

Lucas Public Library  
P. O. Box 278  
Lucas, KS 67648  
July 3, 2001

DOCKET FILE COPY ORIGINAL

Federal Communications Commission  
Office of the Secretary  
445 - 12th Street, S.W.  
Room TW-A325  
Washington, DC 20554

RECEIVED  
JUL 6 2001  
FCC MAIL ROOM

Re: Billed Entity Number: 138093  
471 Application Number: 233968  
CC Docket Nos. 96-45 and 97-21 /

In reference to the letter from Universal Service Administrative Company, Schools and Libraries Division to Lucas Public Library dated June 26, 2001(copy enclosed) we think there must be some error.

The Form 471 which we originally submitted did have Block 5 inadvertently left blank. However, the revised form 471 which we submitted on April 4, 2001 in response to the SLD's rejection letter of March 21, 2001, corrected that problem, and the Block 5, Item 23 (E,H, I and K) were complete.

I am enclosing a copy of the pages in question and also enclosing the SLD's "Decision on Appeal" letter to us dated June 26, 2001. We feel confident we completed every applicable box correctly on the Form 471 submitted with our appeal letter of April 4.

Thank you for your attention to this oversight, which I trust will be corrected by your office.

Sincerely,



Carolyn Ihde,  
Librarian

cc: Schools and Libraries Division  
Box 125 - Correspondence Unit  
80 South Jefferson Road  
Whippany, NJ 07981

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List A B C D E



**Administrator's Decision on Appeal - Funding Year 2001-2002**

June 26, 2001

Carolyn W. Ihde  
Lucas Public Library  
PO Box 278  
Lucas, KS 67648

RECEIVED  
JUL 6 2001  
FCC MAIL ROOM

Re: Billed Entity Number: 138093  
471 Application Number: 233968  
Funding Request Number(s): 3 not assigned  
Your Correspondence Dated: April 9, 2001

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 SLD's Year Four Funding Commitment Decision for the Application Number indicated above. This letter explains the basis of SLD's decision. The date of this letter begins the 30-day time period for appealing this decision to the Federal Communications Commission ("FCC"). If your letter of appeal included more than one Application Number, please note that for each application for which an appeal is submitted, a separate letter is sent.

**Funding Request Number:** 3 not assigned  
**Decision on Appeal:** **Denied in full**  
**Explanation:**

- You have stated on appeal that you had inadvertently neglected to fill in all the boxes on the Form 471 (Block 5, Item 23). You state that you have now completed this missing information and you hope that it is correct.
- After thorough review of your appeal, it was determined from the Form 471 application submitted that Block 5, Item 23 (E, H, I and K), was left blank for all funding requests. This is the reason the application was rejected for Minimum Processing Standards in Funding Year 4. According to program rules the Form 471 is considered to be received when it has the required information necessary to pass Minimum Processing Standards. Since Block 5, Item 23 E, H, I and K was left blank for all funding requests it was returned in accordance with the program rules. Consequently, the SLD will not data enter your funding requests, and your appeal is denied in full.

If you believe there is a basis for further examination of your application, you may file an appeal with the Federal Communications Commission, Office of the Secretary, 445 12<sup>th</sup> Street, SW, Room TW-A325, Washington, DC 20554. Please reference CC Docket Nos. 96-45 and 97-21 on the first page of your appeal. Before preparing and submitting your appeal, please be sure to review the FCC rules concerning the filing of an appeal of an Administrator's Decision, which are posted on the website at <[www.universalservice.org](http://www.universalservice.org)>. **You must file your appeal with the FCC no later than 30 days from the date on this letter for your appeal to be filed in a timely fashion.**

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

Schools and Libraries Division  
Universal Service Administrative Company

Entity Number 138093 Applicant's Form Identifier 44 2001-2002-471  
 Contact Person Carolyn Ebde Phone Number 785-525-6178

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

Block 5, page 1 of 2

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.



11 Category of Service (only ONE category should be checked) <input checked="" type="checkbox"/> Telecommunications Service <input type="checkbox"/> Internet Access <input type="checkbox"/> Internal Connections	15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in instructions) <u>T</u>
	16 Billing Account Number (e.g., billed telephone number) <u>785-525-630544306</u>
12 Form 470 Application Number (15 digits) <u>971630000315830</u>	17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) <u>12/26/2000</u>
13 SPIN - Service Provider Identification Number (9 digits) <u>143002318</u>	18 Contract Award Date (mm/dd/yyyy)
	19a Service Start Date (mm/dd/yyyy) <u>07/01/2000</u>
	19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services) <u>T</u>
14 Service Provider Name <u>Wilson Telephone Co.</u>	20 Contract Expiration Date (mm/dd/yyyy)

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: 138093  
 b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., 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>23.52</u> <u>20.54</u> <u>44.06</u>	<u>0</u>	<u>44.06</u>	<u>12</u>	<u>528.72</u>	<u>N/A</u>		<u>0</u>	<u>528.72</u>	<u>.67</u>	<u>387.74</u>

Entity Number 138093 Applicant's Form Identifier 44 2001-2002-471  
 Contact Person Carelyn Fhds Phone Number 785-525-6178

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

Block 5, page \_\_\_\_\_ of \_\_\_\_\_

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.

<b>11 Category of Service</b> (only ONE category should be checked) <input type="radio"/> Telecommunications Service <input checked="" 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>T</u>
<b>12 Form 470 Application Number</b> (15 digits) <u>971630000315830</u>	<b>16 Billing Account Number</b> (e.g., billed telephone number) <u>785-525-6305/lucas/b</u>	
<b>13 SPIN - Service Provider Identification Number</b> (9 digits) <u>143022497</u>	<b>17 Allowable Vendor Selection/Contract Date</b> (mm/dd/yyyy) (based on Form 470 filing) <u>12-26-2000</u>	
	<b>18 Contract Award Date</b> (mm/dd/yyyy) <u>N/A</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>6/30/2002</u>	
<b>14 Service Provider Name</b> <u>WTCI web</u>	<b>20 Contract Expiration Date</b> (mm/dd/yyyy) <u>06/30/2002</u>	
<b>21 Description of This Service:</b> 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 # <u>2</u>		
<b>22 Entity/Entities Receiving This Service:</b>	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: <u>138093</u> b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., 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)
18.95	0	18.95	12	227.40	0	0	0	227.40	.67	152.36