



FY 2014 E-rate Application Information Request

Date: 9/15/2014

Wilfredo Chiclana
Phone: 787-647-8481
Fax: 787-258-9648
E-mail: wchiclana@me.com

FCC Forms 471: see attached chart

Response Due Date: 9/30/2014

Dear applicant:

USAC has received information that indicates your service provider, A New Vision in Educational Services & Materials (NEVESEM) SPIN 143022659, assisted you with filing/submitted the FCC Forms 470, 471 and/or 486. FCC rules prohibit service provider involvement in the competitive bidding process. As the program administrator, we are obligated to follow up on the concerns raised to ensure compliance with all program rules and regulations by the applicant and service provider. To help us better understand the situation, please address the following and provide supporting documentation. We are asking that you, as the entity, affected by these questions provide a response without the assistance of a representative.

- A. Please provide the following information in regards to the person(s) who prepared or helped to prepare your Form 470.
 - The name, title and employer of the individual(s) who developed, filled in, completed, certified and/or posted the Form 470 to the USAC website.
 - Contact information for that individual (address, telephone, fax and email.)
Is this person an employee of your entity? ? Yes _____ or No _____.
If no:
 - Explain how are they affiliated with your entity and why were they selected to complete or post your Form 470.

- B. Please provide the specific location from which the Form 470 #296310001099228 was filled in, completed, and/or submitted to USAC.

If the Form 470 was not filed in, completed, and/or submitted from your entity's location, please explain why.

- C. Did a service provider's employee(s) assist your entity with the completion and/or posting Form 470 #371410001160074? Yes _____ or No _____.

If yes:

- Provide the name, title, contact information (address, telephone, fax and email) of the service provider's employee(s).
- Describe the assistance they provided, (i.e., did they fill out any portion of the form, provide you with information for you to add to the form, post the form to the USAC website etc.)
- Explain why you selected your service provider's employee(s) to assist your entity with completing or posting your Form 470.

Additionally, the service descriptions listed on your FCC Form 470 #371410001160074 appear to be "generic" or "encyclopedic" that do not indicate the specific needs of the entity. These can also be perceived as a "Laundry list" of service and result in a denial of funding for violating the program's competitive bidding rules and regulations. The goal of the competitive bidding process is to have as many bidders as possible respond to an FCC Form 470, RFP, or other solicitation method so that the applicant can receive better service and lower prices. The competitive bidding process must be open and fair. Please explain how you determined the services to request on your FCC Form 470. Please provide any documentation to support your response.

We are providing you with an opportunity to submit further documentation and/or any special circumstances that we should consider during the review.

Lastly, please complete, sign, and date the attached certification and return with your response.

Response Reminders

Please fax or email the requested information to my attention. If you have any questions or you do not understand what we are requesting, please feel free to contact me.

It is important that we receive all of the information requested **within 15 calendar days** so we can complete our review. **Failure to respond may result in a reduction, denial, or rescinding of funding. If you need additional time to prepare your response, please let me know as soon as possible.**

Thank you for your cooperation and continued support of the Universal Service Program.

Fabio Nieto

Associate Manager, Special Compliance

30 Lanidex Plaza West | Parsippany, NJ 07054

T: 973.581.5045 | F: 973.599.6552

Fabio.Nieto@sl.universalservice.org

Special Compliance Information Request Certification

Complete and return the enclosed Certification to the Schools and Libraries Division (SLD). If the applicant's authorized representative completed the information in this document, please *attach a copy of the letter of agency or other agreement* between the applicant and consultant authorizing them to act on the school or library's behalf.

Please note that if an authorized representative signs this form, an authorized school or library official is also required to sign in the space provided below.

Note: If a consultant was used, a school official MUST sign below.

CERTIFICATION	
I certify that I am authorized to make the representations set forth in the responses to the inquiry on behalf of the schools listed in the attached spreadsheet, the entity(ies) represented on and responding to the inquiry, and am the most knowledgeable person with regard to the information set forth therein. I certify that the responses and supporting documentation to the inquiry are true and correct to the best of my knowledge, information and belief. 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 acknowledge that false statements 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 declare under penalty of perjury that the foregoing is true and correct. Executed on ___ day of _____, 2014 at _____ [city], _____ [state].	
Signature	Date
Print Name	Title
Employer	
Telephone Number	Fax Number
Email Address	
Address	
Authorized School or Library Official's Signature and Title	Date
Print Name of Authorized School or Library Official Named Above	

This is a response for your letter related to **FY 2014 E-RATE APPLICATION INFORMATION REQUEST**.

A. The person who prepare the forms 470 # #296310001099228 was:

Mr. Wilfredo Chiclana Díaz
IT Director - CCNDS Associate Principal
P.O. Box 937
Caguas, Puerto Rico 00725
Phone - 787-653-0638
Fax - 787-258-9648
wchiclana@me.com

Mr. Chiclana is the person in charge and authorised to fill all forms and documents from our schools:

ACADEMIA IMMACULADA CONCEPCION - SUP

ACADEMIA IMMACULADA CONCEPCION - SUP

ACADEMIA IMMACULADA CONCEPCION - SUP

Colegio Catolico Notre Dame Elemental

COLEGIO CATOLICO NOTRE DAME SECUNDARIO

COLEGIO SAN CARLOS BORROMEIO

COLEGIO SAN CARLOS BORROMEIO

ACADEMIA IMMACULADA CONCEPCION ELEMENTAL

B. The form 4709 was filled by Mr. Wilfredo Chiclana from Colegio Católico Notre Dame Secundario.

C. No

Related to the service descriptions listed on the Form 470 #371410001160074 the information provided, I took it from your Schools and Libraries Universal Service / Support Mechanism / Eligible Services List, that resume listed the requested services.

Please see attached, the SPECIAL COMPLIANCE INFORMATION REQUEST CERTIFICATION.

If you need more information please let me know. Please confirm the receipt of this email.

Thanks,

Cordially,

Mr. Wilfredo Chiclana Díaz

Special Compliance Information Request Certification

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Note: If a consultant was used, a school official **MUST** sign below.

CERTIFICATION	
<p>I certify that I am authorized to make the representations set forth in the responses to the inquiry on behalf of the schools listed in the attached spreadsheet, the entity(ies) represented on and responding to the inquiry, and am the most knowledgeable person with regard to the information set forth therein. I certify that the responses and supporting documentation to the inquiry are true and correct to the best of my knowledge, information and belief. 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 acknowledge that false statements 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.</p>	
<p>I declare under penalty of perjury that the foregoing is true and correct. Executed on <u>22</u> day of <u>September</u>, 2014 at <u>Caguas</u> [city], <u>P.R.</u> [state].</p>	
Signature	Date
<u>Jose J. Grillo</u>	<u>Sept. 22, 2014</u>
Print Name	Title
<u>Jose J. Grillo</u>	<u>Principal Administrativo</u>
Employer	
<u>Colegio Catolica Notee Dame, C.R.P.</u>	
Telephone Number	Fax Number
<u>787-743-3693</u>	<u>787-258-9648</u>
Email Address	
<u>grillojanzitez@gmail.com</u>	
Address	
<u>P.O. Box 937 Caguas, P.R. 00726 0937</u>	
Authorized School or Library Official's Signature and Title	Date
<u>Wilfredo Chiclana Diaz</u> IT Director	<u>September 22, 2014</u>
Print Name of Authorized School or Library Official Named Above	
<u>Wilfredo Chiclana Diaz</u>	