Provide an authorized signature on your letter of appeal.

To submit your appeal to USAC by email, email your appeal to [appeals@sl.universalservice.org](mailto:appeals@sl.universalservice.org). USAC will automatically reply to incoming emails to confirm receipt.

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

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

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

For more information on submitting an appeal to USAC, please see the "Appeals Procedure" posted on our website.

Schools and Libraries Division  
Universal Service Administrative Company

FORM 500 NOTIFICATION LETTER REPORT  
(Funding Year 2014)

Funding Request Number (FRN): 2689490  
Form 471 Application Number: 938920  
Service Provider Name: MCC Telephony, LLC  
Service Provider Identification Number (SPIN): 143029836  
Billing Account Number: 2172439101  
Contract Expiration Date Change: 06/30/2015



Jacksonville School District 117  
1211 N. Diamond  
Jacksonville, Illinois 62650  
ATTN: Bill Poole, Director of Technology

# **ATTACHMENT 8**

## **Formal Form 471 Appeal to USAC**

## **Form 471 – Formal Appeal**

**Request: To extend the funding decision from 8 months to 12 months for the funding year FY14-15**

### **Contact information**

Name: Bill Poole

Address: 1211 North Diamond St., Jacksonville, IL 62650

Telephone number: 1-217-243-9101

Email address: [bpoole@jsd117.org](mailto:bpoole@jsd117.org)

### **Provide documentation of USAC decision**

Attached is the Form 471 receipt acknowledgment letter dated 04/03/2014 indicating the decision to fund FRN 2689490 ended on 02/15/2015.

### **Include supporting documentation such as forms and supporting documentations**

Attached is the Form 500 notification letter dated 05/18/2015 indicating USAC approved the new contractual expiration date to 06/30/2015.

Attached also to this mailing is the original contract, as well as, the change order for increased bandwidth.

### **Explain the appeal to USAC in as much detail as possible**

#### **Identify a problem and the reason for its appeal**

I am requesting USAC approve my request to extend the funding agreement for FRN 2689490 from 02/17/2015 to 06/30/2015. Through a mistake on my own, I placed the incorrect contract end date on the Form 471 (Application number: 938920). When the district decided to increase the transport from 30 Mb to 100 MB Mediacom sent a change order indicating there was an increase in transport. I mistakenly thought the document dated 02/17/2015 was the date of the contractual agreement. However, that is incorrect. The date of the increase was a coterminous agreement allowing the increase to remain the original date of 06/30/2015. Through my own failing, I placed the incorrect date on the Form 471. My request is to seek funding for the balance of the

agreement to 12 months of funding for transport. I mistakenly placed the date on the Form 471 thinking it was a contractual date but it was simply a change order date.

**Explain precisely the relief sought through this appeal**

Formal request is to approve funding to FRN 2689490 for 12 months instead of the original request to fund for 8 months.

**Number of months of service:** Request to move from 8 months to 12 months

**Eligible monthly amount:** Request to extend the \$2,500 monthly amount from 8 months to 12 months