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March 2, 2001

MAR - 6 2001**FCC MAIL ROOM**

Letter of Appeal
 Federal Communications Commission
 Office of the Secretary
 445 12th Street
 Room TW-A325
 Washington, DC 20554

Re: Form 471 Application Number: 165225
 Funding Year 3: 07/01/2000 – 06/30/2001
 Bill Entity Number: 131920
 Funding Request Number: 322733
 SPIN: 143004787 Service Provider Name: GTE Midwest Incorporated
 Contract Number: T
 Services Ordered: Telecommunications Services
 Billing Account Number: 7925809
 Pre-Discount Amount: \$33,918.72
 CC Docket Nos. 96-45 & 97-21

Dear FCC appeal administrator,

The Newton Community School District is appealing the decision by the Schools and Libraries Division, not to fund the above SLD service. The explanation: "The 470 cited did not include service of this type, therefore it does not meet the 28 day competitive bidding requirement." The contract with GTE Midwest Incorporated was ongoing. On the FCC Form 470 – Block 2, I did not "check" Item 7(a) since we have a signed written contract. According to the "NOTE" at the bottom of the page: "Services that are covered by a signed, written contract executed pursuant to posting of a Form 470 in a previous program year OR a contract signed on/before 7/10/97 and reported on a Form 470 in a previous year as an existing contract do NOT require filing of a Form 470." Enclosed is page 4 of the directions, stating the same thing.

This is the District's third year requesting discounted reimbursement on these telecommunications services. We have requested these services during the last two funding years on a FORM 470. Attached are the previous 470 forms and a copy of the GTE contracts. Note the last contract was "executed pursuant to posting of a Form 470 in a previous program year." I contacted your office to verify that this service did not need to be included on FORM

ADMINISTRATIVE OFFICES

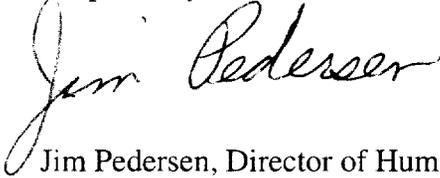
No. of Copies rec'd 0
 Use A B C D E

Telephone 515-792-5809 FAX 515-792-9159
 807 South Sixth Avenue West, Newton, Iowa 50208

470. They informed and assured me that it was not necessary to file a FORM 470 for telecommunication services. Obviously, there was some miscommunication.

Your reconsideration of the funding decision is greatly appreciated.

Respectfully submitted,

A handwritten signature in cursive script that reads "Jim Pedersen". The signature is written in black ink and is positioned above the printed name.

Jim Pedersen, Director of Human Resources

Newton Community School District

James Pedersen

807 S 6th Avenue W

Newton, IA 50208-4548

(641) 792-5809

Fax (641) 792-9159

Pedersen_jim@mail1.newton.k12.ia.us

Addendum to Telecommunications Service Agreement

Contract Number: BSC (515) 792-5809

USCN 709350000040484

Newton Community School Dist
807 S 6t Ave W
Newton IA 50208-

This addendum to aforementioned Contract Number extends the Original Termination Date from July 1, 1999 to June 30, 2000.

 3/24 4/1/99
Signature Date

 4/1/99
Signature Date
Director of Business Affairs
Newton Comm. Schools

Dan Buckland Sales Consultant
Company Representative Title

Customer Representative Title

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Telecommunications Services Agreement

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This Agreement is made effective Jan. 1, 1998 by and between GTE and Newton Community Schools.

1.) The Customer agrees to purchase and the Company agrees to provide the basic dial tone and telephone services which are provided by the Company pursuant and subject to the terms and conditions described in the Company tariffs and/or price lists. Per the customers request, the services to be provided are described in Attachment 1.

2.) This agreement terminates on December 31, 1998.

Chris Ventura 1/8/98
Signature Date

Jackie Black 1.8.98
Signature Date

GTE B.A.M
Company Representative Title

Business Manager
Newton Community School District
Customer Representative Title



470 Schools and Libraries Universal Service

Description of Services Requested and Certification Form

Estimated Average Burden Hours Per Response: 6 hours

This form is designed to help schools and libraries describe the eligible telecommunications-related services they seek so that this data can be posted on a website and interested service providers can identify the applicant as a potential customer and compete to serve it.

Please read instructions before completing.

(To be completed by entity that will negotiate with providers.)

Block 1: Applicant Address and Identifications (School, library, or consortium desiring Universal Service funding.)

1. Name of Applicant Newton Community School District		2. Funding Year 7/1/1999 - 6/30/2000	
3a. NCES School Code (if individual school) or NCES Library Code (if individual library) 709350000040484			
3b. Universal Service Control Number (Administrator will insert this)		3c. Applicant ID Number (Administrator will insert this)	
4a. Type of Applicant (Check only one box.) <input type="checkbox"/> school <input checked="" type="checkbox"/> school district <input type="checkbox"/> library or library consortium under the LSTA <input type="checkbox"/> consortium of multiple entities		4b. If applicant is a consortium, check all other boxes that apply: <input type="checkbox"/> includes non-governmental entities ineligible for support <input type="checkbox"/> entity desires separate bills for each member of consortium <input type="checkbox"/> entity desires separate bills for some members of consortium <input type="checkbox"/> region of a state <input type="checkbox"/> statewide <input type="checkbox"/> multi-state <input type="checkbox"/> state educational agency <input type="checkbox"/> local educational agency <input type="checkbox"/> educational service agency	
5. Applicant's Street Address, P.O. Box, or Route Number 807 South 6th Avenue West			
City Newton	State IA	Zip Code 50208	Telephone Number 515 792-5809
E-mail Address			
6. Contact Person's Name Jim Pedersen			
Street Address, P.O. Box, or Route Number (if different from Item 5)			
City	State	Zip Code	
Fill in all of the following (if available), and check the preferred mode of contact: <input checked="" type="checkbox"/> Telephone 515 792-5809 <input checked="" type="checkbox"/> FAX 515 792-9159 <input checked="" type="checkbox"/> E-mail Pedersen Jim@mail1.newton.k12.ia.us <input type="checkbox"/> Mail			

Block 2: Other Characteristics of Applicant

7a. Number of students 3619.2	7b. Number of library patrons N/A
8. Number of buildings to be served 10	9. Number of rooms to be served 275

Block 3: Summary Description of Needs or Services Requested

10. Check if applicant seeks discounts only for eligible services based on one or more existing, binding contract(s) and proceed to Block 4. If so, provide date(s) contract(s) was/were signed _____ and its/their termination date(s) _____.
11. Check here if you have a Request for Proposal (RFP) available. If the RFP is posted on a website, provide the website address _____.

Contact Person's Name Jim Pedersen and Phone Number: 515 792-5809

(1)	(2) Existing Service	(3) Additional Services Desired	(4) Total Service Desired	(5) Details (Optional)
12. Telecommunications Services				
a. Number of phones that have or require service (See instructions concerning extension phones and fax machines.)	86			Extensions - #388 District Wide See copy of contract
b. Number of computers that have or require service				
c. Number of high bandwidth video conferencing links				
d. Specify other (Optional)				
13. Internal Connections				
a. Number of buildings with at least some rooms connected				
b. Number of rooms connected				
c. Highest speed of connection				
d. Specify other (Optional)				
14. Internet Access				
a. Number of dial up connections necessary				
b. Highest speed of such dial up connections				
c. Number of direct connections necessary				
d. Highest speed of such direct connections				
e. Specify other (Optional)				

15. You may provide additional summary information about the services you are requesting to help service providers identify your needs more precisely. You may provide technical requirements or give an informal description of your telecommunications-related goals. You may attach additional pages if necessary.

Contact Person's Name Jim Pedersen and Phone Number: 515 792-5809

16. Check here if there are any restrictions imposed by state or local laws or regulations on how and when providers may contact you or on other bidding procedures. Please describe below any such restrictions or procedures. You may attach restrictions or give website where they are posted.

17. Purchases in future years: If you have current plans to purchase additional services in future years, describe them below. *(Providing this information is optional.)*

Block 4: Technology Assessment

18. Although the following services and facilities are ineligible for support, they are usually necessary if schools and libraries are to make effective use of the eligible services requested in this application. *(If your application is only for basic voice telephone service, check this box and go to Item 19. Otherwise, you must check at least one box on each of the other lines. You may provide details for purchases being sought.)*

a. Desktop communications software: Software required has been purchased; and/or is being sought.

b. Electrical systems: adequate electrical capacity is in place or has already been arranged; and/or upgrading for additional electrical capacity is being sought.

c. Computers: a sufficient quantity of computers has been purchased; and/or is being sought.

d. Computer hardware maintenance: adequate arrangements have been made; and/or are being sought.

e. Staff development:
 all staff have had an appropriate level of training or additional training has already been scheduled; and/or training is being sought.

f. Additional details: Use this space to provide additional details to help providers to identify the services or facilities you desire.

Contact Person's Name Jim Pedersen and Phone Number: 515 792-5809

Block 5: Listing Consortium Participants

19. **Eligible Entities:** (Billed Entities.) If applicant is an individual school or a library or a school district or a library system that will receive only one bill, it should only fill in the first row of this chart. If applicant is a consortium of multiple billed entities, then it should fill out a row for each billed entity. (Applicant may attach additional pages.)

Billed Entity	Billed Entity's Zip Code	Billed Entity Code (Inserted by Administrator)	Zip Code(s) of Recipients of Service
Newton Community School District	50208		50208

20. **Entities Ineligible for Schools and Libraries Discount:**

Name of Entity	Zip Code(s) of Recipient of Service	Contact Person	Phone Number, E-mail Address, or Alternative Preferred Contact Method

Block 6: Certifications and Signature

21. The applicant includes: (Check one or both.)
- a. schools under the statutory definitions of elementary and secondary schools found in the Elementary and Secondary Education Act of 1965, 20 U.S.C. Secs. 8801(14) and (25), 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 school (including, but not limited to) elementary and secondary schools, colleges, and universities.
22. All of the individual schools, libraries, and library consortia listed above in item 19 are covered by:
- a. individual technology plans and/or
 - b. higher-level technology plans for using the services requested in this application (if those services consist of other than voice services).

Contact Person's Name Jim Pedersen and Phone Number: 515 792-5809

23. Status of technology plans (check one):
- a. Technology plan(s) has/have been approved; or
 - b. Technology plan(s) will be approved by a state or other authorized body; or
 - c. Technology plan(s) will be submitted to Schools and Libraries Corporation for approval.
24. I certify that the services the applicant purchases at discounts provided by 47 U.S.C. Sec. 254 will be used solely for educational purposes and will not be sold, resold, or transferred in consideration for money or any other thing of value.
25. I recognize that support under this support mechanism is conditional upon the school(s) or library(ies) I represent securing access to all of the resources, including computers, training, software, maintenance, and electrical connections necessary to use the services purchased effectively.
26. I certify that I am authorized to submit this request on behalf of the above-named applicant, that I have examined this request, and to the best of my knowledge, information, and belief, all statements of fact contained herein are true.

27. Signature of authorized person	28. Date
29. Printed name of authorized person Jim Pedersen	
30. Title or position of authorized person Director of Human Resources and Technology	

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.

NOTICE TO INDIVIDUALS: Section 54.504 of the Federal Communication Commission's rules requires all schools and libraries ordering services that are eligible for and seeking universal service discounts to file this Description of Services Requested and Certification Form (FCC Form 470) with the Universal Service Administrator, themselves or as part of a consortium. 47 C.F.R. § 54.504. 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.

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.

The FCC is authorized under the Communications Act of 1934, as amended, to collect the personal 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 of potential violation of a FCC 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.

If you owe a past due debt to the federal government, the taxpayer identification number (such as your social security number) and other 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 this information to these agencies through the matching of computer records when authorized.

With the exception of your social security number, 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.

The foregoing Notice is required by the Privacy Act of 1974, Pub. L. No. 93-579, December 31, 1974, 5 U.S.C. § 552, and the Paperwork Reduction Act of

Contact Person's Name Jim Pedersen and Phone Number: 515 792-5809

1995, Pub. L. No. 104-13, 44 U.S.C. § 3501, *et seq.*

Public reporting burden for this collection of information is estimated to average 6 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, D.C. 20554.

This form should be submitted to:

**SLC-Form 470
P.O. Box 7026
Lawrence, Kansas 66044-7026
1-888-203-8100**

If sent by express delivery services or U.S. Postal Service, Return Receipt Requested, the form should be mailed to:

**SLC-Form 470
c/o Ms. Smith
3833 Greenway Drive
Lawrence, Kansas 66046
1-888-203-8100**

470 Schools and Libraries Universal Service Description of Services Requested and Certification Form

Estimated Average Burden Hours Per Response: 6 hours

This form is designed to help schools and libraries describe the eligible telecommunications-related services they seek so that this data can be posted on a website and interested service providers can identify the applicant as a potential customer and compete to serve it.

Please read instructions before completing. (To be completed by entity that will negotiate with providers.)

Block 1: Applicant Address and Identifications (School, library, or consortium desiring Universal Service funding.)

1. Name of Applicant Newton Community School District 2. Funding Year 1997-98

3a. NCES School Code (if individual school) or NCES Library Code (if individual library)

3b. Universal Service Control Number (Administrator will insert this) 3c. Applicant ID Number (Administrator will insert this)

4a. Type of Applicant (Check only one box.)
 school
 school district
 library or library consortium under the LSTA
 consortium of multiple entities

4b. If applicant is a consortium, check all other boxes that apply:
 includes non-governmental entities ineligible for support
 entity desires separate bills for each member of consortium
 entity desires separate bills for some members of consortium
 region of a state statewide multi-state
 state educational agency
 local educational agency
 educational service agency

5. Applicant's Street Address, P.O. Box, or Route Number
807 S 6th Ave W

City <u>Newton</u>	State <u>IA</u>	Zip Code <u>50208</u>	Telephone Number <u>515-792-5809</u>	E-mail Address
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6. Contact Person's Name Dr. Tom Hoover

Street Address, P.O. Box, or Route Number (if different from Item 5)
807 S 6th Ave W

City <u>Newton</u>	State <u>IA</u>	Zip Code <u>50208</u>
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Fill in all of the following (if available), and check the preferred mode of contact: Telephone 515-792-5809
 FAX 515-792-9159 E-mail Mail

Block 2: Other Characteristics of Applicant

7a. Number of students 3,589.2 7b. Number of library patrons N/A

8. Number of buildings to be served 10 9. Number of rooms to be served 275

Block 3: Summary Description of Needs or Services Requested

10. Check if applicant seeks discounts only for eligible services based on one or more existing, binding contract(s) and proceed to Block 4. If so, provide date(s) contract(s) was/were signed 1-8-98 and its/their termination date(s) 12-31-98

11. Check here if you have a Request for Proposal (RFP) available. If the RFP is posted on a website, provide the website address _____

Contact Person's Name Dr. Tom Hoover

and Phone Number: 515-792-5809

(1)	(2) Existing Service	(3) Additional Services Desired	(4) Total Service Desired	(5) Details (Optional)
12. Telecommunications Services				
a. Number of phones that have or require service (See instructions concerning extension phones and fax machines.)	89			Extensions - #388 District Wide See copy of Contract
b. Number of computers that have or require service				
c. Number of high bandwidth video conferencing links				
d. Specify other (Optional)				
13. Internal Connections				
a. Number of buildings with at least some rooms connected				
b. Number of rooms connected				
c. Highest speed of connection				
d. Specify other (Optional)				
14. Internet Access				
a. Number of dial up connections necessary	7			See copy of contract
b. Highest speed of such dial up connections	9600 Baud			
c. Number of direct connections necessary				
d. Highest speed of such direct connections				
e. Specify other (Optional)				

15. You may provide additional summary information about the services you are requesting to help service providers identify your needs more precisely. You may provide technical requirements or give an informal description of your telecommunications-related goals. You may attach additional pages if necessary.

16. Check here if there are any restrictions imposed by state or local laws or regulations on how and when providers may contact

Contact Person's Name Dr. Tom Hoover and Phone Number: 515-792-5809

you or on other bidding procedures. Please describe below any such restrictions or procedures. You may attach restrictions or give website where they are posted.

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Block 5: Listing Consortium Participants

Contact Person's Name Dr. Tom Hoover and Phone Number: 515-792-5809

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21. The applicant includes: (Check one or both.)

- a. schools under the statutory definitions of elementary and secondary schools found in the Elementary and Secondary Education Act of 1965, 20 U.S.C. Secs. 8801(14) and (25), 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 school (including, but not limited to) elementary and secondary schools, colleges, and universities.

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Contact Person's Name Dr. Tom Hoover and Phone Number: 515-792-5809

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 - c. Technology plan(s) will be submitted to Schools and Libraries Corporation for approval.
24. I certify that the services the applicant purchases at discounts provided by 47 U.S.C. Sec. 254 will be used solely for educational purposes and will not be sold, resold, or transferred in consideration for money or any other thing of value.
25. I recognize that support under this support mechanism is conditional upon the school(s) or library(ies) I represent securing access to all of the resources, including computers, training, software, maintenance, and electrical connections necessary to use the services purchased effectively.
26. I certify that I am authorized to submit this request on behalf of the above-named applicant, that I have examined this request, and to the best of my knowledge, information, and belief, all statements of fact contained herein are true.

27. Signature of authorized person 	28. Date <u>2/23/98</u>
29. Printed name of authorized person Dr. Tom Hoover	
30. Title or position of authorized person Director of Curriculum and Technology	

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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If you owe a past due debt to the federal government, the taxpayer identification number (such as your social security number) and other 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 this information to these agencies through the matching of computer records when authorized.

With the exception of your social security number, 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.

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Contact Person's Name Dr. Tom Hoover and Phone Number: 515-792-5809

Act of 1995, Pub. L. No. 104-13, 44 U.S.C. § 3501, *et seq.*

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This form should be submitted to: **Schools and Libraries Corporation**
P.O. Box 4217
Iowa City, Iowa 52244-4217
1-888-203-8100

tariffed services (telecommunications services purchased at regulated rates) for which you do not have a signed, written contract (a Form 470 must be filed for these services each year);

- month-to-month Internet access, cellular services, or paging services for which you do not have a written contract but for which your standard monthly bills are proof of a binding, legal arrangement (a Form 470 must be filed for these services each year);
- any services for which you seek a new contract; or
- any multi-year contract signed on or before July 10, 1997, but for which you have not before filed a Form 470 in any previous program year.

The precise timeframe for filing Form 470 depends on the kind of service you are seeking:

- For tariffed telecommunications services or month-to-month services, Form 470 can be filed no earlier than July 1 of the year preceding the funding year for which you are applying (for example, July 1, 2000 for the funding year beginning July 1, 2001), as long as it is at least 28 days before you file Form 471.
- For contract services for which you are seeking a new contract for the coming funding year, you may file Form 470 whenever you wish to begin your procurement process, as long as it is at least 28 days before you file Form 471.
- For a contract signed on or before July 10, 1997, for which no Form 470 has ever been filed, you may file a Form 470 at any time, as long as it is at least 28 days before you file Form 471.
- For multi-year contracts signed pursuant to the posting of a Form 470 in a previous funding year, you will not need to file a new Form 470 for the upcoming funding year. Your 28 days began with the date of your original Form 470 posting.

Services that are covered by a **qualified existing contract** for all or part of the funding year do not require filing of Form 470, since you are not seeking bids for these services. A qualified existing contract is:

- a signed, written contract executed pursuant to the posting of a Form 470 in a previous funding year, OR
- a contract signed on or before July 10, 1997 and reported on a Form 470 in a previous year as an existing contract.

If you are seeking support for eligible services not covered by a qualified, existing contract, you must file Form 470 **either electronically at the SLD Web Site, <www.sl.universalservice.org>, or at the address listed at the bottom of the form (SLD-Form 470, P.O. Box 7026, Lawrence, Kansas 66046-7026).** For express delivery or U.S. Postal Service Return Receipt Requested, send to: **SLD-Form 470, c/o Ms. Smith, 3833 Greenway Drive, Lawrence, Kansas 66046**, phone (888) 203-8100. **DO NOT FILE THIS OR ANY OTHER UNIVERSAL SERVICE FORM WITH THE FEDERAL COMMUNICATIONS COMMISSION.**

You may file one Form 470 for all of the services for which you are required to file Form 470, or you may file separate Forms 470 for each type of service. Also, an individual school or library may be covered by more than one Form 470 filed by different consortia for different services.

SHHH SUNCOAST CHAPTER

(Self Help for Hard of Hearing People)

Gulfport Senior Citizen Center

5501 27th Avenue South

Gulfport, FL 33707

2 March 2001

RECEIVED

MAR 05 2001

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Commission's Secretary

Magalie Roman Salas

Office of the Secretary

Federal Communications Commission

445 12th Street, S.W., TW-A325

Washington, D.C. 20554

**ET Docket No. 00-221 In the Matter of Reallocation of
the 216-217 MHz**

Dear Ms Salas:

Our Suncoast SHHH Chapter members are hard of hearing people, who rely on FM systems to help us be independent. There are 27 of us and we are senior citizens who need to keep active and not sink into depression because of our hearing loss.

Personally, I would be very much affected as my church uses this FM system and I wouldn't be able to hear the service.

Please know that it is important that we keep these bands to help us.

Sincerely,

Lillian S. Trussell

Lillian S. Trussell, President

J

Lillian S. Trussell
925 Gray St S
Gulfport, FL 33707-2454

RECEIVED

MAR - 5 2001

FCC MAIL ROOM

Commission's Secretary
Magalie Roman Salas
Office of the Secretary, FCC
445 12th Street S.W., TW-A325
Washington, D.C. 20554

February 27, 2001

Dear Ms. Salas:

I am writing to express my concern regarding, ET Docket No. 00-221, RM-9267, RM-9692, RM-9797, RM-9854, In the Matter of Reallocation of the 216-217 MHz. I am a secretary working in an Audiologist's Private Practice in the state of New York and have recently become aware of this proposal.

I am opposed to the auctioning off of this frequency for commercial use. This would have a devastating effect on several of our clients and upon local school children that use FM systems. Some of our clients have expressed concern when notified by SHHH about this proposal.

Auctioning off these frequencies would seriously affect our hard of hearing clients.
I strongly oppose this proposal.

Sincerely,

*Ann C. Thayer
Hart Hearing Centers
196 E. Ridge Road
Rochester, NY 14621*