

# Dillon School District Four Technology

F A X C O V E R

<b>Date:</b>	8-2-15
<b>To:</b>	AT + T
<b>Attention:</b>	Bear Reimbursement
<b>Office location:</b>	
<b>Fax number:</b>	866-643-5146
<b>From:</b>	Paula Yohe 843-841-3604
<b>Office location:</b>	801 South 9th Ave. Dillon, SC 29536

Number of Pages including cover page: 2

URGENT  
  REPLY ASAP  
  PLEASE COMMENT  
  PLEASE REVIEW  
  FOR YOUR INFORMATION

### Comments

Bear form

BellSouth Telecommunications, Inc.  
SPIN #: 143004824  
Funding Year: 2014

**BEAR - REIMBURSEMENT CHECK - ADDRESS CHANGE FORM**

**Block A.: General Information**

1. Name of Applicant:	Dillon School District Four		
2. Applicant Contact Name:	Paula Yohe	3. BEN:	16063622
4. Contact # :	843-841-3604		
5. Email Address:	paula@dillon.k12.sc.us		

**Block B.: ADDRESS CHANGE INFORMATION**

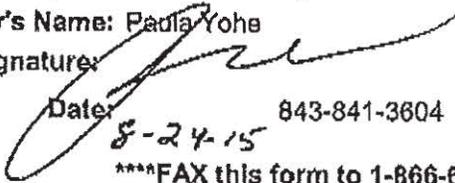
Notice: Unless otherwise notified AT&T (BellSouth Telecommunications, Inc.) sends BEAR reimbursement checks to the address listed on the Funding Commitment Decision Letter (FCDL).

Please use this page to notify of a request for BEAR reimbursement check change of address.

1.) Enter the address to which you would like to have your BEAR reimbursement checks sent. 2.) Enter a Billing Telephone Number which is billed to the Applicant listed on the FCDL and is sent to the address entered in Column 1. (This BTN is ONLY used to verify the appropriate SPIN has been selected for the FRN. 3.) Enter the FRN applicable to these changes. Note: All BEAR checks for this FRN will be sent to the address listed in 1.).

<b>1. BEAR Reimbursement Check</b>	<b>2. Billed Telephone Number</b>	<b>3. FRN:</b>
<u>Address</u>	843-774-1200	2665205
1738 Hwy 301 North Dillon, SC 29536		

I certify that I am authorized to request the above change.

Preparer's Name: Paula Yohe  
 Authorized Signature:   
 Date: 8-24-15 843-841-3604

\*\*\*\*FAX this form to 1-866-643-5146\*\*\*\*  
Attention: BEAR remittance address change notification

FCC Form 486  
DO NOT STAPLE

Do Not Write in this Area

OMB Control No.  
3060-0853  
Estimated time  
per response: 1.5 hours

**Schools and Libraries Universal Service  
Receipt of Service Confirmation and Children's Internet Protection Act and Technology Plan Certification  
Form**

To be completed by the Billed Entity  
Please read instructions before completing.

(You can also file online.)

Applicant's Form Identifier BSEXP 2014  
(Create your own code to identify THIS FCC Form 486)

FCC Form 486 Application#: \_\_\_\_\_  
(To be assigned by administrator)

**Block 1: Billed Entity Information**

**1. Name of Billed Entity**

Dillon School District Four

**2. Billed Entity Number**

16063622

**3. Funding Year July 1, 2014 through June 30, 2015**

**4. Complete Mailing Address of Billed Entity**  
Street Address, P.O. Box, or Route Number

1938 Hwy 301 North

City  
Dillon

State  
SC

Zip Code  
29536

Telephone Number  
843-841-3609

Extension  
10

Fax Number  
843 774-1214

**5. Contact Person Information**

Contact Person Name  
Paula Yohe

Street Address, P.O. Box or Route Number

801 South North Ave

City  
Dillon

State  
SC

Zip Code  
29536

Check the box next to the preferred mode of contact. (At least one box MUST be checked.)

Telephone Number      Extension       Fax Number

Email Address  
paula@dillonk12sc.us

DO NOT STAPLE

OMB Control No. 3060-0853

Entity Number 16063622 Applicant's Form Identifier ESS02817  
Contact Person Paula Yohne Phone Number 843-841-3604

**Block 2: Early Filing Information and CIPA Waiver Request**

**6a. Early Filing**

CHECK THE BOX BELOW IF THE FRNS ON THIS FCC FORM 486 ARE FOR SERVICES STARTING *ON OR BEFORE* JULY 31 OF THE FUNDING YEAR.

- The Funding Requests listed in Block 3 have been approved by USAC as shown in my Funding Commitment Decision Letter (FCDL). I have confirmed with the service provider(s) featured in those Funding Requests that these services will start on or before July 31 of the Funding Year.

**Remember: Early filing using Item 6a is an option if and ONLY if services will start within the month of July of the relevant Funding Year, all relevant certifications in Block 4 can be accurately made, and the FCC Form 486 is postmarked on or before July 31 of the Funding Year.**

**6b. CIPA Waiver**

CHECK THE BOX BELOW IF YOU ARE REQUESTING A WAIVER OF CIPA REQUIREMENTS FOR THE SECOND FUNDING YEAR IN WHICH YOU HAVE APPLIED FOR DISCOUNTS IF YOU AS THE BILLED ENTITY ARE THE ADMINISTRATIVE AUTHORITY.

- I am providing notification that, as of the date of the start of discounted services, I am unable to make the certifications required by the Children's Internet Protection Act, as codified at 47 U.S.C. § 254(h) and (l), because my state or local procurement rules or regulations or competitive bidding requirements prevent the making of the certification(s) otherwise required. I certify that the schools or libraries represented in the Funding Request Number(s) on this FCC Form 486 will be brought into compliance with the CIPA requirements before the start of the Third Funding Year in which they apply for discounts.

(For Libraries for Funding Year 2004: You may also request this waiver for FY2004 if you as the Billed Entity are the Administrative Authority for the library(ies) represented on this FCC Form 486. By checking this box, you are certifying that the library(ies) represented in the Funding Request Number(s) on this FCC Form 486 will be brought into compliance with the CIPA requirements before the start of Funding Year 2005.)

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OMB Control No. 3060-0853

Entity Number 16063622 Applicant's Form Identifier E370x 2014  
Contact Person Paul Yhe Phone Number 843-841-3604

Block 3: Service Information

7. Please provide the following information for each FCC Form 471 Block 5 (Discount Funding Request) for which the Billed Entity is indicating that the named service provider may begin submitting invoices to USAC. You will need your FCDL for some of the information required below. Remember: The FRNs listed below must be from the same Funding Year as is listed in Block 1, Item 3. If you need additional pages, please label them 3A, 3B, 3C, etc. and indicate the number in the space provided here: Page 3     

	(A) FCC Form 471 Application Number From FCDL	(B) Funding Request Number (FRN) From FCDL	(C) Service Provider Identification Number (SPIN) From FCDL	(D) Service Provider Name From FCDL	(E) Funding Year Service Start Date (Earliest Date that Discounted Services Will Begin)
1	964925	2665205	AT&T (BellSouth)	AT&T (BellSouth)	7-1-2014
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

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OMB Control No. 3060-0853

Entity Number 16063622 Applicant's Form Identifier Essex 2017  
Contact Person Paula Yabe Phone Number 843-841-3604

**Block 4: Certifications and Signature**

8.  I certify that, if required by program rules, the entity(ies) receiving discounted services as indicated on this FCC Form 486 are covered by technology plan(s) that have been approved by a state or other authorized body (i.e., a USAC-certified technology plan approver) prior to the commencement of service and that cover all 12 months of the funding year. Provide the name(s) of the organization(s) that approved a technology plan for any eligible entity that is receiving services covered under this FCC Form 486 or, if EVERY FRN listed in this FCC Form 486 is for services that do not require a technology plan, enter "NONE" here.

9.  I certify that the services listed on this FCC Form 486 have been, are planned to be, or are being provided to all or some of the eligible entities identified in the FCC Form 471 application(s) cited above. I certify that there are signed contracts covering all of the services listed on this FCC Form 486 except for those services provided under tariff or on a month-to-month basis. I certify that I am authorized to submit this receipt of service confirmation on behalf of the above-named Billed Entity; that I have examined this request; and that, to the best of my knowledge, information, and belief, all statements of fact contained herein are true.

10.  I understand 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 services receive an appropriate share of benefits from those services. I recognize that I may be audited pursuant to this application and will retain for five years (or whatever retention period is required by the rules in effect at the time of this certification) any and all records, including FCC Forms 479 where required, that I rely upon to complete this form and, if audited, will make such records available to the Administrator.

**NOTES FOR COMPLETING THE CERTIFICATIONS IN ITEM 11: A Billed Entity who is the Administrative Authority must check Item 11a or 11b or 11c. Check only ONE item. If the Billed Entity is not the Administrative Authority, skip to Item 11d. A Billed Entity who represents one or more Administrative Authorities must check Item 11d or 11e. A Billed Entity who represents one or more Administrative Authorities in Funding Years after Funding Year 2001 and who checks Item 11d must check Item 11f or 11g. See the FCC Form 486 Instructions for Item 11, "Special Notes for Billed Entities Who Represent One or More Administrative Authorities."**

**IF THIS FORM PERTAINS TO A FUNDING YEAR PRIOR TO FUNDING YEAR 2001 (THE FUNDING YEAR BEGINNING JULY 1, 2001), SKIP TO ITEM 12.**

DO NOT STAPLE

OMB Control No. 3060-0853

Entity Number 16063622 Applicant's Form Identifier ESS-40 2014

Contact Person Paula Yaha Phone Number 843-841-3604

**11. FOR A BILLED ENTITY WHO IS THE ADMINISTRATIVE AUTHORITY:**

I certify that as of the date of the start of discounted services:

- a.  the recipient(s) of service represented in the Funding Request Number(s) on this Form 486 has (have) complied with the requirements of the Children's Internet Protection Act, as codified at 47 U.S.C. § 254(h) and (l).
- b.  pursuant to the Children's Internet Protection Act, as codified at 47 U.S.C. § 254(h) and (l), the recipient(s) of service represented in the Funding Request Number(s) on this Form 486:

(FOR SCHOOLS and FOR LIBRARIES IN THE FIRST FUNDING YEAR FOR PURPOSES OF CIPA) is (are) undertaking such actions, including any necessary procurement procedures, to comply with the requirements of CIPA for the next funding year, but has (have) not completed all requirements of CIPA for this funding year.

(FOR FUNDING YEAR 2003 ONLY: FOR LIBRARIES IN THE SECOND OR THIRD FUNDING YEAR FOR PURPOSES OF CIPA) is (are) in compliance with the requirements of CIPA under 47 U.S.C. § 254(l) and undertaking such actions, including any necessary procurement procedures, to comply with the requirements of CIPA under 47 U.S.C. § 254(h) for the next funding year.

- c.  the Children's Internet Protection Act, as codified at 47 U.S.C. § 254(h) and (l), does not apply because the recipient(s) of service represented in the Funding Request Number(s) on this Form 486 is (are) receiving discount services only for telecommunications services.

**FOR A BILLED ENTITY WHO REPRESENTS ONE OR MORE ADMINISTRATIVE AUTHORITIES:**

- d.  I certify as the Billed Entity for the consortium that I have collected duly completed and signed FCC Forms 479 from all eligible members of the consortium.
- e.  I certify as the Billed Entity for the consortium that the only services that have been approved for discounts under the universal service support mechanism on behalf of eligible members of the consortium are telecommunications services, and therefore the requirements of the Children's Internet Protection Act, as codified at 47 U.S.C. § 254(h) and (l), do not apply.

**For Funding Years after Funding Year 2001: If you checked Item 11d above, check ONE of the boxes below:**

- f.  I certify that some or all of the eligible consortium members checked FCC Form 479 Item 6d to seek a CIPA Waiver, and upon request from the Administrator I can provide this information; OR
- g.  I certify that no eligible consortium members checked FCC Form 479 Item 6d to seek a CIPA Waiver.

The certification language above is not intended to fully set forth or explain all the requirements of the statute.

Do Not Write In This Area

DO NOT STAPLE		Approval by OMB 3060-0853	
Entity Number	16063622	Applicant's Form Identifier	Essex 2014
Contact Person	Paula Yoke	Phone Number	843-8413604

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.

12. Signature of authorized person		13. Date	8-24-15
14. Printed name of authorized person	Paula Yoke		
15. Title or position of authorized person	Director of Technology		
16a. Street Address, P.O. Box, or Route Number	801 South Ninth Ave		
City	Dillon		
State	Dillon SC	Zip Code	29536
16b. Telephone number of authorized person	843-841-3604	Extension	10
16c. Fax number of authorized person	843-774-1214		
16d. Email address of authorized person	paula@dillon.k12.sc.us		
16e. Name of authorized person's employer	Dillon School District Four		

DO NOT STAPLE

Approval by OMB 3060-0853

Entity Number

16063622

Applicant's Form Identifier

ESS 2014

Contact Person

Paula Yoke

Phone Number

843-841-3604

**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 1.5 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-PER, Paperwork Reduction Act Project (3060-0853), 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 3060-0853.

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.

Please submit this form to:

SLD Form 486  
PO Box 7026  
Lawrence, KS 66044-7026

For express delivery services or U.S. Postal Service, Return Receipt Requested, send this form to:

SLD Forms  
ATTN: SLD Form 486  
3833 Greenway Dr  
Lawrence, KS 66046  
888-203-8100