

**Before the
FEDERAL COMMUNICATIONS COMMISSION
Washington, DC 20554**

In the Matter of)	
)	
Petition for Waiver of Commission Rules)	File No. SLD-983015 (FY 2014)
by)	
)	
Lakeside School District)	CC Docket No. 02-6
)	
Schools and Libraries Universal Service)	
Support Mechanism)	

**LAKESIDE SCHOOL DISTRICT
PETITION FOR WAIVER**

The Lakeside School District (“Lakeside” or “the District”)¹, by its undersigned representative and pursuant to Section 54.719(b) and (c) of the Federal Communications Commission’s (“FCC”) rules², hereby submits this petition for waiver of Section 54.514(a) and (b) of the Commission’s rules³ to allow the District to resubmit FCC Forms 472 and request reimbursement of committed funding.

As discussed below, the Universal Service Administrative Company (“USAC”) approved Lakeside’s E-rate funding application and committed to it the requested program support. However, due to circumstances largely outside of its control, the District failed to submit reimbursement requests prior to the Last Date to Invoice. The District filed an appeal with USAC. USAC, however, denied the appeal, citing the Commission’s rules regarding the invoice deadline and explaining that the District failed to demonstrate that it timely submitted the FCC Forms 472 at issue – a fact that Lakeside does not dispute.

¹ Billed Entity Number 139375.

² 47 C.F.R. § 54.719(b) (allowing parties aggrieved by an action taken by the Administrator to seek review from the Commission); 47 C.F.R. § 54.719(c) (permitting parties seeking waivers of the Commission’s rules to seek relief directly from the Commission).

³ 47 C.F.R. §54.514(a) (requiring applicants seeking to receive discounts for eligible services to submit invoices to the Administrator within 120 days after the last day to receive service or 120 days after the date of the FCC Form 486 Notification Letter, whichever is later); 47 C.F.R. §54.514(b) (permitting applicants or service providers to request a one-time, 120-day extension of the invoicing deadline, if timely requested).

Lakeside now faces the threat of losing \$51,181.20 in committed funding. This result would be devastating to the District and to the students it serves. This is particularly true when, as here, the applicant complied with every program regulation and met every deadline prior to the invoicing stage. The Lakeside School District is also a very poor district that relies greatly on E-rate program discounts to meet its technological needs. And this loss of funding would significantly impact the District's ability to provide eligible services to its classrooms.

Therefore, to avoid the loss of much-needed funding, Lakeside respectfully requests that the Commission expeditiously (1) extend the Last Date to Invoice for the FRNs at issue, (2) instruct USAC to process the District's FCC Forms 472 for payment, and (3) to the extent necessary, waive Section 54.514(a) and (b) and any other of the Commission's rules as are necessary to grant the requested relief. Given the facts and circumstances of this case and the significant hardship that would follow an adverse decision, there are ample grounds to grant the requested relief.

I. BACKGROUND

The Lakeside School District is a poor, rural school district located in the Arkansas delta. One hundred percent of Lakeside students are eligible for the National School Lunch Program, and the District applies for E-rate funding using a ninety percent discount rate. The District employs neither a staff E-rate coordinator nor an outside E-rate consultant to apply for program support. Instead, this has become one of the many duties of Mr. Billy Adams, Superintendent of the Lakeside School District, who acquired this responsibility due to budget constraints and reductions to District staff.

On March 24, 2014, Lakeside submitted to USAC an FCC Form 471, requesting program support for Category One services.⁴ Included in the application were three of its funding requests for telecommunications service, FRNs 2295392, 2295394, and 2295395. The total funding commitment request under these FRNs amounted to \$51,181.20, and, on May 15, 2014, the District received a Funding Commitment Decision Letter informing it that USAC had approved the requested amount in full.

⁴ A copy of the FCC Form 471 (Application Number 983015) is attached hereto as Exhibit A.

With its funding approved, Lakeside began gathering the information necessary to prepare and submit FCC Forms 472 for reimbursement. Unfortunately, during the period just before the October 28, 2015 Last Date to Invoice, Mr. Adams' mother fell unexpectedly and seriously ill and required an extended hospital stay. During this stressful time, Mr. Adams missed days from work to help care for his mother and was unable to adequately maintain certain of his responsibilities for the School District. And Lakeside simply lacked the resources necessary to carry out his E-rate duties in his absence. Upon his mother's release from the hospital, on November 30, 2015, Mr. Adams did manage to submit the three FCC Forms 472 at issue.⁵ However, at this point the invoice deadline had passed, and, on December 9, 2015, Lakeside received three BEAR Notification Letters informing it that reimbursement for each of the funding requests had been denied.⁶

The District reached out to USAC for guidance, and USAC advised the District it could file an appeal to attempt to recover the committed funding. Accordingly, Mr. Adams, on behalf of Lakeside, submitted an appeal to USAC detailing the circumstances surrounding his failure to timely submit the required forms.⁷ USAC subsequently denied the appeal. Although, in its decision letter, USAC did not address the specific facts and circumstances of the case; instead, it simply explained that Lakeside failed to demonstrate that it submitted invoices prior to the deadline.⁸

II. DISCUSSION

The Commission may waive any provision of its rules on its own motion and for good cause shown.⁹ A rule may be waived where the particular facts make strict compliance inconsistent with the public interest.¹⁰ In addition, the Commission may take into account considerations of hardship, equity, or

⁵ The FCC Forms 472 (SLD Invoices 2295392, 2295394, and 2295395) are attached hereto as Exhibit B.

⁶ The FCC Form 472 (BEAR) Notification Letters are attached hereto as Exhibit C.

⁷ The Letter of Appeal to USAC is attached hereto as Exhibit D.

⁸ The Administrator's Decision on Appeal Letter is attached hereto as Exhibit E.

⁹ 47 C.F.R. § 1.3 (providing that the Commission may waive any provision of its rules, at any time, on its own motion or on petition if good cause is shown).

¹⁰ *Northeast Cellular Telephone Co. v. FCC*, 897 F.2d 1164, 1166 (D.C. Cir. 1990) ("*Northeast Cellular*").

more effective implementation of overall policy on an individual basis.¹¹ In sum, waiver is appropriate if special circumstances warrant a deviation from the general rule, and such deviation would better serve the public interest than strict adherence to the general rule.¹²

Given the facts and circumstances of this case, good cause exists for the Commission to grant the requested waiver and allow the District to resubmit the FCC Forms 472. Mr. Adams was going through an especially trying and stressful time and missed time from work at an unfortunately crucial period during the E-rate funding year. As mentioned above, Lakeside does not employ a staff E-rate coordinator, and the District does not have the resources to hire an outside E-rate consultant. Rather, applying for program funding has, out of necessity, become another of Mr. Adams' many duties. And the District simply lacked the resources necessary to carry out these responsibilities in his absence. Lakeside nevertheless complied with every program requirement and met every deadline prior to the invoicing stage – the final stage before receiving committed funding. It is also important to note that Mr. Adams was unaware of the Commission's recent revision to the invoicing rules, allowing applicants to request a one-time, 120-day extension. Had Mr. Adams properly requested an extension, though, the FCC Forms 472 would have been submitted well within the allowable period.

Waiver of the Commission's rules is also appropriate based on the significant hardship that would accompany an adverse decision. If the requested relief is not granted, the result in this case will be a loss of \$51,181.20 in already-committed funding, and District resources will be even more severely strained given the current budget issues, economic conditions, and limited public funding. Arkansas currently ranks 34th in the nation in "per student" funding, and though the national average is \$12,578.00, the State spends only \$11,002.00 per student.¹³ The Arkansas education system is also ranked by *Education Week*

¹¹ *WAIT Radio v. FCC*, 418 F.2d 1153, 1157, (D.C. Cir. 1969), *affirmed by WAIT Radio v. FCC*, 459 F.2d 1203 (D.C. Cir. 1972), *cert. denied*, 409 U.S. 1027 (1972).

¹² *Northeast Cellular*, 897 F.2d at 1166.

¹³ See National Education Association, *Rankings and Estimates: Rankings of the States 2015 and Estimates of School Statistics 2016* at http://www.nea.org/assets/docs/2016_NEA_Rankings_And_Estimates.pdf.

among the last in the nation at 40th, earning a C-minus on the State's report card.¹⁴ Given the dire state of the District's education system, this loss of funding would be inexplicable and clearly contrary to the spirit of the E-rate program. This is especially true in this case, where the applicant attempted in earnest to comply with all program rules and regulations. There is no evidence of waste, fraud or abuse, and clearly Lakeside was acting in good faith. Mr. Adams was simply facing extraordinary and untimely circumstances that prevented him from submitting the reimbursement requests before the Last Date to Invoice. Clearly, in this instance, rigid adherence to program rules would produce an unnecessary and unfair result – one that would fly in the face of the public interest – and therefore waiver is apposite.

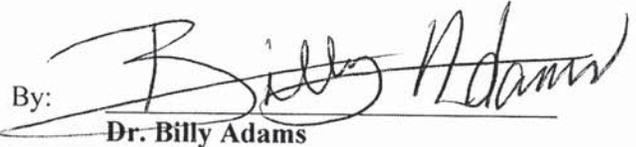
III. RELIEF SOUGHT

For the foregoing reasons, Lakeside respectfully requests that the Commission expeditiously (1) extend the Last Date to Invoice for the FRNs at issue, (2) instruct USAC to process the District's FCC Forms 472 for payment, and (3) to the extent necessary, waive Section 54.514(a) and (b) any other Commission rules as are necessary to grant the requested relief.

¹⁴ See Education Week, *Arkansas Earns a C-Minus on State Report Card, Ranks 40th in Nation* at <http://www.edweek.org/ew/qc/2016/state-highlights/2016/01/07/arkansas-education-ranking.html>.

Respectfully submitted,

LAKESIDE SCHOOL DISTRICT

By: 

Dr. Billy Adams

Superintendent

badams@lsschool.org

(870) 265-1799

Lakeside School District
1110 S. Lakeshore Drive
Lake Village, AR 71653

May 31, 2016

Exhibit A

FCC Form 471

Schools and Libraries Universal Service Description of Services Ordered and Certification Form 471

Estimated Average Burden Hours per Response: 4 hours

This form is designed to help schools and libraries to list the eligible services they have ordered and estimate the annual charges for them so that the Fund Administrator can set aside sufficient support to reimburse providers for services.

Please read instructions before beginning this application. (You can also file online at www.usac.org/sl)

The instructions include information on the deadlines for filing this application.

Applicant's Form Identifier (Create an identifier for your own reference) 3883	Form 471 Application #: 983015 (To be assigned by administrator)
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Block 1: Billed Entity Address and Identifications

1 Name of Billed Entity
LAKESIDE SCHOOL DISTRICT 01

2 Funding Year 2014

3a Entity Number 139375

3b FCC Registration Number 0012283131

4a Street Address, P.O. Box, or Route Number
1110 S LAKESHORE DR

City LAKE VILLAGE State AR Zip Code 71653-1612

4b Telephone Number

4c Fax Number

5a Type of Application (check only one)

- Individual School (individual public or non-public school)
- School District (LEA; public or non-public [e.g. diocesan] local district representing multiple schools)
- Library (including library system, library outlet/branch or library consortium as defined under LSTA)
- Consortium (intermediate service agencies, states, state networks, special consortia of schools and/or libraries)
- Statewide application for (enter 2-letter state code) representing (check all that apply)
 - All public schools/districts in the state
 - All non-public schools in the state
 - All libraries in the state

5b Recipient(s) of Services:

- Private Public Charter
- Tribal Head Start State Agency

Entity Number: 139375	Applicant's Form Identifier: 3883
Contact Person: Billy Adams	Contact Phone Number:

Block 1: Billed Entity Address and Identifications (continued)

6a Contact Person's Name
Billy Adams

If the Contact Person's Street Address is the same as **Item 4** above, check here. If not, complete Item 6b.

6b Street Address, P.O. Box, or Route Number
NOTE: USAC will use this address to mail correspondence about this form.
1110 S LAKESHORE DR

City LAKE VILLAGE State AR Zip Code 71653-1612

Check the box next to your preferred mode of contact and provide your contact information. One box MUST be checked and an entry provided.

- 6c Telephone Number
- 6d Fax Number
- 6e E-Mail Address
Re-enter E-mail Address

6f Holiday/vacation/summer contact information: please include name of alternate contact (if applicable) and alternate phone, fax or E-mail address

If a consultant is assisting you with your application process, please complete Item 6g below:

6g Consultant Name
Name of Consultant's Employer
Consultant's Street Address

City State Zip Code
Consultant's Telephone Number Ext.
Consultant's Fax Number
Consultant's E-mail Address
Re-enter E-mail Address
Consultant Registration Number

Blocks 2 and 3 [Reserved]

Entity Number: 139375	Applicant's Form Identifier: 3883
Contact Person: Billy Adams	Contact Phone Number:

Block 4: Discount Calculation Worksheet **Worksheet - 1716468**
Page 1 of 1

The Block 4 worksheet is used to calculate your discount for services. You will complete one or more worksheets depending on the type of application you are filing. If you file more than one worksheet, please number the completed worksheets to assure that they are all processed correctly. Please refer to the instructions for information specific to the Type of Application you indicated in Block 1, Item 5.

Check here if this worksheet contains all eligible entities in the school district or library system.

9a List entities and calculate discount(s): (For Administrator's Use)

School District or Library System Name: **School District or Library System Entity Number:**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Name of Eligible Entity	Entity Number AND NCES Code (for Schools) or FSCS Code (for Libraries)	Urban or Rural U or R	Total Number of Students	Number of Students Eligible for NSLP	Percent of Students Eligible for NSLP (Col. 5 / Col. 4)	Disc. from Disc. Matrix	New Construction	Admin Entity or NIF	Alt. Disc Mech	Weighted Product for Calculating Shared Discount (Col. 4 x Col. 7)	Insert appropriate codes(s): P= pre-K, H = Head Start, A = Adult Education, J = Juvenile Justice, E = ESA, D = Dormitory	Entity Number of School District in which Library Outlet/Branch is Located	Discount of Member Entity	Shared Discount
ALL ENTITIES			SCHOOLS AND LIBRARIES							Schools with shared services	Schools	Library Outlet/Branch	Consortia	
EUDORA ELEMENTARY SCHOOL	82046 05 00007 00302	R	119	119	100.000%	90	N	N	N	10710				
LAKESIDE HIGH SCHOOL	82068 05 08670 005	R	326	326	100.000%	90	N	N	N	29340				
LAKESIDE MIDDLE SCHOOL	82070 05 08670 003	R	219	219	100.000%	90	N	N	N	19710				
LAKESIDE LOWER ELEMENTARY SCHOOL	230533 05 08640 005	R	214	214	100.000%	90	N	N	N	19260				
LAKESIDE UPPER ELEMENTARY SCHOOL	230535 05 08640 005	R	226	226	100.000%	90	N	N	N	20340				

9b Shared Services

SCHOOL DISTRICTS: (Including groups of schools within school districts.) Calculate the totals of Columns 4 and 11. Divide the total of Column 11 by the total of Column 4. Enter the result in Column 15.	1104									99360				90%
LIBRARY SYSTEMS: Calculate the total of Column 7. Divide this total by the number of outlets/branches. Enter the result in Column 15.														
CONSORTIA: Calculate the total of Column 14. Divide this total by the number of member entities. Enter the result in Column 15.														

Entity Number: 139375		Applicant's Form Identifier: 3883																																							
Contact Person: Billy Adams		Contact Phone Number:																																							
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 1 of 4 FRN 2680500 (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																																							
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12 Form 470 Application Number 550000001187051																																									
13 SPIN – Service Provider Identification Number 143004662																																									
14 Service Provider Name Southwestern Bell Telephone Company																																									
15a <input type="checkbox"/> Check this box if this Funding Request is for non-contracted tariffed or month-to-month services.																																									
15b Contract Number 870-265-2232																																									
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) 870-265-2232/355-6040																																									
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) 01/18/2014																																									
18 Contract Award Date (mm/dd/yyyy) 02/28/2014																																									
19 Service Start Date (mm/dd/yyyy) 07/01/2014																																									
20a Service End Date (mm/dd/yyyy)																																									
Contract Expiration Date 20b (mm/dd/yyyy) 09/30/2015																																									
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.																																									
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): 1716468																																							

Entity Number: 139375	Applicant's Form Identifier: 3883
Contact Person: Billy Adams	Contact Phone Number:

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: 139375		Applicant's Form Identifier: 3883																																									
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Entity Number: 139375	Applicant's Form Identifier: 3883
Contact Person: Billy Adams	Contact Phone Number:

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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b If the Internet service is available to students or patrons in more than just a single location or office, please indicate:

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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
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Contact Person: Billy Adams	Contact Phone Number:

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Type of Connection	Number of lines included in this FRN	Download speed per line in Mbps
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Contact Person: Billy Adams	Contact Phone Number:

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.)	140808
b Total funding commitment request amount on this Form 471 (Add the entries from Items 23K on all Block 5 Discount Funding Requests.)	126727.2
c Total applicant non-discount share (Subtract Item 26b from Item 26a.)	14080.8
d Total budgeted amount allocated to resources not eligible for E-rate support	15000
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.)	29080.8
f <input type="checkbox"/> 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: 139375		Applicant's Form Identifier: 3883	
Contact Person: Billy Adams		Contact Phone Number:	
Block 6: Certification and Signature (Continued)			
<p>32 <input checked="" type="checkbox"/> 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.</p> <p>33 <input checked="" type="checkbox"/> 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.</p> <p>34 <input checked="" type="checkbox"/> 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.</p> <p>35 <input checked="" type="checkbox"/> 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.</p> <p>36 <input checked="" type="checkbox"/> 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).</p> <p>37 <input checked="" type="checkbox"/> 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).</p> <p>38 <input checked="" 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.</p>			
39 Signature of authorized person <input checked="" type="checkbox"/>		40 Date 03/24/2014	
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: 139375		Applicant's Form Identifier: 3883	
Contact Person: Billy Adams		Contact Phone Number:	
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>NOTICE: 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>Please submit this form to: SLD-Form 471 P.O. Box 7026 Lawrence, Kansas 66044-7026</p> <p>For express delivery services or U.S. Postal Service, Return Receipt Requested, mail this form to: SLD Forms ATTN: SLD Form 471 3833 Greenway Drive Lawrence, Kansas 66046 (888) 203-8100</p>			
			FCC Form 471 - December 2013

Close Print Preview

Previous

Exhibit B

FCC Forms 472

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.

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

Part 54 of the Commission's Rules authorizes the FCC to collect the information on this form. Failure to provide all requested information will delay the processing of the application or result in the application being returned without action. Information requested by this form will be available for public inspection. Your response is required to obtain the requested authorization.

The public reporting for this collection of information is estimated to range from 1 to 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the required data, and completing and reviewing the collection of information. If you have any comments on this burden estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, AMD-PERM, Paperwork Reduction Act Project (3060-0856), Washington, DC 20554. We will also accept your comments regarding the Paperwork Reduction Act aspects of this collection via the Internet if you send them to PRA@fcc.gov. PLEASE DO NOT SEND YOUR RESPONSE TO THIS FORM TO THIS ADDRESS.

Remember - You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0856.

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)

FCC Form 472 Invoice #
(To be inserted by administrator) 2295392

BLOCK 1: HEADER INFORMATION

- | | |
|---|-----------------------------|
| 1. Billed Entity Name | LAKESIDE SCHOOL DISTRICT 01 |
| 2. Billed Entity Number | 139375 |
| 3. Service Provider Identification Number (SPIN) | 143004662 |
| 4. Contact Name | BILLY ADAMS |
| 5. Contact Telephone Number | 870-2657300 ext |
| 6. Total Reimbursement Amount (total from Block 2. Column 14) | \$46,764.00 |

BILLED ENTITY APPLICANT Reimbursement Form

Billed Entity Name LAKE SIDE SCHOOL DISTRICT 01

Billed Entity Number 139375

Contact Name BILLY ADAMS

Applicant Form Identifier

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 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 Form 471 Funding Commitment Decision Letter.
- D. I recognize that I may be audited pursuant to this application and will retain for five years 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 Signed electronically by BILLY ADAMS 16. Date 11/29/2015
- 17. Printed name of authorized person BILLY ADAMS
- 18. Title or position of authorized person Superintendent
- 19. Telephone number of authorized person 870-2657300
- 20. Address of authorized person 1110 S LAKESHORE DR, LAKE VILLAGE AR 71653

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

Billed Entity Name LAKESIDE SCHOOL DISTRICT 01 Billed Entity Number 139375
 Contact Name BILLY ADAMS Contact Telephone Number 870-2657300
 Applicant Form Identifier

BLOCK 2: LINE ITEM INFORMATION PER FUNDING REQUEST NUMBER

(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
FCC Form 471 Application Number (from Funding Commitment Decision Letter)	Funding Request Number (FRN) (from Funding Commitment Decision Letter)	Bill Frequency	Customer Billed Date (mm/yyyy)	Shipping Date to Customer or Last Day of Work Performed (mm/dd/yyyy)	Total (Undiscounted) Amount for Service	Discount Rate	Amount Billed to USAC (Column 12 multiplied by Column 13)
1	983015	2680500	7/1/2015		\$51,960.00	90.00	\$46,764.00
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
TOTAL REIMBURSEMENT AMOUNT TO BE ENTERED INTO ITEM (6)							\$46,764.00

BILLED ENTITY APPLICANT Reimbursement Form

Billed Entity Name LAKE SIDE SCHOOL DISTRICT 01

Billed Entity Number 139375

Contact Name BILLY ADAMS

Applicant Form Identifier _____

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 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) Signed electronically by Jane Rice 22. Date 11/30/2015

23. Printed name of authorized person Jane Rice

24. Title or position of authorized person Customer Advocate

25. Telephone number of authorized person ext

26. Address of authorized person 444 Michigan Ave, Flr 2, Detroit MI 48226

27. Applicant Remittance Information

Name Billy Adams

Title Superintendent

Street Address

1110 South Lakeshore Dr.

LakeVillage, AR 71653

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

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.

Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, 17 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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Applicant Form Identifier (Create an identifier for your own reference)	FCC Form 472 Invoice # (To be inserted by administrator) 2295394
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BLOCK 1: HEADER INFORMATION

1. Billed Entity Name	LAKESIDE SCHOOL DISTRICT 01
2. Billed Entity Number	139375
3. Service Provider Identification Number (SPIN)	143025240
4. Contact Name	BILLY ADAMS
5. Contact Telephone Number	870- 2657300 ext
5. Total Reimbursement Amount (total from Block 2, Column 14)	\$3,801.60

Billed Entity Applicant Reimbursement Form

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

Billed Entity Name LAKESIDE SCHOOL DISTRICT 01 Billed Entity Number 139375
 Contact Name BILLY ADAMS Contact Telephone Number 870-2657300
 Applicant Form Identifier

BLOCK 2: LINE ITEM INFORMATION PER FUNDING REQUEST NUMBER

(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
FCC Form 471 Application Number (from Funding Commitment Decision Letter)	Funding Request Number (FRN) (from Funding Commitment Decision Letter)	Bill Frequency	Customer Billed Date (mm/yyyy)	Shipping Date to Customer or Last Day of Work Performed (mm/dd/yyyy)	Total (Undiscounted) Amount for Service	Discount Rate	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	983015	2680578	7/1/2015		\$4,224.00	90.00	\$3,801.60
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							

TOTAL REIMBURSEMENT AMOUNT TO BE ENTERED INTO ITEM (6) \$3,801.60

BILLED ENTITY APPLICANT Reimbursement Form

Billed Entity Name LAKESIDE SCHOOL DISTRICT 01

Billed Entity Number 139375

Contact Name BILLY ADAMS

Applicant Form Identifier

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) Signed electronically by Brett Behrens	22. Date 11/30/2015
--	----------------------------

23. Printed name of authorized person **Brett Behrens**

24. Title or position of authorized person **Sr. Contract/Sourcing Specialist**

25. Telephone number of authorized person - ext

26. Address of authorized person **311 W. Washington St., Chicago IL 60606**

27. Applicant Remittance Information

Name **Billy Adams**

Title **Superintendent**

Street Address

1110 South Lakeshore Dr.

LakeVillage, AR 71653

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

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.

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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.

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Applicant Form Identifier (Create an identifier for your own reference) **FCC Form 472 Invoice #**
(To be inserted by administrator) 2295395

BLOCK 1: HEADER INFORMATION

1. Billed Entity Name	LAKESIDE SCHOOL DISTRICT 01
2. Billed Entity Number	139375
3. Service Provider Identification Number (SPIN)	143008823
4. Contact Name	BILLY ADAMS
5. Contact Telephone Number	870- 2657300 ext
6. Total Reimbursement Amount (total from Block 2. Column 14)	\$615.60

BILLED ENTITY APPLICANT Reimbursement Form

Billed Entity Name LAKESIDE SCHOOL DISTRICT 01

Billed Entity Number 139375

Contact Name BILLY ADAMS

Applicant Form Identifier _____

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 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 Form 471 Funding Commitment Decision Letter.

- D. I recognize that I may be audited pursuant to this application and will retain for five years 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 **Signed electronically by BILLY ADAMS** 16. Date **11/30/2015**

17. Printed name of authorized person **BILLY ADAMS**

18. Title or position of authorized person **Superintendent**

19. Telephone number of authorized person **870- 2657300**

20. Address of authorized person **1110 S LAKESHORE DR, LAKE VILLAGE AR 71653**

BILLED ENTITY APPLICANT Reimbursement Form

Billed Entity Name LAKESIDE SCHOOL DISTRICT 01

Billed Entity Number 139375

Contact Name BILLY ADAMS

Applicant Form Identifier _____

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) **Signed electronically by Geraldene King** 22. Date **12/2/2015**

23. Printed name of authorized person **Geraldene King**

24. Title or position of authorized person **Sr. Contract Sourcing Spec.**

25. Telephone number of authorized person - ext

26. Address of authorized person **311 W Washington, Chicago IL 60606**

27. Applicant Remittance Information

Name **Billy Adams**

Title **Superintendent**

Street Address

1110 South Lakeshore Dr.

LakeVillage, AR 72653

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

Exhibit C

FCC Form 472 (BEAR) Notification Letters



Universal Service Administrative Company

Schools and Libraries Division

Form 472 (BEAR) Notification Letter

December 9, 2015

Mike Swisher
Southwestern Bell Telephone Company
444 Michigan Ave.
Floor 2
Detroit, MI 48226

Re: Invoice Number - as assigned by USAC: 2295392
Service Provider Identification Number: 143004662
Reimbursement Form Number:
Billed Entity Number: 139375

Billy Adams
LAKESIDE SCHOOL DISTRICT 01
1110 S LAKESHORE DR
LAKE VILLAGE, AR 71653

Preferred Mode of Contact: Fax at (870) 265-5466
Total Amount of Reimbursement Approved for Payment: \$0.00

This letter is your notification that the Schools and Libraries Division (SLD) of the Universal Service Administrative Company (USAC) has processed an FCC Form 472, "Billed Entity Applicant Reimbursement (BEAR)" Form from the above named applicant listing you as the service provider. USAC has committed to reimburse the discounted portion of the cost of eligible services provided to eligible entities pursuant to one or more FCC Forms 471, "Description of Services Ordered and Certification Form".

In certain instances, a line may not have been paid. Review the BEAR Letter Applicant Reimbursement Report (Report) following this letter for the reason(s) this may have occurred. For more information about lines that have not been paid, see the explanation of Invoice Error Codes in Step 9 on our website. Work with the applicant (your customer) to correct any errors. Once corrected, your customer may submit a new BEAR to request reimbursement for any unpaid lines.

We recommend using the BEAR Online tool from the Apply Online area or Required Forms section of our website for additional submissions. If a new BEAR cannot be submitted before the invoice deadline passes, you or your customer may submit a request for a deadline extension. (See "Invoice Deadlines and Extension Requests" posted in the SLD section of our website for more information.)

Pursuant to the Federal Communication Commission's (FCC) Second Report and Order and Further Notice of Proposed Rulemaking (FCC 03-101, released April 29, 2003), you must remit the amount shown as "Total Amount of Reimbursement Approved for Payment" above to your customer no later than 20 days after receipt of payment of the approved discounts from USAC. You also agreed not to tender or make use of the payment of the approved discounts issued by USAC to you prior to remitting the discount to your customer (See BEAR Form, Block 4, Service Provider Acknowledgment).

The USAC check should be mailed to the service provider named above within 20 days of the date of this letter.

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



Universal Service Administrative Company

Schools and Libraries Division

Form 472 (BEAR) Notification Letter

December 9, 2015

Nora Rafferty
AT&T Mobility
311 West Washington Blvd
Flr 16
Chicago, IL 60606

Re: Invoice Number - as assigned by USAC: 2295394
Service Provider Identification Number: 143025240
Reimbursement Form Number:
Billed Entity Number: 139375

Billy Adams
LAKESIDE SCHOOL DISTRICT 01
1110 S LAKESHORE DR
LAKE VILLAGE, AR 71653

Preferred Mode of Contact: Fax at (870) 265-5466
Total Amount of Reimbursement Approved for Payment: \$0.00

This letter is your notification that the Schools and Libraries Division (SLD) of the Universal Service Administrative Company (USAC) has processed an FCC Form 472, "Billed Entity Applicant Reimbursement (BEAR)" Form from the above named applicant listing you as the service provider. USAC has committed to reimburse the discounted portion of the cost of eligible services provided to eligible entities pursuant to one or more FCC Forms 471, "Description of Services Ordered and Certification Form".

In certain instances, a line may not have been paid. Review the BEAR Letter Applicant Reimbursement Report (Report) following this letter for the reason(s) this may have occurred. For more information about lines that have not been paid, see the explanation of Invoice Error Codes in Step 9 on our website. Work with the applicant (your customer) to correct any errors. Once corrected, your customer may submit a new BEAR to request reimbursement for any unpaid lines.

We recommend using the BEAR Online tool from the Apply Online area or Required Forms section of our website for additional submissions. If a new BEAR cannot be submitted before the invoice deadline passes, you or your customer may submit a request for a deadline extension. (See "Invoice Deadlines and Extension Requests" posted in the SLD section of our website for more information.)

Pursuant to the Federal Communication Commission's (FCC) Second Report and Order and Further Notice of Proposed Rulemaking (FCC 03-101, released April 29, 2003), you must remit the amount shown as "Total Amount of Reimbursement Approved for Payment" above to your customer no later than 20 days after receipt of payment of the approved discounts from USAC. You also agreed not to tender or make use of the payment of the approved discounts issued by USAC to you prior to remitting the discount to your customer (See BEAR Form, Block 4, Service Provider Acknowledgment).

The USAC check should be mailed to the service provider named above within 20 days of the date of this letter.

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

Exhibit D

Letter of Appeal to USAC

Lakeside School District

1110 S. Lakeshore Drive ~ Lake Village Arkansas 71653

SUPERINTENDENT
Dr. Billy Adams

December 28, 2015

Schools and Libraries Program Correspondence Unit

Attention: Letter of Appeal
30 Lanidex Plaza West, P.O. Box 685
Parsippany, NJ 07054-0685

To. Whom It May Concern:

The Lakeside School District (139375) is filing an appeal to recover reimbursement funds submitted on form 471. The application number (983015), FRN (2680578), SPIN (143025240- AT&T Mobility); FRN (2680558), SPIN (143008823- SBC Long Distance, LLC); and FRN (2680500), SPIN (143004663- Southwestern Bell Telephone Company).

This appeal is being requested due to an extended illness of my mother who was hospitalized at Delta Regional Medical Center and King Daughter Long Term Care in Greenville, Mississippi from June 28, 2015 to November 24, 2015. Her illness placed undue stress and hardship which caused me to miss days from work and the allowable filling date for the BEAR (472) in a timely matter.

The Lakeside School District is a high poverty district in the Arkansas delta. We need the reimbursement to help support the educational needs of our students.

If additional information is needed, call Dr. Billy Adams by phone at 870-265-1799 or email (badams@lsschool.org). Thank you in advance for your consideration.

Sincerely,



Dr. Billy Adams

Exhibit E

Administrator's Decision on Appeal Letter



Universal Service Administrative Company
Schools & Libraries Division

Administrator's Decision on Appeal – Funding Year 2014-2015

April 04, 2016

Dr. Billy Adams
Lakeside School District
1110 S. Lakeshore Drive
Lake Village, AR 71653

Re: Applicant Name: LAKESIDE SCHOOL DISTRICT 01
Billed Entity Number: 139375
Form 471 Application Number: 983015
Funding Request Number(s): 2680500, 2680558, 2680578
Your Correspondence Dated: December 28, 2015

After thorough review and investigation of all relevant facts, the Schools and Libraries Division (SLD) of the Universal Service Administrative Company (USAC) has made its decision in regard to your appeal of USAC's Funding Year 2014 FCC Form 472 (BEAR) Notification Letter for the Application Number indicated above. This letter explains the basis of USAC's decision. The date of this letter begins the 60 day time period for appealing this decision. If your Letter of Appeal included more than one Application Number, please note that you will receive a separate letter for each application.

Funding Request Number(s): 2680500, 2680558, 2680578
Decision on Appeal: **Denied**
Explanation:

- 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. You did not demonstrate otherwise in your appeal. Therefore, your appeal is denied.

Since your appeal was denied in full, dismissed or cancelled, you may file an appeal with the FCC. Your appeal must be postmarked within 60 days of the date on this letter. Failure to meet this requirement will result in automatic dismissal of your appeal. You should refer to CC Docket No. 02-6 on the first page of your appeal to the FCC. If you are submitting your appeal via United States Postal Service, send to: FCC, Office of the Secretary, 445 12th Street SW, Washington, DC 20554. Further information and options for filing an appeal directly with the FCC can be found under the Reference

100 South Jefferson Road, P.O. Box 902, Whippany, New Jersey 07981
Visit us online at: www.usac.org/sl/

Area "Appeals" of the SLD section of the USAC website or by contacting the Client Service Bureau. We strongly recommend that you use the electronic filing options.

We thank you for your continued support, patience and cooperation during the appeal process.

Schools and Libraries Division
Universal Service Administrative Company

100 South Jefferson Road, P.O. Box 902, Whippany, New Jersey 07981
Visit us online at: www.usac.org/sl/