

DOCKET FILE COPY ORIGINAL

Laguna Salada Union School District

375 Reina Del Mar, Pacifica, California 94044 (650) 738-6600 • Fax (650) 557-9672
www.lsusd.k12.ca.us

RECEIVED

JUL 30 2001

FCC MAIL ROOM

July 26, 2001

BOARD OF TRUSTEES

- Avram Frankel
- Julie Lancelle
- Betsy Massie
- Judy Metcalf
- Mike O'Neill

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

Re: Request for Review (Laguna Salada Union Elementary School District) of
 Decision of Universal Service Administrator
 Reference to Docket No.'s 97-21 and 96-45

Letter of Appeal:

The Laguna Salada Union Elementary School District has applied for E-Rate discounts and has been denied by Universal Service Administrative Company Schools and Libraries Division. The School District submitted form 471 on January 17, 2001 within the filing window. When we submitted the form 471, all blocks of the form were included. The district received a letter dated April 23, 2001 from Schools & Libraries Division (SLD) stating that we did not meet the Minimum Processing Standards and our form 471 could not be processed. The original sent back to us was unstapled and missing page 3a. 3b & 3c were not applicable to our school district as they pertain to Libraries and Consortia so we did not send those blank pages to SLD. The copy we have in our files of what was sent to SLD contained page 3a.

We filed a letter of appeal to SLD on April 24, 2001 stating that our form 471 was complete.

Attached are copies of the Form 471, SLD Rejection letter, Laguna Salada's Letter of Appeal and SLD's Decision on Appeal Letter. We hope that you can review all these documents and grant our school district the E-rate Discounts.

Following is our contact information:

Josephine Peterson
 Controller Laguna Salada Union School District
 375 Reina Del Mar,
 Pacifica, Ca 94044
 Fax # = 650-557-9672
 Email: jpeterson@lsusd.k12.ca.us

Please call me if you need additional information or have any questions.

Sincerely,

Josephine Peterson
 Controller
 Laguna Salada Elementary School District

No. of Copies rec'd 0
 LCA/BODE

DISTRICT ADMINISTRATION

Michele Garside, Ph.D.
Superintendent

Directors

James Lianides
Administrative Services

John J. Perry
Human Resource Services

Susan Vickrey
Educational Support Services



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

July 13, 2001

Josephine Peterson
Laguna Salada Union School District
375 Reina Del Mar
Pacifica, CA 94044

Re: Billed Entity Number: 144132
Application Number: 267612
Funding Request Number(s): 4 not assigned
Your Correspondence Dated: April 25, 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: 4 not assigned
Decision on Appeal: **Denied in full**
Explanation:

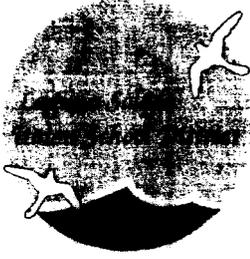
- Your appeal claims that your Form 471 did include all six required Blocks. You have also resubmitted the information. You would like the SLD to reconsider our decision to deny funding for this application.
- Program rules require that the Form 471 include all six Blocks in order to meet the minimum processing standards. Program rules further require that a successfully completed Form 471 must be postmarked no later than January 18th, 2001 in order to be considered within the original window for Funding Year Four. The review of your original submission determined that your Form 471 did not include the required Block 4. Your appeal has failed to bring forward persuasive information that your Form 471 did include all six required Blocks of the Form 471. The corrected Form 471 submitted with your appeal was not postmarked by January 18th, 2001, and is therefore outside the

original Funding Window. Consequently, your application will be not be considered for funding, 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 12th 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>. **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



Laguna Salada Union School District

375 Reina Del Mar, Pacifica, California 94044 (650) 738-6600 • Fax (650) 557-9672
www.lsusd.k12.ca.us

April 25, 2001

8/14 4-27-01

BOARD OF TRUSTEES

Avram Frankel
Julie Lancelle
Betsy Massie
Judy Metcalf
Mike O'Neill

Letter of Appeal
Schools and Libraries Division
Box 125 – Correspondence Unit
80 South Jefferson Road
Whippany, NJ 07981

Re: Laguna Salada Union School District
Entity Number 144132
Form ID LSUSD 2001-2002
Form application number: (was left blank by SLD because form was incomplete)

Letter of Appeal:

I am writing this letter of appeal in response to the Fund Year 4 Form 471 Rejection Letter we received dated April 23, 2001. The letter indicated that the Form 471 submitted was incomplete.

I am enclosing the original Form 471 with Block 1 box 6c checked. In the original filing, we did not check Block 1 box 6c. The instructions in line 6a said to complete only if different from Item 4 above which was misleading to us. We interpreted it to skip the remaining necessary information in Item 6.

In addition, the document sent back to us was missing page 3a which we did submit. We have a copy of what was submitted and 3a was included in our original application. However, we did not submit page 3b and 3c because they were not applicable to us. Based on my phone conversation with Cody at SLD today, I understand that we were required to include all pages.

Following is our contact information:

Josephine Peterson
Controller Laguna Salada Union School District
375 Reina Del Mar,
Pacifica, Ca 94044
Fax # = 650-557-9672
Email: jpeterson@lsusd.k12.ca.us

Please call me if you need additional information or have any questions.

Sincerely,

Josephine Peterson
Controller
Laguna Salada Elementary School District

DISTRICT ADMINISTRATION

Michele Garside, Ph.D.
Superintendent

Directors

James Lianides
Administrative Services

John J. Perry
Human Resource Services

Susan Vickrey
Educational Support Services



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

Fund Year 4 FORM 471-REJECTION LETTER

April 23, 2001

**JOSEPHINE PETERSON
LAGUNA SALADA UNION ELEMENTARY SCHOOL DISTRICT
375 REINA DEL MAR AVE
PACIFICA, CA 94044**

**Re: Applicant's Form Identifier: LSUSD 2001-2002
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:

- **The Form 471 submitted was incomplete. All 6 blocks, pages 1- 5, must be submitted.**

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; 12th 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:

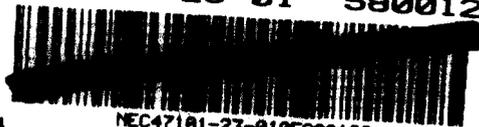
(1) Form 471

*copy 4-25-01
said write letter
of appeal*



**Schools and Libraries Division
Box 125 – Correspondence Unit
80 South Jefferson Road
Whippany, New Jersey 07981**

**LAGUNA SALADA UNION ELEMENTARY SCHOOL DISTRICT
ATTN: JOSEPHINE PETERSON
375 REINA DEL MAR AVE
PACIFICA, CA 94044**



SY 04

NEC47101-23-0105800129

Service

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: LSUSD 2001-2002 (create your own code to identify THIS Form 471)

Form 471 Application # [Redacted]

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.)	Laguna Salada Union Elementary School District		
2	Funding Year: July 1, 2001 through June 30, 2002	3	Entity Number (up to 10 digits)	144132
4a	Street Address, P.O. Box, or Route Number	375 Reina Del Mar Ave		
	City	State	Zip Code	
	Pacifica	Ca	94044	
b	Telephone Number (10 digits + ext.)	(650) 738 - 6613 ext.		
c	Fax Number (10 digits)	650-557-9672		
d	E-mail Address (50 characters max.)	jpeterson@lsusd.k12.ca.us		
5	Type of Application	<input type="checkbox"/>	School (public or non-public school)	
		<input checked="" type="checkbox"/>	School District (LEA; public or non-public (e.g., diocesan) local district representing multiple schools)	
		<input type="checkbox"/>	Library (library (i.e. outlet/branch, system))	
		<input type="checkbox"/>	Consortium <input type="checkbox"/> Check here if any members of this consortium are ineligible non-governmental entities.	

6a Contact Person's Name **Josephine Peterson**

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	<input type="checkbox"/> Street Address, P.O. Box, or Route Number	
	City	State
		Zip Code
c	<input checked="" type="checkbox"/> Telephone Number (10 digits + ext.)	(650) 738 - 6613 ext.
d	<input type="checkbox"/> Fax Number (10 digits)	() -
e	<input checked="" type="checkbox"/> E-mail Address (50 characters max.)	JPETERSON@LSUSD.K12.CA.U.S.
f	Holiday/vacation/summer contact information:	Nelson Sendino

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 144132 Applicant's Form Identifier LSUSD 2001-2002
 Contact Person Josephine Peterson Phone Number 650-738-6613

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 | n/a

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?	22	22
b High-bandwidth voice/data/video service: How many buildings served before and after your order?	45	45
c High-bandwidth voice/data/video service: Highest speed to a building before and after your order?	1.5 MBPS	1.5MBPS
d Dial-up Internet connections: How many before and after your order?	0	0
e Dial-up Internet connections: Highest speed before and after your order?	N/A	N/A
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?	1.5MBPS	1.5MBPS
h Internet access (for schools): How many rooms have Internet access before and after your order?	189	189
i Internet access (for libraries): How many buildings have Internet access before and after your order?	N/A	N/A
j Internet access: How many computers (or other devices) with Internet access before and after your order?	604	644
k Other technology outcomes: (please specify):	N/A	N/A

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 144132 Applicant's Form Identifier LSUSD 2001-2002
 Contact Person Josephine Peterson Phone Number 650-738-6613

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

Worksheet #A- _____

Page _____ of _____

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: Laguna Salada Union School District School District Entity Number: 144132

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)
Cabrillo	107994		570	20	4%	40%	228
Linda Mar	107999		245	53	22%	50%	122.5
Oddstad	108002		340	20	6%	40%	136
Ortega	108001		476	43	9%	40%	190.4
Sharp Park	107989		405	74	18%	40%	162
Vallemar	107996		520	94	6%	40%	208
Pacific Heights	108037		313	94	30%	50%	156.5
San Andreas	222635		368	156	42%	60%	220.8
District Office							
Totals for calculating Weighted Average Discount							1424.2

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



44%

N/A

Entity Number 144132 Applicant's Form Identifier LSUSD 2001-2002
 Contact Person _____ Phone Number 650-738-6661

Block 4: Discount Calculation Worksheet C for Consortia

Worksheet #C- _____
 Page _____ of _____



(For Administrator's Use)

Instructions: If you are filing a Consortium application, use this worksheet to calculate the consortium discount rate based on eligible members' discounts. Provide Worksheets A and/or B for back-up documentation.

10a If you are:

- Applying for discounts **ONLY** on site-specific services:
Complete columns 1-4 only. Add and number pages as needed.
- Applying for discounts on services shared by **ALL** members (with or without site-specific services as well):
Complete columns 1-4 PLUS 10c, below.
- Applying for discounts on different shared services shared by different groups of consortium members:
Complete one worksheet, columns 1-4 PLUS 10c, for EACH different group of entities sharing a service. Designate this worksheet C-1, C-2, C-3, etc.

10b List entities and calculate discount(s).

1	2	3	4
ELIGIBLE MEMBER ENTITIES Name of each school, school district and/or library (i.e. outlet/branch, system) in consortium	ENTITY NUMBER For each entity listed in Column 1		ENTITY DISCOUNT School: Discount from Worksheet A, Column 7 School District: Weighted Average Discount from Worksheet A, Item 10c Library System: Discount from Worksheet B, Item 10c
Totals for calculating Shared Discount			

10c Shared Discount %
 (Col. 4 total divided by # of entities in Col. 1. Round to nearest %)



Entity Number 144132 Applicant's Form Identifier LSUSD 2001-2002
 Contact Person Josephine Peterson Phone Number 650-738-6613

Block 5: Discount Funding Request(s)

Block 5, page 1 of 4

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)

11 Category of Service (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> 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) <i>see attachment</i>
12 Form 470 Application Number (15 digits) 517830000334300	17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 1/12/01
13 SPIN - Service Provider Identification Number (9 digits) 143002665	18 Contract Award Date (mm/dd/yyyy) 1/16/01
	19a Service Start Date (mm/dd/yyyy) 07/01/01
	19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services)
14 Service Provider Name Pacific Bell	20 Contract Expiration Date (mm/dd/yyyy) 11/01/04

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 # attach form 471.xls

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): attach form 471.xls

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)
435.75	0	435.75	12	5229	0	0	0	5229	44%	2300.76

Entity Number 144132 Applicant's Form Identifier LSUSD 2001-2002
 Contact Person Josephine Peterson Phone Number 650-738-6613

Block 5: Discount Funding Request(s)

Block 5, page 2 of 4

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 # [REDACTED]

11 Category of Service (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections	15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) MTM 16 Billing Account Number (e.g., billed telephone number)
12 Form 470 Application Number (15 digits) 517830000334300	17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing)
13 SPIN - Service Provider Identification Number (9 digits) 14300237	18 Contract Award Date (mm/dd/yyyy)
	19a Service Start Date (mm/dd/yyyy) 07/01/01
	19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services) MTM
14 Service Provider Name Pacific Bell Wirelss	20 Contract Expiration Date (mm/dd/yyyy) 11/01/04

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 # attach form 471.xls

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 : _____
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23 Calculations										
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)
746.92	0	746.92	12	8963.04	0	0	0	8963.04	44%	3943.7376

Entity Number 144132 Applicant's Form Identifier LSUSD 2001-2002
 Contact Person Josephine Peterson Phone Number 650-738-6613

Block 5: Discount Funding Request(s)

Block 5, page 3 of 4

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 # _____

11 Category of Service (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections	15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) MTM 16 Billing Account Number (e.g., billed telephone number)
12 Form 470 Application Number (15 digits) 517830000334300	17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing)
13 SPIN - Service Provider Identification Number (9 digits) 143002665	18 Contract Award Date (mm/dd/yyyy) 19a Service Start Date (mm/dd/yyyy) 07/01/01 19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services) MTM
14 Service Provider Name MCI Long Distance	20 Contract Expiration Date (mm/dd/yyyy) 11/01/04
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 # <u>attach form 471.xls</u>
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): <u>attach form 471.xls</u>

23 Calculations										
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)
65.22	0	65.22	12	782.64	0	0	0	782.64	44%	344.3616

Entity Number 144132 Applicant's Form Identifier LSUSD 2001-2002
 Contact Person Josephine Peterson Phone Number 650-738-6613

Block 5: Discount Funding Request(s)

Block 5, page 4 of 4

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)

<p>11 Category of Service (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections</p>	<p>15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) MTM</p> <p>16 Billing Account Number (e.g., billed telephone number)</p>
<p>12 Form 470 Application Number (15 digits) 517830000334300</p>	<p>17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing)</p>
<p>13 SPIN - Service Provider Identification Number 870930800</p>	<p>18 Contract Award Date (mm/dd/yyyy)</p> <p>19a Service Start Date (mm/dd/yyyy) 07/01/01</p> <p>19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services) MTM</p>
<p>14 Service Provider Name Pagenet</p>	<p>20 Contract Expiration Date (mm/dd/yyyy) 11/01/04</p>
<p>21 Description of This Service:</p>	<p>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>attach form 471.xls</u></p>
<p>22 Entity/Entities Receiving This Service:</p>	<p>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 : _____</p> <p>b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): <u>attach form 471.xls</u></p>

23 Calculations										
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)
224.05	0	224.05	12	2688.6	0	0	0	2688.6	44%	1182.984

Do not write in this area

Entity Number 144132 Applicant's Form Identifier LSUSD 2001-2002
Contact Person Josephine Peterson Phone Number 650-738-6613

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 <i>Josephine Peterson</i>	35 Date 01/16/2001
36 Printed name of authorized person Josephine Peterson	
37 Title or position of authorized person Controller	
38 Telephone number of authorized person: (650) 738 - 6613, 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.	

Entity Number	144132	Applicant's Form Identifier	LSUSD 2001-2002
Contact Person	Josephine Peterson	Phone Number	650-738-6613

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**

Voice Circuit (Switched Service) Topography

AA923443998

Billed Telephone Number	Number of Lines	Other Telephone Number	Customer Name	Customer Service Address	City	Class of Service	Pacific Bell Regulated Monthly Service	MCI Long Distance Monthly Service	Bell Wireless Monthly Service	Pagenet Monthly Service
650-355-9621	1	355-9621	LAG SALADA SCH DIST OFC	930 ODDSTAD BL	PACIFICA	1MB	\$10.62			
650-359-7854	3	359-2257	LAGUNA SALADA	367 GLENCOURT WY	PACIFICA	1MB	\$41.18			
650-359-7854	3	359-7471	LAGUNA SALADA	367 GLENCOURT WY	PACIFICA	1MB				
650-359-7854	3	359-7854	LAGUNA SALADA	367 GLENCOURT WY	PACIFICA	1MB				
650-738-0347	1	738-0347	LAGUNA SALADA ELEM	375 REINA DEL MAR AV	PACIFICA	1MB	\$10.34			
650-359-3323	1	359-3323	LAGUNA SALADA ELEM SCH	375 REINA DEL MAR AV	PACIFICA	1ML	\$10.34	14.69		
650-355-2867	1	355-2867	LAGUNA SALADA ELEM SCHL	3791 PACIFIC HEIGHTS BL	SAN BRUNO	1MB	\$10.34			
650-355-0660	1	355-0660	LAGUNA SALADA ELEMNTRY	PALMETTO AV	PACIFICA	1ML	\$10.34			
650-355-4042	2	355-3902	LAGUNA SALADA ELEMNTRY	367 GLENCOURT WY	PACIFICA	1MB	\$21.37			
650-355-4042	2	355-4042	LAGUNA SALADA ELEMNTRY	367 GLENCOURT WY	PACIFICA	1MB				
650-355-4245	1	355-4245	LAGUNA SALADA ELEMNTRY	1427 PALMETTO AV	PACIFICA	1MB	\$9.87			
650-355-4340	2	355-4340	LAGUNA SALADA ELEMNTRY	1427 PALMETTO AV	PACIFICA	1ML	\$11.56			
650-355-5763	1	355-5763	LAGUNA SALADA ELEMNTRY	375 REINA DEL MAR AV	PACIFICA	1MB	\$10.34			
650-355-7171	2	355-5914	LAGUNA SALADA ELEMNTRY	411 OCEANA BL	PACIFICA	1ML	\$19.87	14.69		
650-355-7171	2	355-7171	LAGUNA SALADA ELEMNTRY	411 OCEANA BL	PACIFICA	1ML				
650-355-7190	1	355-7190	LAGUNA SALADA ELEMNTRY	375 REINA DEL MAR AV	PACIFICA	1MB	\$10.62			
650-355-8749	7	355-2408	LAGUNA SALADA ELEMNTRY	375 REINA DEL MAR AV	PACIFICA	1MB	\$70.07			
650-355-8749	7	355-8749	LAGUNA SALADA ELEMNTRY	375 REINA DEL MAR AV	PACIFICA	1MB				
650-355-8749	7	557-0141	LAGUNA SALADA ELEMNTRY	375 REINA DEL MAR AV	PACIFICA	1MB				
650-355-8749	7	557-9634	LAGUNA SALADA ELEMNTRY	375 REINA DEL MAR AV	PACIFICA	1MB				
650-355-8749	7	557-9641	LAGUNA SALADA ELEMNTRY	375 REINA DEL MAR AV	PACIFICA	1MB				
650-355-8749	7	557-9647	LAGUNA SALADA ELEMNTRY	375 REINA DEL MAR AV	PACIFICA	1MB				
650-355-8749	7	557-9672	LAGUNA SALADA ELEMNTRY	375 REINA DEL MAR AV	PACIFICA	1MB				
650-359-0684	2	359-0637	LAGUNA SALADA ELEMNTRY	375 REINA DEL MAR AV	PACIFICA	1MB	\$19.59			
650-359-0684	2	359-0684	LAGUNA SALADA ELEMNTRY	375 REINA DEL MAR AV	PACIFICA	1MB		14.69		
650-359-2476	1	359-2476	LAGUNA SALADA ELEMNTRY	411 OCEANA BL	PACIFICA	1ML	\$10.62			
650-359-2983	1	359-2983	LAGUNA SALADA ELEMNTRY	375 REINA DEL MAR AV	PACIFICA	1ML	\$10.62	14.69		
650-738-2709	6	359-3748	LAGUNA SALADA ELEMNTRY	375 REINA DEL MAR AV	PACIFICA	1MB	\$59.87			
650-738-2709	6	738-2709	LAGUNA SALADA ELEMNTRY	375 REINA DEL MAR AV	PACIFICA	1MB				
650-738-2709	6	738-2804	LAGUNA SALADA ELEMNTRY	375 REINA DEL MAR AV	PACIFICA	1MB				
650-738-2709	6	738-2902	LAGUNA SALADA ELEMNTRY	375 REINA DEL MAR AV	PACIFICA	1MB				
650-738-2709	6	738-2918	LAGUNA SALADA ELEMNTRY	375 REINA DEL MAR AV	PACIFICA	1MB				
650-738-2709	6	738-8040	LAGUNA SALADA ELEMNTRY	375 REINA DEL MAR AV	PACIFICA	1MB				
650-738-2765	1	738-2765	LAGUNA SALADA ELEMNTRY	1427 PALMETTO AV	PACIFICA	1MB	\$10.62			
650-738-2870	1	738-2870	LAGUNA SALADA ELEMNTRY	601 CRESPI DR	PACIFICA	1ML	\$10.34			
650-738-6634	3	738-6634	LAGUNA SALADA USD	375 REINA DEL MAR AV	PACIFICA	25J6X	\$24.05			
650-787-7873	1		LAGUNA SALADA ELEMNTRY	375 REINA DEL MAR AV	PACIFICA				108.37	
650-296-1626	1		LAGUNA SALADA ELEMNTRY	375 REINA DEL MAR AV	PACIFICA				42.21	
415-420-2095	1		LAGUNA SALADA ELEMNTRY	375 REINA DEL MAR AV	PACIFICA				43.42	
650-580-2901	1		LAGUNA SALADA ELEMNTRY	375 REINA DEL MAR AV	PACIFICA				49.35	
650-766-5509	1		LAGUNA SALADA ELEMNTRY	375 REINA DEL MAR AV	PACIFICA					

Voice Circuit (Switched Service) Topography
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Billed Telephone Number	Number of Lines	Other Telephone Number	Customer Name	Customer Service Address	City	Class of Service	Pacific Bell Regulated Monthly Service	MCI Long Distance Monthly Service	Bell Wireless Monthly Service	Pagenet Monthly Service
650-296-4087	1		LAGUNA SALADA ELEMNTRY	375 REINA DEL MAR AV	PACIFICA				47.9	
650-787-8561	1		LAGUNA SALADA ELEMNTRY	375 REINA DEL MAR AV	PACIFICA				40.92	
650-296-4919	1		LAGUNA SALADA ELEMNTRY	375 REINA DEL MAR AV	PACIFICA				40.92	
650-766-2200	1		LAGUNA SALADA ELEMNTRY	375 REINA DEL MAR AV	PACIFICA				47.14	
650-296-4085	1		LAGUNA SALADA ELEMNTRY	375 REINA DEL MAR AV	PACIFICA				24.6	
415-810-3578	1		LAGUNA SALADA ELEMNTRY	375 REINA DEL MAR AV	PACIFICA				40.92	
650-787-6266	1		LAGUNA SALADA ELEMNTRY	375 REINA DEL MAR AV	PACIFICA				43.87	
650-218-0888	1		LAGUNA SALADA ELEMNTRY	375 REINA DEL MAR AV	PACIFICA					
650-296-4086	1		LAGUNA SALADA ELEMNTRY	375 REINA DEL MAR AV	PACIFICA					
415-810-3573	1		LAGUNA SALADA ELEMNTRY	375 REINA DEL MAR AV	PACIFICA				83.66	
650-371-0243	1	650-615-1679	LAGUNA SALADA ELEMNTRY	375 REINA DEL MAR AV	PACIFICA				59.62	
650-579-8226	1		LAGUNA SALADA ELEMNTRY	375 REINA DEL MAR AV	PACIFICA					12.09
650-579-9695	1		LAGUNA SALADA ELEMNTRY	375 REINA DEL MAR AV	PACIFICA					12.09
650-340-5527	1		LAGUNA SALADA ELEMNTRY	375 REINA DEL MAR AV	PACIFICA					12.09
650-635-9835	1		LAGUNA SALADA ELEMNTRY	375 REINA DEL MAR AV	PACIFICA					12.09
650-635-8895	1		LAGUNA SALADA ELEMNTRY	375 REINA DEL MAR AV	PACIFICA					12.09
650-371-4367	1		LAGUNA SALADA ELEMNTRY	375 REINA DEL MAR AV	PACIFICA					10.99
650-371-4834	1		LAGUNA SALADA ELEMNTRY	375 REINA DEL MAR AV	PACIFICA					12.09
650-373-6758	1		LAGUNA SALADA ELEMNTRY	375 REINA DEL MAR AV	PACIFICA					12.09
650-579-8331	1		LAGUNA SALADA ELEMNTRY	375 REINA DEL MAR AV	PACIFICA					14.02
650-371-2785	1	650-599-0851	LAGUNA SALADA ELEMNTRY	375 REINA DEL MAR AV	PACIFICA					14.25
650-371-5128	1		LAGUNA SALADA ELEMNTRY	375 REINA DEL MAR AV	PACIFICA					9.89
650-371-5217	1		LAGUNA SALADA ELEMNTRY	375 REINA DEL MAR AV	PACIFICA					9.89
650-371-8236	1		LAGUNA SALADA ELEMNTRY	375 REINA DEL MAR AV	PACIFICA					12.09
650-371-0747	1	650-579-9813	LAGUNA SALADA ELEMNTRY	375 REINA DEL MAR AV	PACIFICA					20.86
222-065-3169	1	650-340-5576	LAGUNA SALADA ELEMNTRY	375 REINA DEL MAR AV	PACIFICA					13.14
Total Monthly							\$392.57	\$58.76	\$672.90	\$201.85
Monthly plus 11% Tax							\$435.75	\$65.22	\$746.92	\$224.05
Annualized Services							\$5,229.03	\$782.68	\$8,963.03	\$2,688.64