

Service Associates, Inc.

308 South Marshall Street  
Winston-Salem, North Carolina 27101

SCANNED

November 18, 2015

Marlene H. Dortch, Secretary  
Federal Communications Commission  
Office of the Secretary  
445 12<sup>th</sup> Street, SW  
Washington, DC 20554

CC Docket No. 02-06

Re: Request for Review of  
USAC-SLD Appeal Denied

To whom it may concern:

This Request for Review is filed on behalf of the applicant. My contact information is as follows:

Oliver T. Frail, Senior Compliance Analyst  
Service Associates, Inc.  
308 South Marshall Street  
Winston-Salem, NC 27101  
[Colleton@serviceassoc.com](mailto:Colleton@serviceassoc.com)  
(800) 396-9950

**Applicant Contact:** Beth Frank, Director of Technology  
Colleton County School District  
Technology Center  
150 Cougar Nation Drive, Suite 8000  
[Colleton@serviceassoc.com](mailto:Colleton@serviceassoc.com)  
(843) 782-4521

This Request for Waiver and further consideration of the following USAC-SLD decision:

Administrator's Decision on Appeal	Funding Year 2007 & 2009
Date of Letter	October 29, 2015
Applicant	Colleton County School District
Billed Entity Number	127187
Form 471 Application Number	578742 & 686303
Funding Request Number	1602249, 1879698 & 1879730

\*\*\*\*\*  
**Service Associates, Inc. is an E-rate support services company  
providing services exclusively to E-rate applicants.**  
\*\*\*\*\*

**Request for Waiver of:**

*FCC rules stipulate that service providers or billed entities may request a one-time extension of the invoicing deadline for a Funding Request (FRN). USAC denied your request for Invoice Deadline Extension since this was the second or subsequent extension of invoicing deadline for 1602249 [1602249, 1879698 & 1879730]. Since USAC's decision was consistent with the FCC Rules, your appeal is denied.*

**Grounds for Appeal**

The applicant, in good faith, submitted their request to extend the invoicing deadlines, prior to the invoicing deadline. USAC-SLD guidance states, "The deadline for submitting an invoice extension request is 120 days after the last date to receive service or 120 days after the date of the FCC Form 486 Notification Letter, whichever is later."

See Attachment # 1 for Deadline Extension Request.

**Discussion**

The district collected all invoices and cancelled checks that pertained to FRNs 1602249, 1879698 and 1879730 and prepared final BEARs for each. At the time that this information was gathered, it was discovered that the CED for each FRN had passed and the contracts had to be extended in order for USAC to review and pass the BEARs. Therefore, the contracts were extended and the relevant Form(s) 500 were prepared and submitted to USAC on July 13, 2015. Final BEARs were completed with both Block 3 and 4 signatures on July 17<sup>th</sup> (see Attachment #2).

Submission of the BEARs to USAC-SLD was pending the approval of the Form(s) 500 to extend the CED(s). Form 500 Notification Letters (see Attachment #3) were not released by USAC-SLD until August 3, 2015 – after the invoicing deadline had passed.

On August 14, 2015, we contacted the CSB to determine the status of our request for Invoicing Deadline Extensions. The following are notes entered to our application management status citing the call details:

*Per phone call with USAC CSD, invoicing deadline extension is still in review. Advised to call back if not approved in 60 day time frame (09.14.2015) to escalate review. Case# 7671*

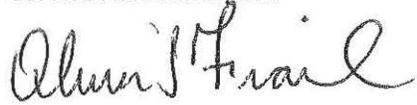
*By: Clerk 8/14/2015 10:36:19 AM*

The fact is that the applicant, acting in good faith, attempted to file the necessary administrative paperwork to preserve this funding until the CED could be extended – an administrative system change. The BEARs were already completed and ready to be submitted pending the 500 Notification Letters. A lengthy FCC Appeal process would be counterproductive for all involved and would further contribute to unintended consequences of hardship and inequity for the students and teachers in this District.

We respectfully request a waiver of the FCC rule allowing only one extension and request that the invoice deadline be extended so the applicant can proceed with submitting their completed BEAR forms.

We all thank you for your kind attention to this matter. Please contact me if you have any questions or need additional information.

Sincerely,  
Service Associates, Inc.

A handwritten signature in black ink that reads "Oliver Frail". The signature is written in a cursive style with a large initial "O" and a distinct "F".

Oliver Frail, President

CC: Beth Frank, Director of Technology

EC: Attachment #1  
Attachment #2  
Attachment #3

Attachment #1

Deadline Extension Request

1602249, 1879698 & 1879730

Submitted on July 13, 2015

Denied on August 21, 2015



Service Associates, Inc.  
308 S. Marshall Street  
Winston Salem, NC 27101  
828.668.5113 Phone – 336.793.9105 FAX

**Deadline Extension Request Form**

**School District:** Colleton County School District

**Contact Person Name:** Oliver Frail

**Contact Information:** 308 S. Marshall Street Winston Salem, NC 27101

**Funding Request Number:** 1602249, 1879698, 1879730

**Billed Entity Number:** 127187

**Form 471 Application Number:** 578742 & 686303

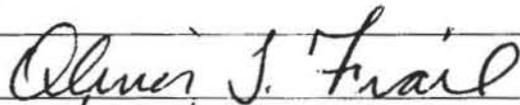
**SPIN Number:** 143020733

**Service Provider Name:** Applied Network Consulting Group

**USAC Assigned Invoice Number:** (If known)

**Amount of Invoice:** \$54,895.30, \$16,335.01, \$43,200.70

**Reason for Extension Request:** The Contract expiration date(s) had to be extended on a Form 500 prior to submitting the BEARs, which are all prepared and ready to go, pending the deadline extension notification.

**Signature:**   
**Date:** 7/13/2015

\*\*\*\*\*  
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\*\*\*\*\*



Attachment #2

Completed BEAR Forms (3)

1602249, 1879698 & 1879730

Completed with Block 3 and 4 Signatures – all signed and dated prior to the July 20, 2015 Invoicing Deadline



FCC Form 472  
**DO NOT STAPLE THIS FORM**

Do not write in this space

**Universal Service for Schools and Libraries**

Please read instructions before completing.

(To be completed by schools, libraries, or consortia.)

**BILLED ENTITY APPLICANT REIMBURSEMENT FORM**

For reimbursement of discounts on approved services already paid for by the Billed Entity Applicant.  
Only one Service Provider Identification Number (SPIN) per form.  
Must be completed and signed by the Billed Entity Applicant and signed by the relevant service provider.

**CLEAR FORM**

Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

**FCC NOTICE FOR INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT**

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THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, PUBLIC LAW 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3) AND THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

**Applicant Form Identifier (Create an identifier for your own reference)**  
1879698 FINAL

**FCC Form 472 Invoice #**  
(To be inserted by administrator)

**BLOCK 1: HEADER INFORMATION**

1. **Billed Entity Name** COLLETON COUNTY SCHOOL DISTRICT

2. **Billed Entity Number** 127187

3. **Service Provider Identification Number (SPIN)** 143020733

4. **Contact Name** OLIVER T FRAIL

5. **Contact Telephone Number** 800-396-9950

6. **Total Reimbursement Amount** (total from Block 2, Column 14) \$13,141.12



**Billed Entity Applicant Reimbursement Form**

For reimbursement of discounts on approved services already paid for by the Billed Entity Applicant.

**Billed Entity Name** COLLETON COUNTY SCHOOL DISTRICT **Billed Entity Number** 127187  
**Contact Name** OLIVER T. FRAIL **Contact Telephone Number** 800-396-9950

**Applicant Form Identifier** 1879698 FINAL

**BLOCK 2: LINE ITEM INFORMATION PER FUNDING REQUEST NUMBER**

	(7) FCC Form 471 Application Number  (from Funding Commitment Decision Letter)	(8) Funding Request Number (FRN)  (from Funding Commitment Decision Letter)	(9) Bill Frequency	(10) Customer Billed Date (mm/yyyy)	(11) Shipping Date to Customer or Last Day of Work Performed (mm/dd/yyyy)	(12) Total (Undiscounted) Amount for Service	(13) Discount Rate	(14) Amount Billed to USAC (Column 12 multiplied by Column 13)
			DO NOT WRITE IN THIS COLUMN.	For each FRN, complete either Column (10) or Column (11), but not both Columns				
1	686303	1879698		07/25/2014		\$14,601.24	90%	\$13,141.12
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
<b>TOTAL REIMBURSEMENT AMOUNT TO BE ENTERED INTO ITEM (6)</b>							\$13,141.12	



**BILLED ENTITY APPLICANT Reimbursement Form**

Billed Entity Name COLLETON COUNTY SCHOOL DISTRICT

Billed Entity Number 127187

Contact Name OLIVER T. FRAIL

Applicant Form Identifier 1879698 FINAL

**Block 3: Billed Entity Certification**

I declare under penalty of perjury that the foregoing is true and correct and that I am authorized to submit this Billed Entity Applicant Reimbursement Form on behalf of the eligible schools, libraries, or consortia of those entities represented on this Form, and I certify to the best of my knowledge, information and belief, as follows.

- A. The discount amounts listed in Column (14) of this Billed Entity Applicant Reimbursement Form represent charges for eligible services delivered to and used by eligible schools, libraries, or consortia of those entities for educational purposes on or after the service start date reported on the associated FCC Form 486.
- B. The discount amounts listed in Column (14) of this Billed Entity Applicant Reimbursement Form were already billed by the service provider and paid by the Billed Entity Applicant on behalf of eligible schools, libraries, and consortia of those entities.
- C. The discount amounts listed in Column (14) of this Billed Entity Applicant Reimbursement Form are for eligible services approved by the fund administrator pursuant to a Funding Commitment Decision Letter.
- D. I recognize that I may be audited pursuant to this application and will retain for 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 in this funding year any and all records that I rely upon to fill in this form.
- E. I certify that, in addition to the foregoing, this Billed Entity Applicant is in compliance with the rules and orders governing the schools and libraries universal service support program, and I acknowledge that failure to be in compliance and remain in compliance with those rules and orders may result in the denial of discount funding and/or cancellation of funding commitments. I acknowledge that failure to comply with the rules and orders governing the schools and libraries universal service support program could result in civil or criminal prosecution by law enforcement authorities.

15 Signature of authorized person

*Beth Frank*

16 Date

*9-13-15*

17 Printed name of authorized person

Beth Frank

18 Title or position of authorized person

Director of Technology

19 Telephone number of authorized person

843-782-4520

20 Address of authorized person

Technology Center  
150 Cougar Nation Drive, Suite 8000  
Walterboro, SC 29488



**BILLED ENTITY APPLICANT Reimbursement Form**

Billed Entity Name COLLETON COUNTY SCHOOL DISTRICT

Billed Entity Number 127187

Contact Name OLIVER T. FRAIL

Applicant Form Identifier 1879698 FINAL

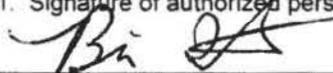
**Block 4: Service Provider Acknowledgment**

I declare under penalty of perjury that the foregoing is true and correct and that I am authorized to submit this Service Provider Acknowledgment for this Billed Entity Applicant Reimbursement Form, and acknowledge to the best of my knowledge, information and belief, as follows:

A. The service provider must remit the discount amount authorized by the fund administrator to the Billed Entity Applicant who prepared and submitted this Billed Entity Applicant Reimbursement Form as soon as possible after the fund administrator's notification to the service provider of the amount of the approved discounts on this Billed Entity Applicant Reimbursement Form, but in no event later than 20 business days after receipt of the reimbursement payment from the fund administrator, subject to the restriction set forth in B. below.

B. The service provider must remit payment of the approved discount amount to the Billed Entity Applicant prior to tendering or making use of the payment issued by the Universal Service Administrative Company to the service provider of the approved discounts for the Billed Entity Applicant Reimbursement Form.

C. I certify that, in addition to the foregoing, this Service Provider is in compliance with the rules and orders governing the schools and libraries universal service support program, and I acknowledge that failure to be in compliance and remain in compliance with those rules and orders may result in the denial of discount funding and/or cancellation of funding commitments. I acknowledge that failure to comply with the rules and orders governing the schools and libraries universal service support program could result in civil or criminal prosecution by law enforcement authorities.

21. Signature of authorized person (fax, copy or original signature)	22. Date
	7-17-15

23. Printed name of authorized person

Brian Daughettee

24. Title or position of authorized person

President

25. Telephone number of authorized person

864-335-8252

26. Address of authorized person

14 Progress Road, Greenville, SC 29607

**27. Applicant Remittance Information**

Name COLLETON COUNTY SCHOOL DIST - TECH CENTER  
Title C/O BETH FRANK  
Street Address 150 COUGAR NATION DRIVE, SUITE 8000  
WALTERBORO, SC 29488



Approved by OMB  
OMB Control No. 3060 – 0856  
Estimated time per response: 1.0 hour

**A paper copy of this Form (pages 1-4) should be mailed to:**  
**SLD BEAR FCC Form 472**  
**P. O. Box 7026**  
**Lawrence, KS 66044-7026**

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**ATTN: SLD BEAR FCC Form 472**  
**3833 Greenway Drive**  
**Lawrence, KS 66046**  
**Phone: 1-888-203-8100**



FCC Form 472  
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Do not write in this space

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(To be completed by schools, libraries, or consortia.)

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**Applicant Form Identifier (Create an identifier for your own reference)**  
1879730 FINAL

**FCC Form 472 Invoice #**  
(To be inserted by administrator)

**BLOCK 1: HEADER INFORMATION**

- Billed Entity Name** COLLETON COUNTY SCHOOL DISTRICT
- Billed Entity Number** 127187
- Service Provider Identification Number (SPIN)** 143020733
- Contact Name** OLIVER T. FRAIL
- Contact Telephone Number** 800-396-9950
- Total Reimbursement Amount** (total from Block 2, Column 14) \$42,446.23



### Billed Entity Applicant Reimbursement Form

For reimbursement of discounts on approved services already paid for by the Billed Entity Applicant.

**Billed Entity Name** COLLETON COUNTY SCHOOL DISTRICT **Billed Entity Number** 127187  
**Contact Name** OLIVER T. FRAIL **Contact Telephone Number** 800-396-9950

**Applicant Form Identifier** 1879730 FINAL

#### BLOCK 2: LINE ITEM INFORMATION PER FUNDING REQUEST NUMBER

	(7) FCC Form 471 Application Number  (from Funding Commitment Decision Letter)	(8) Funding Request Number (FRN)  (from Funding Commitment Decision Letter)	(9) Bill Frequency	(10) Customer Billed Date (mm/yyyy)	(11) Shipping Date to Customer or Last Day of Work Performed (mm/dd/yyyy)	(12) Total (Undiscounted) Amount for Service	(13) Discount Rate	(14) Amount Billed to USAC (Column 12 multiplied by Column 13)
			DO NOT WRITE IN THIS COLUMN.	For each FRN, complete either Column (10) or Column (11), but not both Columns				
1	686303	1879730		07/25/2014		45,913.72	90%	41,322.35
2	686303	1879730		10/08/2014		1,248.75	90%	1,123.88
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
<b>TOTAL REIMBURSEMENT AMOUNT TO BE ENTERED INTO ITEM (6)</b>							\$42,446.23	



**BILLED ENTITY APPLICANT Reimbursement Form**

Billed Entity Name COLLETON COUNTY SCHOOL DISTRICT

Billed Entity Number 127187

Contact Name OLIVER T. FRAIL

Applicant Form Identifier 1879730 FINAL

**Block 3: Billed Entity Certification**

I declare under penalty of perjury that the foregoing is true and correct and that I am authorized to submit this Billed Entity Applicant Reimbursement Form on behalf of the eligible schools, libraries, or consortia of those entities represented on this Form, and I certify to the best of my knowledge, information and belief, as follows:

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D. I recognize that I may be audited pursuant to this application and will retain for 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 in this funding year any and all records that I rely upon to fill in this form.

E. I certify that, in addition to the foregoing, this Billed Entity Applicant is in compliance with the rules and orders governing the schools and libraries universal service support program, and I acknowledge that failure to be in compliance and remain in compliance with those rules and orders may result in the denial of discount funding and/or cancellation of funding commitments. I acknowledge that failure to comply with the rules and orders governing the schools and libraries universal service support program could result in civil or criminal prosecution by law enforcement authorities.

15. Signature of authorized person <i>Beth Frank</i>	16. Date <i>7/13/2015</i>
17. Printed name of authorized person Beth Frank	
18. Title or position of authorized person Director of Technology	
19. Telephone number of authorized person 843-782-4520	
20. Address of authorized person Technology Center 150 Cougar Nation Drive, Suite 8000 Walterboro, SC 29488	

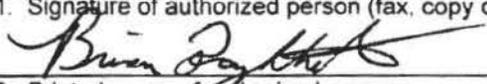


**BILLED ENTITY APPLICANT Reimbursement Form**  
Billed Entity Name COLLETON COUNTY SCHOOL DISTRICT  
Billed Entity Number 127187  
Contact Name OLIVER T. FRAIL  
Applicant Form Identifier 1879730 FINAL

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	7-17-15
23. Printed name of authorized person	
Brian Daughetec	
24. Title or position of authorized person	
President	
25. Telephone number of authorized person	
864-335-8252	
26. Address of authorized person	
14 Progress Road, Greenville, SC 29607	

**27. Applicant Remittance Information**

Name	BETH FRANK
Title	DIRECTOR OF TECHNOLOGY TECHNOLOGY CENTER
Street Address	150 COUGAR NATION DRIVE, SUITE 8000 WALTERBORO, SC 29488



Approved by OMB  
OMB Control No. 3060 – 0856  
Estimated time per response: 1.0 hour

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**Applicant Form Identifier (Create an identifier for your own reference)**  
 1602249 FINAL

**FCC Form 472 Invoice #**  
 (To be inserted by administrator)

**BLOCK 1: HEADER INFORMATION**

1. **Billed Entity Name** COLLETON COUNTY SCHOOL DISTRICT
2. **Billed Entity Number** 127187
3. **Service Provider Identification Number (SPIN)** 143020733
4. **Contact Name** OLIVER T FRAIL
5. **Contact Telephone Number** 800-396-9950
6. **Total Reimbursement Amount (total from Block 2, Column 14)** \$54,895.30



**Billed Entity Applicant Reimbursement Form**

For reimbursement of discounts on approved services already paid for by the Billed Entity Applicant.

Billed Entity Name COLLETON COUNTY SCHOOL DISTRICT Billed Entity Number 127187  
 Contact Name OLIVER T. FRAIL Contact Telephone Number 800-396-9950

Applicant Form Identifier 1602249 FINAL

**BLOCK 2: LINE ITEM INFORMATION PER FUNDING REQUEST NUMBER**

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			DO NOT WRITE IN THIS COLUMN.	For each FRN, complete either Column (10) or Column (11), but not both Columns				
1	578742	1602249		07/22/2014		\$56,276.84	90%	\$50,649.16
2	578742	1602249		10/08/2014		\$8,280.00	90%	\$4,246.14
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
<b>TOTAL REIMBURSEMENT AMOUNT TO BE ENTERED INTO ITEM (6)</b>							<b>\$54,895.30</b>	



**BILLED ENTITY APPLICANT Reimbursement Form**

Billed Entity Name COLLETON COUNTY SCHOOL DISTRICT

Billed Entity Number 127187

Contact Name OLIVER T. FRAIL

Applicant Form Identifier 1602249 FINAL

**Block 3: Billed Entity Certification**

I declare under penalty of perjury that the foregoing is true and correct and that I am authorized to submit this Billed Entity Applicant Reimbursement Form on behalf of the eligible schools, libraries, or consortia of those entities represented on this Form, and I certify to the best of my knowledge, information and belief, as follows:

- A. The discount amounts listed in Column (14) of this Billed Entity Applicant Reimbursement Form represent charges for eligible services delivered to and used by eligible schools, libraries, or consortia of those entities for educational purposes, on or after the service start date reported on the associated FCC Form 486
- B. The discount amounts listed in Column (14) of this Billed Entity Applicant Reimbursement Form were already billed by the service provider and paid by the Billed Entity Applicant on behalf of eligible schools, libraries, and consortia of those entities.
- C. The discount amounts listed in Column (14) of this Billed Entity Applicant Reimbursement Form are for eligible services approved by the fund administrator pursuant to a Funding Commitment Decision Letter
- D. I recognize that I may be audited pursuant to this application and will retain for 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 in this funding year any and all records that I rely upon to fill in this form
- E. I certify that, in addition to the foregoing, this Billed Entity Applicant is in compliance with the rules and orders governing the schools and libraries universal service support program, and I acknowledge that failure to be in compliance and remain in compliance with those rules and orders may result in the denial of discount funding and/or cancellation of funding commitments. I acknowledge that failure to comply with the rules and orders governing the schools and libraries universal service support program could result in civil or criminal prosecution by law enforcement authorities.

15. Signature of authorized person <i>Beth Frank</i>	16. Date 7-13-2015
17. Printed name of authorized person Beth Frank	
18. Title or position of authorized person Director of Technology	
19. Telephone number of authorized person 843-782-4520	
20. Address of authorized person Technology Center 150 Cougar Nation Drive, Suite 8000 Walterboro, SC 29488	



**BILLED ENTITY APPLICANT Reimbursement Form**

Billed Entity Name COLLETON COUNTY SCHOOL DISTRICT

Billed Entity Number 127187

Contact Name OLIVER T. FRAIL

Applicant Form Identifier 1602249 FINAL

**Block 4: Service Provider Acknowledgment**

I declare under penalty of perjury that the foregoing is true and correct and that I am authorized to submit this Service Provider Acknowledgment for this Billed Entity Applicant Reimbursement Form, and acknowledge to the best of my knowledge, information and belief, as follows:

- A. The service provider must remit the discount amount authorized by the fund administrator to the Billed Entity Applicant who prepared and submitted this Billed Entity Applicant Reimbursement Form as soon as possible after the fund administrator's notification to the service provider of the amount of the approved discounts on this Billed Entity Applicant Reimbursement Form, but in no event later than 20 business days after receipt of the reimbursement payment from the fund administrator, subject to the restriction set forth in B. below.
- B. The service provider must remit payment of the approved discount amount to the Billed Entity Applicant prior to tendering or making use of the payment issued by the Universal Service Administrative Company to the service provider of the approved discounts for the Billed Entity Applicant Reimbursement Form.
- C. I certify that, in addition to the foregoing, this Service Provider is in compliance with the rules and orders governing the schools and libraries universal service support program, and I acknowledge that failure to be in compliance and remain in compliance with those rules and orders may result in the denial of discount funding and/or cancellation of funding commitments. I acknowledge that failure to comply with the rules and orders governing the schools and libraries universal service support program could result in civil or criminal prosecution by law enforcement authorities.

21. Signature of authorized person (fax, copy or original signature)

*Brian Deughete*

22. Date

7/16/15

23. Printed name of authorized person

*Brian Deughete*

24. Title or position of authorized person

*President*

25. Telephone number of authorized person

*864-335-8252*

26. Address of authorized person

*14 Progress Road  
Greenville, SC 29607*

**27. Applicant Remittance Information**

Name  
Title

Street Address

COLLETON COUNTY SCHOOL DIST - TECH CENTER  
C/O BETH FRANK  
150 COUGAR NATION DRIVE, SUITE 8000  
WALTERBORO, SC 29488



Approved by OMB  
OMB Control No. 3060 – 0856  
Estimated time per response: 1.0 hour

**A paper copy of this Form (pages 1-4) should be mailed to:**  
**SLD BEAR FCC Form 472**  
**P. O. Box 7026**  
**Lawrence, KS 66044-7026**

**If sent by express delivery services or U.S. Postal Service, Return Receipt Requested, the form (pages 1-4) should be mailed to:**

**SLD Forms**  
**ATTN: SLD BEAR FCC Form 472**  
**3833 Greenway Drive**  
**Lawrence, KS 66046**  
**Phone: 1-888-203-8100**



### Attachment #3

Form 500 Notification Letters to Extend CED (2)

500(s) mailed to USAC on July 13, 2015 and Notification letters received as follows:

1602249 – Letter Date August 3, 2015

1879698 & 1879730 – Letter Date August 3, 2015





Universal Service Administrative Company

Schools and Libraries Division

**FORM 500 NOTIFICATION LETTER**  
(Funding Year 2007: 07/01/2007 - 06/30/2008)

August 3, 2015

OLIVER T. FRAIL  
COLLETON COUNTY SCHOOL DIST  
308 SOUTH MARSHALL STREET  
WINSTON-SALEM, NC 27101

**Re: Form 500 Application Number: 1075995**  
**Applicant's Form 500 Identifier: CED ANCG07**

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 2007," 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 2007)

Funding Request Number (FRN): 1602249  
Form 471 Application Number: 578742  
Service Provider Name: Applied Network Consulting Group  
Service Provider Identification Number (SPIN): 143020733  
Billing Account Number: N/A  
Contract Expiration Date Change: 09/30/2015





**USAC**

Universal Service Administrative Company  
Schools and Libraries Division  
Correspondence Unit  
30 Lanidex Plaza West  
PO Box 685  
Parsippany, NJ 07054-0685



**TIME SENSITIVE MATERIAL**

00001  
OLIVER T. FRAIL  
COLLETON COUNTY SCHOOL DIST  
308 SOUTH MARSHALL STREET  
WINSTON-SALEM, NC 27101



Universal Service Administrative Company

Schools and Libraries Division

FORM 500 NOTIFICATION LETTER  
(Funding Year 2009: 07/01/2009 - 06/30/2010)

August 3, 2015

OLIVER T. FRAIL  
COLLETON COUNTY SCHOOL DIST  
308 SOUTH MARSHALL STREET  
WINSTON-SALEM, NC 27101

Re: **Form 500 Application Number: 1075972**  
**Applicant's Form 500 Identifier: CED ANCG09**

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.

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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.

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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 2009," 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.

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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 2009)



Funding Request Number (FRN): 1879698  
Form 471 Application Number: 686303  
Service Provider Name: Applied Network Consulting Group  
Service Provider Identification Number (SPIN): 143020733  
Billing Account Number: NA  
Contract Expiration Date Change: 09/30/2015

Funding Request Number (FRN): 1879730  
Form 471 Application Number: 686303  
Service Provider Name: Applied Network Consulting Group  
Service Provider Identification Number (SPIN): 143020733  
Billing Account Number: NA  
Contract Expiration Date Change: 09/30/2015

# USAC

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Schools and Libraries Division  
Correspondence Unit  
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Parsippany, NJ 07054-0685



## TIME SENSITIVE MATERIAL

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