DOCKET FILE COPY ORIGINAL

Markesan District Schools

Phone (920) 398-2373

July 25, 2001

Markesan, Wisconsin 53946

To: Federal Communications Commission
Office of the Secretary
455 – 12th Street, SW
Room TW-A325
Washington, DC 20554

RECEIVED
JUL 26 2001
FCC MAIL ROOM

From: Russell P. Hirschy
Susan H. Alexander
Markesan District Schools
100 Vista Boulevard, PO Box 248
Markesan, WI 53946

Phone: (920) 398-2373/422
Fax: (920) 398-3281
Email: hirscrus@markesan.k12.wi.us

Re: CC Docket No: 96-45 and 97-21
Fund Year 4 Form 471- Appeal of Rejection of Appeal to SLD Dated June 26, 2001
Billed Entity Number: 133070
471 Application Number: 260560

Response: We were not aware of the new form dated October 2000 when we filled out and sent in form 471. In reviewing the two forms from October 1999 and October 2000, they are nearly identical except for minor changes. In addition, no extra information was requested in the new form.

We did complete the new form and sent it to SLD for appeal, but our appeal was rejected. We are a rural Wisconsin school with limited resources. If we are unable to participate in E-rate, opportunities for Internet access and distance learning will be sharply curtailed.

The error was not intentional and our filing was timely. Please permit us to participate in E-rate funds. Enclosed are copies of the original form October 1999 and the corrected form October 2000 for your consideration.

Thank you for considering our Year 4 Form 471 appeal.

Russell P. Hirschy
Technology Coordinator

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

Susan H. Alexander
District Administrator

471 01-12-01 5100033

FCC Form 471

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FY 04

NEC47101-12-0105100033

Applicant ID: 260560

260560

Approval by OMB
3060-0806

Sch ... ce
Servi ... 471

... ordered and estimate the annual
... s for services.

Please read instructions ... filing this form online) 260560

Applicant's Form Identifier: 1
(Create your own code to identify THIS Form 471)

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.) Markesan School District

2 Funding Year: July 1, 2001 through June 30, 2002 | 3 Entity Number (up to 10 digits) 133070

4a Street Address, P.O. Box, or Route Number: PO Box 248 100 Vista Blvd

City Markesan | State WI | Zip Code 53946 —

b Telephone Number (10 digits + ext.) (920) 3982373 ext. 422

c Fax Number (10 digits) (920) 3983281

d E-mail Address (50 characters max.) hirscrus@markesan.k12.wi.us

5 Type of Applicant
- ☐ 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 branch, or library consortium applying as a library)
- ☐ Consortium
- ☐ Check here if any members of this consortium are ineligible non-governmental entities.

6a Contact Person's Name Russell P Hirschy

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: PO Box 248 100 Vista Blvd

City Markesan | State WI | Zip Code 53946 —

c ☐ Telephone Number (10 digits + ext.) (920) 3982373 ext. 422

d ☐ Fax Number (10 digits) (920) 3983281

e ☒ E-mail Address (50 characters max.) hirscrus@markesan.k12.wi.us

f Holiday/vacation contact information *(optional)*:

Block 2: Minor Modification to Existing Contract?

7 ☐ Check ONLY if this Form 471 represents a minor modification, such as a modification of services, to a contract included in 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 133070 Applicant's Form Identifier A
Contact Person Russell P Hirschy Phone Number (920) 3982373

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 990 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?	80	80
b	High-bandwidth voice/data/video service: How many buildings served before and after your order?	3	2
c	High-bandwidth voice/data/video service: Highest speed to a building before and after your order?		
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?	1	1
g	Direct connections to the Internet: Highest speed before and after your order?	t1	t1
h	Internet access (for schools): How many rooms have Internet access before and after your order?	80	80
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?	280	280
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 applicant you are, the number of sites you represent, and how services will be provided to those sites. Each worksheet has instructions.

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

Entity Number 133070 Applicant's Form Identifier 1
Contact Person Russell P Hirschy Phone Number (920) 3982373

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

Worksheet #A- 1
Page 1
of 1

Instructions: Individual Schools/School Districts use this worksheet to calculate the discount rate for site-specific services and/or to determine the weighted average discount calculations for shared services.

10a Check only one:

- [x] **Applying 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):** Please 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).

1	2	3	4	5	6	7	8
Name of School	Entity Number	Urban or Rural U or R	Total # of Students	# of Students Eligible for NSLP	% Students Eligible for NSLP (Col. 5 ÷ Col. 4)	Discount % from Discount Matrix	Weighted Product for Calculating Shared Discount (Col. 4 x Col. 7)
Markesan High School	120	R	395	36	9%	50%	
District Totals for calculating Weighted Average Discount							

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

Entity Number 133070 Applicant's Form Identifier 1
Contact Person Russell P Hirschy Phone Number (920) 3982373

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

Worksheet #A- 2
Page 1 of 1

Instructions: Individual Schools/School Districts use this worksheet to calculate the discount rate for site-specific services and/or to determine the weighted average discount calculations for shared services.

10a Check only one:

- ☐ **Applying 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):** Please 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).

1 Name of 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)
Markesan High School	120	R	395	36	9%	50%	198
Markesan Elementary	100	R	369	76	21%	60%	221
Markesan Middle School	25	R	226	32	14%	50%	113
District Totals for calculating Weighted Average Discount			990				532

10c Weighted Average Discount % for Shared Services (Col. 8 total divided by Col. 4 total. Round to nearest %) → **54%**

Entity Number 133070 | Applicant's Form Identifier 1
Contact Person Russell P Hirschy | Phone Number (920) 3982373

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.

[redacted]

11	**Category of Service** (only ONE category should be checked) ☑ Telecommunications Service ○ Internet Access ○ Internal Connections	15	**Contract Number** (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in instructions)
		16	**Billing Account Number** (e.g., billed telephone number) 9203982798
12	**Form 470 Application Number** (15 digits) 883730000313104	17	**Allowable Contract Date** (mm/dd/yyyy, based on Form 470 filing) 7/1/2001
13	**SPIN - Service Provider Identification Number** (9 digits) 143011788	18	**Contract Award Date** (mm/dd/yyyy) 7/1/2001
		19	**Service Start Date** (mm/dd/yyyy) 7/1/2001
14	**Service Provider Name** Data Transmission Network	20	**Contract Expiration Date** (mm/dd/yyyy) 6/30/2002

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 # D-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 : 120
b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): _____

23 **Calculations**

Recurring Charges					One-Time 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 (D x C)	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 (J x I)
$0.00	$0.00	$0.00	12	$0.00	$1,005.00	$0.00	$1,005.00	$1,005.00	50%	$502.50

Entity Number 133070 | Applicant's Form Identifier 1
Contact Person Russell P Hirschy | Phone Number (920) 3982373

Block 5: Discount Funding Request(s)

Block 5, page 2 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) ☑ Telecommunications Service ○ Internet Access ○ Internal Connections	15	**Contract Number** (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in instructions)
		16	**Billing Account Number** (e.g., billed telephone number) 9203982373
12	**Form 470 Application Number** (15 digits) 883730000313104	17	**Allowable Contract Date** (mm/dd/yyyy, based on Form 470 filing) 7/1/2001
13	**SPIN - Service Provider Identification Number** (9 digits) 143022671	18	**Contract Award Date** (mm/dd/yyyy) 7/1/2001
		19	**Service Start Date** (mm/dd/yyyy) 7/1/2001
14	**Service Provider Name** CenturyTel	20	**Contract Expiration Date** (mm/dd/yyyy) 6/30/2002

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 # E-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-2

23 **Calculations**

Recurring Charges					One-Time 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 (D x C)	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 (J x I)
$1,050.00	$0.00	$1,050.00	12	$12,600.00	$0.00	$0.00	$0.00	$12,600.00	54%	$6,804.00

Entity Number 133070	**Applicant's Form Identifier** 1
Contact Person Russell P Hirschy	**Phone Number** (920) 3982373

Block 6: Certifications and Signature

24 The applicant is eligible for support because it 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 schools, including, but not limited to, elementary and secondary schools, colleges, or universities.

25 The schools and libraries I represent 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 individual schools, libraries, and library consortia listed in Block 4 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.
- b ☒ technology plan(s) will be approved by a state or other authorized body.
- 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 and will retain for five years any and all worksheets and other records that I rely upon to fill out this application.

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 Russell P Hirschy	35 Date 1/10/2001
36 Printed name of authorized person Russell P Hirschy	
37 Title or position of authorized person Technology Coordinator	
38 Telephone number of authorized person: (920) 3982373 , ext. 422	

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.

Entity Number	133070	**Applicant's Form Identifier**	1
Contact Person	Russell P Hirschy	**Phone Number**	(920) 3982373

NOTICE TO INDIVIDUALS: 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. 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 service 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 or a 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 the information to these agencies through the matching of computer records when authorized.

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 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 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.

Please submit this form to:

SLD-Form 471
P.O. Box 7026
Lawrence, Kansas 66044-7026

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

SLD-Form 471
c/o Ms. Smith
3833 Greenway Drive
Lawrence Kansas 66046
(888) 203-8100

Entity Number	133070	**Applicant's Form Identifier**	1
Contact Person	Russell P Hirschy	**Phone Number**	(920) 3982373

Attachment: D-1

Satellite Agreculture Service

Entity Number	133070	**Applicant's Form Identifier**	1
Contact Person	Russell P Hirschy	**Phone Number**	(920) 3982373

Attachment: E-1

Local and Long distance service