

# Hall-Dale High School

RR7, Box 1598 Maple Street  
Farmingdale, Maine 04344

Main Office  
Telephone (207) 622-6211  
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RECEIVED

APR 19 2001

STEPHEN W. MACDOUGALL  
Principal

DOCKET FILE COPY ORIGINAL

Guidance  
Fax (207) 622-1735

3/28/01

FCC MAIL ROOM Docket # 96-45 97-21

To Whom It May Concern:

Please accept my corrected 471 form. I erroneously omitted the SPIN# and Service Provider Name. I am attaching for you a corrected version of this 471. Maine schools have experienced problems with the SLD based on out-dated SPIN number pertaining to Verizon Communications. I was waiting for the most current information when the deadline for filing approached and consequently omitted this information. Please know that I have already submitted an appeal to the SLC, and was advised by the office of U.S. Senator Olympia Snowe to contact you people directly with this appeal.

Please do call me or email to let me know if this 471 will still be considered for funding. These funds are absolutely necessary for us to continue offering Internet access to our school community.

Thank you for your consideration,



Andrew Wallace

[awallace@halldale.org](mailto:awallace@halldale.org) 207-622-6211 ext 301

Appellant: Maine School Admin District #16 entity # 121475

Attn: Andrew Wallace

11 1/2 Lincoln Street, Hallowell Maine 04347

471 form identifier 200102ATM471

No. of Copies rec'd \_\_\_\_\_  
List ABCDE





Universal Service Administrative Company  
Schools & Libraries Division

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Fund Year 4 FORM 471-REJECTION LETTER

March 22, 2001

**ANDREW WALLACE  
MAINE SCHOOL ADMIN DISTRICT #16  
11 1/2 LINCOLN STREET  
HALLOWELL, ME 04344-1799**

Re: Applicant's Form Identifier: 200102ATM471  
Form 471 Application Number:

Dear Applicant:

This letter is your notification that the entire FCC Form 471, *Services Ordered and Certification Form*, you submitted did not meet Minimum Processing Standards and cannot be processed. *Your Form 471 is enclosed with this letter, which means that the Schools and Libraries Division (SLD) could not process any portion of it.* Below is an explanation of the specific reason(s) your Form 471 did not meet the Minimum Processing Standards:

- **Block 5, Items 13 and 14, SPIN (Service Provider Identification Number) and Service Provider Name on the Form 471 submitted are both blank.**

If you disagree with this decision and you wish to appeal to the SLD, your appeal must be made in writing and received by us within 30 days of issuance of this letter. In your letter of appeal, please include: correct contact information for the appellant, information on the decision you are appealing, the specific Funding Request in question, a copy of this letter and an original authorized signature. Appeals sent by fax, e-mail or phone call cannot be processed. Please mail your appeal to: Letter of Appeal, Schools and Libraries Division, Box 125-Correspondence Unit, 80 South Jefferson Road, Whippany, NJ 07981. You may also call our Client Service Bureau at 888-203-8100. While we encourage you to resolve your appeal with the SLD first, you have the option of filing an appeal directly with the Federal Communications Commission (FCC), by sending your notice of appeal to: FCC, Office of the Secretary, 445 12th Street, SW; 12<sup>th</sup> Street Lobby, SW; Washington, D.C. 20554. Please reference CC Docket Nos. 96-45 and 97-21 on the first page of your appeal. If you choose to file an appeal with the FCC, your appeal must be received no later than 30 days from the date on this letter.

**Schools and Libraries Division  
Universal Service Administrative Company**

Enclosure:

**(1) Form 471**



School Services Ordered and Certification Form 471

Estimated Average Burden Hours Per Response: 4 hours

This form asks schools and libraries to list the eligible telecommunications-related 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. (See www.sl.universalservice.org for filing this form online)

Applicant's Form Identifier: 200102 ATM471  
(Create your own code to identify THIS Form 471)

Form 471 Application #: \_\_\_\_\_  
(To be inserted by Fund Administrator)

Block 1: Billed Entity Information

(The "Billed Entity" is the entity paying the bills for the services listed on this form.)

1 Name of Billed Entity (30 characters max.) Maine School Admin District #16  
2 Funding Year: July 1, 2001 through June 30, 2002 3 Entity Number (up to 10 digits) 121475  
4a Street Address, P.O. Box, or Route Number 11 1/2 Lincoln Street  
City Hallowell State ME Zip Code 04344-1799  
b Telephone Number (10 digits + ext.) (207) 622-6351 ext. \_\_\_\_\_  
c Fax Number (10 digits) (207) 622-7866  
d E-mail Address (50 characters max.) awallace@hallowell.org  
5 Type of Application [X] School (public or non-public school)  
[ ] School District (LEA; public or non-public (e.g., diocesan) local district representing multiple schools)  
[ ] Library (library (i.e. outlet/branch, system))  
[ ] Consortium [ ] Check here if any members of this consortium are ineligible non-governmental entities.

6a Contact Person's Name Andrew Wallace  
First, fill in every item of the Contact Person's information below that is different from Item 4, above.  
Then check the box next to the preferred mode of contact. (At least one box MUST be checked.)  
b [ ] Street Address, P.O. Box, or Route Number  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
c [X] Telephone Number (10 digits + ext.) (207) 622-6311 ext. 361  
d [ ] Fax Number (10 digits) (\_\_\_\_) \_\_\_\_\_  
e [ ] E-mail Address (50 characters max.)  
f Holiday/vacation/summer contact information:

Block 2: Minor Modification to Existing Contract?

7 [ ] Check if this Form 471 represents a minor modification, such as a modification of services, to a Form 471 for which you already have a Receipt Acknowledgement Letter. Provide the data requested below, attach a Description of Services highlighting the modified service, and sign Block 6.  
Form 471 Application #: \_\_\_\_\_ Funding Request Number: \_\_\_\_\_  
Minor modification requests can be filed MANUALLY only. Please see www.sl.universalservice.org for filing instructions.

Entity Number <u>121475</u>	Applicant's Form Identifier <u>20012 Form 471</u>
Contact Person <u>Andy Wallace</u>	Phone Number <u>207-630-2111</u>

### Block 3: Impact of Services Ordered in THIS Application

8 Please provide your best estimate of the number of people who will be served by all of the services ordered in THIS Form 471. Schools/school districts complete 8a. Libraries complete 8b. Consortia complete 8a and/or 8b.

a Number of students to be served  b Number of library patrons to be served

9 The following questions seek summary outcome information based on the services ordered in this Form 471 application. Please complete only those rows that are relevant to THIS application.

IF THIS APPLICATION INCLUDES...	BEFORE ORDER	AFTER ORDER
a (Schools/districts/consortia only) Telephone service: How many classrooms had phone service before and after your order?		
b High-bandwidth voice/data/video service: How many buildings served before and after your order?	1	1
c High-bandwidth voice/data/video service: Highest speed to a building before and after your order?	45 MB	45 MB
d Dial-up Internet connections: How many before and after your order?		
e Dial-up Internet connections: Highest speed before and after your order?		
f Direct connections to the Internet: How many before and after your order?	65	65
g Direct connections to the Internet: Highest speed before and after your order?	45 MB	45 MB
h Internet access (for schools): How many rooms have Internet access before and after your order?		
i Internet access (for libraries): How many buildings have Internet access before and after your order?		
j Internet access: How many computers (or other devices) with Internet access before and after your order?		
k Other technology outcomes: (please specify):		

### Block 4: Discount Calculation Worksheets (pages 3a, 3b, and 3c)

The following 3 pages (3a, 3b, and 3c) are Block 4 worksheets for use in calculating your discount for services. You will complete one or more depending on the type of application you are filing. Each worksheet has instructions.

- If you are filing as a school or a school district, use Worksheet A (page 3a).
- If you are filing as a library (i.e. outlet/branch, system), use Worksheet B (page 3b).
- If you are filing as a consortium, use Worksheet C (page 3c), and include as many Worksheets A and B as you need for back-up documentation.

Entity Number <u>121475</u>	Applicant's Form Identifier <u>200163 ATM 471</u>
Contact Person <u>Andy Wallace</u>	Phone Number <u>207-622-6211</u>

## Block 4: Discount Calculation Worksheet A for Schools/School Districts

Worksheet #A- 1

Page 1 of 1

**Instructions:** If you are filing a School/School District application, use this worksheet to calculate the discount rate for site-specific services and/or to determine the weighted average discount calculations for shared services.

(For Administrator's Use)

**10a If you are:**

- **Applying for discounts ONLY for an individual school, or ONLY site-specific services:** Complete columns 1-7 only for each school. Add and number pages as needed. Then use each school's Entity Number and its discount from Column 7 to complete Block 5 site-specific service to that school.
- **Applying for discounts on services shared by ALL schools in the district (with or without site-specific services as well):** Complete all columns 1-8 for all schools in the district. Then use the Weighted Average Discount in **10c** (below) to complete Block 5 for shared services.
- ✗ **Applying for discounts on different shared services shared by different groups of schools (with or without site-specific services as well):** Complete one worksheet, columns 1-8 PLUS 10c, for EACH different group of schools sharing a service. Designate this worksheet A-1, A-2, A-3, etc.

**10b List entities and calculate discount(s).**

School District Name: MAINE SCHOOL ADMIN 7116 School District Entity Number: 121475

1 Name of Eligible School	2 Entity Number	3 Urban or Rural U or R	4 Total # of Students	5 # of Students Eligible for NSLP	6 % Students Eligible for NSLP (Col. 5 ÷ Col. 4)	7 Discount % from Discount Matrix	8 Weighted Product for Calculating Shared Discount (Col. 4 x Col. 7)
Hall Dale High School	4111	R	395	95	24.05	60%	23700
Hall Dale Middle School	4112	R	258	65	25.19	60%	15498
<b>Totals for calculating Weighted Average Discount</b>			<u>653</u>				<u>39180</u>

**10c Weighted Average Discount % for Shared Services** (Col. 8 total divided by Col. 4 total. Round to nearest %) → 60%

Entity Number 121475 Applicant's Form Identifier 200102 ATM 471  
 Contact Person Andy Wallace Phone Number 207-632-6351

### Block 5: Discount Funding Request(s)

Block 5, page 1 of 1

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 necessary, and number the completed pages to assure that they are all processed correctly.

FRN # \_\_\_\_\_ (to be assigned by administrator)

<b>11 Category of Service</b> (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections	<b>15 Contract Number</b> (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) <u>C</u>
	<b>16 Billing Account Number</b> (e.g., billed telephone number) <u>207-632-6351</u>
<b>12 Form 470 Application Number</b> (15 digits) <u>93924000301535</u>	<b>17 Allowable Vendor Selection/Contract Date</b> (mm/dd/yyyy) (based on Form 470 filing)
<b>13 SPIN - Service Provider Identification Number</b> (9 digits)  <u>143001298</u>	<b>18 Contract Award Date</b> (mm/dd/yyyy) <u>12/01/2000</u>
	<b>19a Service Start Date</b> (mm/dd/yyyy) <u>07/01/2001</u>
	<b>19b Service End Date</b> (mm/dd/yyyy) (use only for "T" or "MTM" services) <u>06/03/2006</u>
<b>14 Service Provider Name</b> <u>New England Tel and Tel. Co.</u>	<b>20 Contract Expiration Date</b> (mm/dd/yyyy) <u>06/30/2006</u>

**21 Description of This Service:** You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.  
 Attachment # 1

**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., A-1): A-1

Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)
<u>2075</u>	<u>0</u>	<u>2075</u>	<u>12</u>	<u>24900</u>				<u>24,900</u>	<u>60</u>	<u>\$14,940</u>

Do not write in this area

Entity Number <u>121475</u>	Applicant's Form Identifier <u>200102 ATM 411</u>
Contact Person <u>Andy Wallace</u>	Phone Number <u>202-622-6311</u>

### Block 6: Certifications and Signature

- 24 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 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 schools, including, but not limited to, elementary and secondary schools, colleges, or universities.
- 25 The eligible schools and libraries listed in Block 4 of this application have secured access to all of the resources, including computers, training, software, maintenance, and electrical connections necessary to make effective use of the services purchased as well as to pay the discounted charges for eligible services.
- 26 All of the schools and libraries or library consortia listed in Block 4 of this application are covered by:
  - a  an individual technology plan for using the services requested in this application; and/or
  - b  higher-level technology plan(s) for using the services requested in this application; or
  - c  no technology plan needed; applying for basic local and long distance telephone service only.
- 27 Status of technology plans (if representing multiple entities with mixed technology plan status, check both a and b):
  - a  technology plan(s) has/have been approved; and/or
  - b  technology plan(s) will be approved by a state or other authorized body; or
  - c  no technology plan needed; applying for basic local and long distance telephone service only.
- 28 I certify that the entities eligible for support that I am representing have complied with all applicable state and local laws regarding procurement of services for which support is being sought.
- 29 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.
- 30 I certify that the entity(ies) I represent has complied with all program rules and I acknowledge that failure to do so may result in denial of discount funding and/or cancellation of funding commitments.
- 31 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 service, receive an appropriate share of benefits from those services.
- 32 I recognize that I may be audited pursuant to this application. I will retain for five years any and all worksheets and other records that I rely upon to fill out this application, and, if audited, will make available to the Administrator such records.
- 33 I certify that I am authorized to submit this request on behalf of the above-named entities, that I have examined this request, and to the best of my knowledge, information, and belief, all statements of fact contained herein are true.

34 Signature of authorized person <u>Lorona Murray</u>	35 Date <u>12/15/00</u>
36 Printed name of authorized person <u>Lorona Murray</u>	
37 Title or position of authorized person <u>Superintendent of Schools</u>	
38 Telephone number of authorized person: <u>(202) 622-6351</u> , ext. _____	
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.	
The Americans with Disabilities Act, the Individuals with Disabilities Education Act and the Rehabilitation Act may impose obligations on entities to make the services purchased with these discounts accessible to and usable by people with disabilities.	

**Bell Atlantic Approximate Transfer Made Cell Relay Service Agreement**

AGREEMENT made this 10<sup>th</sup> day of April, 1998, by and between Bell Atlantic, a New York Corporation having its principal place of business at 10036 and Avenue of the Americas, New York, N.Y. 10036 and Prince School Administrative District (Customer)

1. Customer hereby requests that Bell Atlantic furnish ATM Call Relay Service as set forth in paragraph 6, following.
2. This Agreement applies only to ATM Call Relay Service as set forth in paragraph 6. Other services furnished by Bell Atlantic to the Customer are not covered by this Agreement.
3. Bell Atlantic shall furnish ATM Call Relay Service in accordance with and subject to the terms and conditions set forth in the State of Maine Contract for Special Services "Special Contract for Bell Atlantic Enterprise Approximate Transfer Made Cell Relay Service".
4. Customer agrees to a 60 month service period for Call Relay Service governed by this Agreement.
5. If the Customer, during the term of this Agreement, elects to change any or all of the Call Relay Service Port Connections included in this Agreement to another Bell Atlantic call based data network service, the Termination Liability Charges associated with those Port Connections being changed, is waived.
6. The Customer requests that the following quantities of Call Relay Service be included in this Agreement:

Qty	Description	SR Rate	Monthly Rate
1	60 Month Call Relay Service	45.00	45.00
150	150 Month Call Relay Service		45.00

7 The requested service date is July 1, 1998 - June 30, 1999

**Selected School and Library Contract Provisions**

The rates, terms and conditions set forth in this Agreement for schools and libraries were developed based upon the provision of network access services to a single site. Resale or other use of this network by or to any person not a party to this Agreement for purposes not expressed in this Agreement is prohibited.

**On-Site Utilization:** Networks including the preceding section, individual schools and libraries may make the ATM network available without charge for occasional use by community, civic or non-profit organizations. Individual schools and libraries may occasionally make the ATM network available for local commercial enterprises for limited purposes. Any and all resale of this service is prohibited.

**Off-Site Utilization:** Extension of this network access service beyond the contiguous property of, or buildings occupied by, individual schools or libraries identified in each ATM CMS Service Agreement by any means, direct or indirect, is prohibited. Customer hereby acknowledges that this restriction was a principal factor relied upon by Bell Atlantic in the development of broadly-averaged, flat rate charges for this service. Customer further agrees that in consideration of the discounted rates for ATM CMS in Appendix A, it will not extend the ATM CMS to additional locations or entities not expressly identified in the ATM CMS Service Agreement or permit any unattended use of ATM CMS which has the effect of extending such service beyond the specific sites agreed to by Bell Atlantic. If such extension of service is desired, generally available ATM CMS terms and conditions shall apply.

Nothing in B should be interpreted to prevent remote access by school and library staff, faculty or special needs students, or to prevent access mutually agreed to by the Department and Contractor.

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be signed by their duly authorized representative on the day and year first above written.

BELL ATLANTIC

By Angela Smith  
Title Account Manager  
Company Bell Atlantic  
Tel No 207-298-4292

ELIGIBLE ENTITY

By [Signature]  
Title SALES-MS  
Company State of Maine  
Tel No 207-522-6851

STATE OF MAINE

By [Signature]  
Title ATM Digital Manager  
Company ATM Equipment of America  
Tel No 207-287-5620