

**SAINT STANISLAUS KOSTKA SCHOOL**

61-17 Grand Avenue  
Maspeth, New York 11378

Phone (718) 326-1585  
Fax (718) 326-1745

**DOCKET FILE COPY ORIGINAL RECEIVED**

Date: August 10, 2001

**AUG 17 2001**

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

**FCC MAIL ROOM**

Re: **FORM 471 CERTIFICATON FORM**  
**RETURN LETTER RECEIVED OUTSIDE OF DUE DATE**  
**FY3 -07/01/2000 - 06/30/2001**  
*DOCKET Nos 96-45 and 97-21*

Contact for the Appellant: Sister Rose Torma  
Saint Stanislaus Kostka School  
61-17 Grand Avenue, Maspeth, N.Y. 11378  
(718) 326-1585  
(718) 326-1746 FAX  
(516) 486-7536 Home Phone

I wish to appeal to the SLD decision not to process the application Form 471 for FY 3. with the following explanation:

The original application submission of Form 471 was mailed on January 14, 2000 and was received by SLD on January 18, 2000 by "Randall Howard." There was a signed Block 6 attached to the application, dated "01/13/2000." I have attached a copy of the original form from the copy that I kept in my file for your review.

On June 30, 2000 when I was notified by USAC that my completed Fund Year 3 Form 471 application was received within the funding window but the completed Block 6: Certification and Signature page for this application had not been received, I was sure that it was an error because when I checked my file, I had a copy of the original signed Block 6. However, to be on the safe side, I signed another Block 6 Certification and sent it to SLC. Since it is our policy to close the school office during the month of July, I did not receive the notice from USAC until the beginning of August when the office reopened. I immediately responded with what I considered a second signed Block 6 Certification and Signature, and dated it "08/09/2000". Unfortunately I did not indicate that it was my understanding that this was a duplicate and that I had a copy of the original, signed Block 6 in my file.

Along with the copy of your letter of July 26, 2001 and an original authorized signature, I am enclosing the copy of the original Form 471 from my file with signed Block 6

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

Certification and Signature page dated January 14, 2000 for your review. Hopefully you will consider my explanation of why there was a delay in responding to your June 30, 2000 in advance of the July 15, 2000 deadline and reinstate our application for funding. If you review my file for all previous communications with USAC you will see that all other submissions were always in compliance with the time restrictions.

In summary:

- It is my understanding that the original Form 471 was submitted with a signed Certification Form when it was originally submitted on January 14, 2000 and received by SLD on January 18, 2000.
- The June 30, 2000 request from USAC for what I considered a **second Certification Form** was not returned by the requested July 15, 2000 because it was not received before the school office closed during July, 2000 for a summer break. It was, however, submitted immediately after the office re-opened in August.

I appreciate it if you would review the enclosed copies of the original Form 471 from my file and reconsider my request for funding for Fund Year 3.

Thank you.



Sister Rose Torma  
Principal



---

Original Authorized Signature

Being sure that the original



**FORM 471 CERTIFICATION FORM - RETURN LETTER  
RECEIVED OUTSIDE OF DUE DATE FOR FY3  
(Funding Year 3: 07/01/2000--6/30/2001)**

July 26, 2001

**Form 471 Application #:**

ROSE TORMA  
ST. STANISLAUS KOSTKA SCHHOOOL  
61-17 GRAND AVENUE  
MASPETH, NY 11378-2826

Dear Applicant:

This letter is your notification that the Fund Year 3, FCC Form 471, *Certification Form* you submitted for the above referenced application was received by the Schools and Libraries Division (SLD) of USAC after the required date of July 15, 2000, 11:59 P.M. E.T. Therefore, we are returning your Form 471 *Certification Form* with this letter, which means that the Schools and Libraries Division (SLD) of USAC will not process any portion of it and the entire application will not be eligible for funding.

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 the date on this letter. In your letter of appeal, please include: correct contact information for the appellant, information on the decision you are appealing, the specific item 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) so that is received within 30 days of the date on this letter. You may send your notice of appeal to: FCC, Office of the Secretary, 445 12th Street, SW; Room TW-A325; Washington, D.C. 20554. Please reference CC Docket Nos. 96-45 and 97-21 on the first page of your appeal.

Thank you for your interest in the Schools and Libraries Program.

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

**Enclosure:**

**(1) FY3 - Form 471 Certification Form**

71C 08-21-00 18700003



NEC71C08-21-0018700003

FY 03

**FCC Form 471**

Services Ordered and Certification Form



Applicant's Form Identifier: 2000-03

Entity Number: 12422

Contact Person: SISTER ROSE TORMA

Phone Number: (718) 326-1585

**Block 6: Certifications and Signature****471 Application Number: 177257****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 school (including, but not limited to) elementary and secondary schools, colleges and universities

**25. The school(s) or library(ies) 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
- c.  no technology plan needed; applying for basic local distance telephone service only

**27. Status of technology plans (if representing multiple entities with mixed tech 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 procurements 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 institution, 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 *Sister Rose Torma* 35. Date *08/09/2000*

36. Printed name of authorized person **SISTER ROSE TORMA**

37. Title or position of authorized person **PRINCIPAL**

38. Telephone number of authorized person **(718) 326-1585**

**471 Application Number: 177257  
ST STANISLAUS KOSTKA SCHOOL  
61-17 GRAND AVENUE  
MASPETH, NY 11378-2826**

**Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.**

NOTICE TO INDIVIDUALS: Section 54.504 of the Federal Communication Commission's rules requires all schools and libraries ordering services that are eligible for and seeking universal service discounts to file this 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 services eligible for universal service discounts must file this form themselves or as part of a consortium.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

The FCC is authorized under the Communications Act of 1934, as amended, to collect the personal information we request in this form. We will use the information you provide to determine whether approving this application is in the public interest. If we believe there may be a violation of potential violation of a FCC statute, regulation, rule or order, your application may be referred to the Federal, state, or local agency responsible for investigating, prosecuting, enforcing or implementing the statute, rule, regulation or order. In certain cases, the information in your application may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government, is a party of a proceeding before the body or has an interest in the proceeding.

If you owe a past due debt to the federal government, the taxpayer identification number (such as your social security number) and other information you provide may also be disclosed to the Department of the Treasury Financial Management Service, other federal agencies and/or your employer to offset your salary, IRS tax refund or other payments to collect that debt. The FCC may also provide this information to these agencies through the matching of computer records when authorized.

With the exception of your social security number, if you do not provide the information we request on the form, the FCC may delay processing of your application or may return your application without action.

The foregoing Notice is required by the Privacy Act of 1974, Pub. L. No. 93-579, December 31, 1974, 5 U.S.C. § 552, and the Paperwork Reduction Act of 1995, Pub. L. No. 104-13, 44 U.S.C. § 3501, et seq.

Public reporting burden for this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing, and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the reporting burden to the Federal Communications Commission, Performance Evaluation and Records Management, Washington, D.C. 20554.

Please submit this form to: **SLD - Form 471  
P.O. Box 7026  
Lawrence, KS 66044-7026  
1-888-203-8100**

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, KS 66046  
1-888-203-8100



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**USAC**  
UNIVERSAL SERVICE  
ADMINISTRATIVE CO.  
Schools and Libraries Division  
Box 125 - Correspondence  
Unit  
80 South Jefferson Road  
Whippany, NJ 07981

*Block 6 Certification and signature missing  
Sorry for the delay. School was closed in July  
for summer recess.  
Sister Rose Torma  
Principal -*

## Fund Year 3 Form 471 Certification

Date: June 30, 2000

SISTER ROSE TORMA  
ST STANISLAUS KOSTKA SCHOOL  
61-17 GRAND AVENUE  
MASPETH, NY 11378 - 2826

Re: Application No.: 177257  
Applicant's Form Identifier: 2000-03  
Date and Time Completed: 1/14/00 15:48:26

Dear Applicant:

This letter is to advise you that we received your completed Fund Year 3 Form 471 application(s), identified above, within the funding window. Unfortunately, we have not received the completed Block 6: Certification and Signature pages for this application(s).

In order for the Schools and Libraries Division of the Universal Service Administration Company to continue processing of your application(s), we must receive the completed certification pages no later than **11:59 PM, July 15, 2000**. If the certification for this application(s) is not received by this date, your application will be denied in full and returned to you. All **original signed** certifications must be completed manually (electronic signatures or faxes are not acceptable) and sent either to:

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

Or. by express delivery services or U.S. Postal Service, Return Receipt Requested to:

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

If you have questions concerning the certification, please contact the Client Service Bureau at (888) 203-8100.

Z 175 916 006



\*\*\*\*\* WELCOME TO \*\*\*\*\*

FLORAL PARK MPD  
FLORAL PARK, NY 11001-9998  
01/14/00 04:42PM

US Postal Service  
**Receipt for Certified Mail**  
No Insurance Coverage Provided.  
Do not use for International Mail (See reverse)

Store USPS Trans 116  
Wks: sys50G4 Cashier KINC6T  
Cashier's Name JUDY  
Stock Unit Id WINDJN  
PO Phone Number 516-354-3297

Sent to	
SLD FORM 471	
Street & Number	
3833 GREENWAY DR	
Post Office, State & ZIP Code	
LAWRENCE, KS 66046	
Postage	\$ 1.43
Certified Fee	1.40
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.25
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 4.08</b>
Postmark or Date	Store: USPS Clerk: KINC6T 01/14/00

PS Form 3800, April 1995

1. First Class 4.08  
Destination: 66046  
Weight: 5.40oz  
Postage Type: PVI  
Total Cost: 4.08  
Base Rate: 1.43  
SERVICES  
Certified Mail 1.40  
Return Receipt 1.25

Subtotal 4.08  
Total 4.08  
Cash 5.08  
Change Due 1.00  
Cash

Number of Items Sold: 1

Thank You  
Please come again!

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

SLD FORM 471  
c/o Ms SMITH  
3833 GREENWAY DRIVE  
LAWRENCE, KANSAS 66046

2. Article Number (Copy from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

JAN 18 2000  
C. Signature: *Randell Howard*  
X  Agent  
 Addressee

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

SAM

3. Service Type

- Certified Mail  Express Mail
- Registered  Return Receipt for Merchandise
- Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

HOME CANCEL SAVE & EXIT HELP

**FCC Form 471**  
Services Ordered and Certification Form



**Applicant's Form Identifier: 2000-03**  
**Contact Person: SISTER ROSE TORMA**

**Entity Number: 12422**  
**Phone Number: (718) 326-1585**

**IMPORTANT**

**Please record this application's information in a secure place for future reference**

**471 Application Number: 177257**  
**Entity Number of Billed Entity (Applicant): 12422**  
**Security Code Number: 8533**

Continue >>

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**FCC Form 471**

Services Ordered and Certification Form



Applicant's Form Identifier: 2000-03

Entity Number: 12422

Contact Person: SISTER ROSE TORMA

Phone Number: (718) 326-1585

**Block 2: Minor Modification to Existing Contract?**

7. THIS ITEM CANNOT BE FILED ONLINE. You may use this item ONLY to inform the fund administrator of Minor Contract Modifications for previously filed Forms 471, and you may do so ONLY through manual filing on paper. Please call 888-203-8100 for specific instructions.

**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 | 270

b. Number of library patrons to be served |

9. The following questions seek summary outcome information based on the service 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. Telephone service (for schools/school districts/consortia only): How many classrooms had phone service before and after your order?	3	3
b. High-bandwidth voice/data/video service: How many buildings served before and after your order?	0	1
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?	1	0
e. Dial-up Internet connections: Highest speed before and after your order?	56K	NONE
f. Direct connections to the Internet: How many before and after your order?	0	1
g. Direct connections to the Internet: Highest speed before and after your order?	NONE	384
h. Internet access(for schools): How many rooms have Internet access before and after your order?	1	26
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?	48	49

HOME CANCEL HELP

**FCC Form 471**

Services Ordered and Certification Form



Applicant's Form Identifier: 2000-03

Entity Number: 12422

Contact Person: SISTER ROSE TORMA

Phone Number: (718) 326-1585

**Block 4, Item 10: Add/Edit Entity**

Type "A" Worksheet No. 173629	
1.	Name of School ST STANISLAUS KOSTKA SCHOOL
2.	Entity Number 12422
3.	Urban or Rural <input checked="" type="radio"/> Urban <input type="radio"/> Rural
4.	Total Number of Students 270
5.	Number of Students Eligible for NSLP 111

Previous Entity

Next Entity

Remove Entity

Reset

Add New Entity

Block 2&amp;3

Display Worksheet

Block 5

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HOME

CANCEL

HELP

# FCC Form 471

Services Ordered and Certification Form



## 471 Block 5 Add New Service - Search Results for Service Provider

For service Type **TELCOMM SERVICES**, select your service provider, then click **Accept**

Select	S.P.I.N	Name	Street	City	State
<input checked="" type="radio"/>	143001359	Bell Atlantic dba New York Tel. Co.	Vall Adams 402 Fayette Street, Lower Level	Conshohocken	PA

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HOME CANCEL HELP

**FCC Form 471**

Services Ordered and Certification Form



Applicant's Form Identifier: 2000-03

Entity Number: 12422

Contact Person: SISTER ROSE TORMA

Phone Number: (718) 326-1585

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

Funding Request Number(FRN): (assigned by Administrator)

11. Category of Service (only ONE category should be checked)

 Telecommunications Service
  Internet Access
  Internal Connections

12	Form 470 Application Number (15 digits)	47553000025278
13	SPIN - Service Provider Identification Number (9 digits)	143001359
14	Service Provider Name	Bell Atlantic dba New York Tel. Co.
15	Contract Number (if available, use "T" if tariffed services, "MTM" if month-to-month contract - see Help file for more details)	T
16	Billing Account Number (e.g. billed telephone number)	(718) 326-1585
17	Allowable Contract Date (from Form 470 referenced in #12 above)	12/15/1999
18	Contract Award Date (mm/dd/yyyy)	12/15/1999
19	Service Start Date (mm/dd/yyyy)	07/01/2000
20	Contract Expiration Date (mm/dd/yyyy)	06/30/2001 MS

21. Description of This Service: You MUST forward a description of this service on paper, including a breakdown of components and costs, plus any relevant brand names. Label this paper description with an Attachment #, and note number here:

Attachment # 1

**22. Entity/Entities Receiving This Service:**

a. If the service is site-specific (provided to one site and not shared by others), select 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, select the worksheet number:

**23. Calculations**

a.	Monthly charges (total amount per month for service)	<input type="text" value="\$180"/>
b.	How much of the amount in (a) is ineligible?	<input type="text" value="0"/>
f.	Annual non-recurring (one-time) charges	<input type="text" value="0"/>
g.	How much of the amount in (f) is ineligible?	<input type="text" value="0"/>

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**FCC Form 471**

Services Ordered and Certification Form



Applicant's Form Identifier: 2000-03

Entity Number: 12422

Contact Person: SISTER ROSE TORMA

Phone Number: (718) 326-1585

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

Funding Request Number(FRN): (assigned by Administrator)

11. Category of Service (only ONE category should be checked)

 Telecommunications Service
  Internet Access
  Internal Connections

12	Form 470 Application Number (15 digits)	47553000025278
13	SPIN - Service Provider Identification Number (9 digits)	143001192
14	Service Provider Name	AT&T Corp.
15	Contract Number (if available, use "T" if tariffed services, "MTM" if month-to-month contract - see Help file for more details)	T
16	Billing Account Number (e.g. billed telephone number)	(718) 326-1585
17	Allowable Contract Date (from Form 470 referenced in #12 above)	12/15/1999
18	Contract Award Date (mm/dd/yyyy)	12/15/1999
19	Service Start Date (mm/dd/yyyy)	07/01/2000
20	Contract Expiration Date (mm/dd/yyyy)	06/30/2001 <i>ACT</i>

21. Description of This Service: You MUST forward a description of this service on paper, including a breakdown of components and costs, plus any relevant brand names. Label this paper description with an Attachment #, and note number here:

Attachment # 2

**22. Entity/Entities Receiving This Service:**

a. If the service is site-specific (provided to one site and not shared by others), select 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, select the worksheet number:

**23. Calculations**

a.	Monthly charges (total amount per month for service)	<input type="text" value="\$16"/>
b.	How much of the amount in (a) is ineligible?	<input type="text" value="0"/>
f.	Annual non-recurring (one-time) charges	<input type="text" value="0"/>
g.	How much of the amount in (f) is ineligible?	<input type="text" value="0"/>

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**FCC Form 471**

Services Ordered and Certification Form



Applicant's Form Identifier: 2000-03

Entity Number: 12422

Contact Person: SISTER ROSE TORMA

Phone Number: (718) 326-1585

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

Funding Request Number(FRN): (assigned by Administrator)

11. Category of Service (only ONE category should be checked)

 Telecommunications Service
  Internet Access
  Internal Connections

12	Form 470 Application Number (15 digits)	47553000025278
13	SPIN - Service Provider Identification Number (9 digits)	143005669
14	Service Provider Name	Impresso, Inc.
15	Contract Number (if available, use "T" if tariffed services, "MTM" if month-to-month contract - see Help file for more details)	"MTM"
16	Billing Account Number (e.g. billed telephone number)	DOBSC461@IMPRESSO.COM
17	Allowable Contract Date (from Form 470 referenced in #12 above)	12/15/1999
18	Contract Award Date (mm/dd/yyyy)	12/15/1999
19	Service Start Date (mm/dd/yyyy)	07/01/2000
20	Contract Expiration Date (mm/dd/yyyy)	06/30/2001 <i>SLD</i>

21. Description of This Service: You MUST forward a description of this service on paper, including a breakdown of components and costs, plus any relevant brand names. Label this paper description with an Attachment #, and note number here:

Attachment # 3

**22. Entity/Entities Receiving This Service:**

a. If the service is site-specific (provided to one site and not shared by others), select 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, select the worksheet number:

**23. Calculations**

a.	Monthly charges (total amount per month for service)	<input type="text" value="\$12"/>
b.	How much of the amount in (a) is ineligible?	<input type="text" value="0"/>
f.	Annual non-recurring (one-time) charges	<input type="text" value="0"/>
g.	How much of the amount in (f) is ineligible?	<input type="text" value="0"/>

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# FCC Form 471

Services Ordered and Certification Form



**Applicant's Form Identifier: 2000-03**

**Entity Number: 12422**

**Contact Person: SISTER ROSE TORMA**

**Phone Number: (718) 326-1585**

## Block 5: Discount Funding Request(s)

**Funding Request Number(FRN): (assigned by Administrator)**

**11. Category of Service (only ONE category should be checked)**

Telecommunications Service  Internet Access  Internal Connections

12	Form 470 Application Number (15 digits)	47553000025278
13	SPIN - Service Provider Identification Number (9 digits)	143016303
14	Service Provider Name	Solar Industrial Corp.
15	Contract Number (if available, use "T" if tariffed services, "MTM" if month-to-month contract - see Help file for more details)	SSKQ-00-3
16	Billing Account Number (e.g. billed telephone number)	N/A <i>LCJ</i>
17	Allowable Contract Date (from Form 470 referenced in #12 above)	12/15/1999
18	Contract Award Date (mm/dd/yyyy)	12/15/1999
19	Service Start Date (mm/dd/yyyy)	07/01/2000
20	Contract Expiration Date (mm/dd/yyyy)	06/30/2001

**21. Description of This Service:** You MUST forward a description of this service on paper, including a breakdown of components and costs, plus any relevant brand names. Label this paper description with an Attachment #, and note number here:

Attachment # 4

**22. Entity/Entities Receiving This Service:**  
 a. If the service is site-specific (provided to one site and not shared by others), select 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, select the worksheet number:

**23. Calculations**

a.	Monthly charges (total amount per month for service)	<input type="text" value="\$585"/>
b.	How much of the amount in (a) is ineligible?	<input type="text" value="0"/>
f.	Annual non-recurring (one-time) charges	<input type="text" value="0"/>
g.	How much of the amount in (f) is ineligible?	<input type="text" value="0"/>

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 Schools and Libraries Division

# FCC Form 471

Services Ordered and Certification Form



Applicant's Form Identifier: 2000-03

Entity Number: 12422

Contact Person: SISTER ROSE TORMA

Phone Number: (718) 326-1585

## Block 5: Discount Funding Request(s)

Funding Request Number(FRN): (assigned by Administrator)

11. Category of Service (only ONE category should be checked)  
 Telecommunications Service  Internet Access  Internal Connections

12	Form 470 Application Number (15 digits)	47553000025278
13	SPIN - Service Provider Identification Number (9 digits)	143016303
14	Service Provider Name	Solar Industrial Corp.
15	Contract Number (if available, use "T" if tariffed services, "MTM" if month-to-month contract - see Help file for more details)	SSKQ-00-2
16	Billing Account Number (e.g. billed telephone number)	N/A
17	Allowable Contract Date (from Form 470 referenced in #12 above)	12/15/1999
18	Contract Award Date (mm/dd/yyyy)	12/15/1999
19	Service Start Date (mm/dd/yyyy)	07/01/2000
20	Contract Expiration Date (mm/dd/yyyy)	06/30/2001

21. Description of This Service: You MUST forward a description of this service on paper, including a breakdown of components and costs, plus any relevant brand names. Label this paper description with an Attachment #, and note number here:

Attachment # 5

**22. Entity/Entities Receiving This Service:**

a. If the service is site-specific (provided to one site and not shared by others), select 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, select the worksheet number:

**23. Calculations**

a.	Monthly charges (total amount per month for service)	<input type="text" value="\$95"/>
b.	How much of the amount in (a) is ineligible?	<input type="text" value="0"/>
f.	Annual non-recurring (one-time) charges	<input type="text" value="\$8,190"/>
g.	How much of the amount in (f) is ineligible?	<input type="text" value="0"/>

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**FCC Form 471**

Services Ordered and Certification Form



Applicant's Form Identifier: 2000-03

Entity Number: 12422

Contact Person: SISTER ROSE TORMA

Phone Number: (718) 326-1585

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

Funding Request Number(FRN): (assigned by Administrator)

11. Category of Service (only ONE category should be checked)

 Telecommunications Service
  Internet Access
  Internal Connections

12	Form 470 Application Number (15 digits)	47553000025278
13	SPIN - Service Provider Identification Number (9 digits)	143016303
14	Service Provider Name	Solar Industrial Corp.
15	Contract Number (if available, use "T" if tariffed services, "MTM" if month-to-month contract - see Help file for more details)	SSKQ-00-1
16	Billing Account Number (e.g. billed telephone number)	N/A <i>SLT</i>
17	Allowable Contract Date (from Form 470 referenced in #12 above)	12/15/1999
18	Contract Award Date (mm/dd/yyyy)	12/15/1999
19	Service Start Date (mm/dd/yyyy)	07/01/2000
20	Contract Expiration Date (mm/dd/yyyy)	06/30/2001

21. Description of This Service: You MUST forward a description of this service on paper, including a breakdown of components and costs, plus any relevant brand names. Label this paper description with an Attachment #, and note number here:

Attachment # 6

**22. Entity/Entities Receiving This Service:**

a. If the service is site-specific (provided to one site and not shared by others), select 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, select the worksheet number:

**23. Calculations**

a.	Monthly charges (total amount per month for service)	<input type="text" value="\$224"/>
b.	How much of the amount in (a) is ineligible?	<input type="text" value="0"/>
f.	Annual non-recurring (one-time) charges	<input type="text" value="0"/>
g.	How much of the amount in (f) is ineligible?	<input type="text" value="0"/>

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# FCC Form 471

Services Ordered and Certification Form



Applicant's Form Identifier: 2000-03

Entity Number: 12422

Contact Person: SISTER ROSE TORMA

Phone Number: (718) 326-1585

## Block 5: Discount Funding Request(s)

Funding Request Number(FRN): (assigned by Administrator)

11. Category of Service (only ONE category should be checked)

Telecommunications Service    Internet Access    Internal Connections

12	Form 470 Application Number (15 digits)	47553000025278
13	SPIN - Service Provider Identification Number (9 digits)	143000891
14	Service Provider Name	Nextel of California, Inc.(formerly Smart SMR of California)
15	Contract Number (if available, use "T" if tariffed services, "MTM" if month-te-month contract - see Help file for more details)	T
16	Billing Account Number (e.g. billed telephone number)	
17	Allowable Contract Date (from Form 470 referenced in #12 above)	12/15/1999
18	Contract Award Date (mm/dd/yyyy)	
19	Service Start Date (mm/dd/yyyy)	07/01/2000
20	Contract Expiration Date (mm/dd/yyyy)	06/30/2001 <i>S.R.</i>

21. Description of This Service: You MUST forward a description of this service on paper, including a breakdown of components and costs, plus any relevant brand names. Label this paper description with an Attachment #, and note number here:

Attachment # 7

**22. Entity/Entities Receiving This Service:**

a. If the service is site-specific (provided to one site and not shared by others), select 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, select the worksheet number:

**23. Calculations**

a.	Monthly charges (total amount per month for service)	<input type="text" value="\$40"/>
b.	How much of the amount in (a) is ineligible?	<input type="text" value="0"/>
f.	Annual non-recurring (one-time) charges	<input type="text" value="0"/>
g.	How much of the amount in (f) is ineligible?	<input type="text" value="0"/>

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**FCC Form 471**

Services Ordered and Certification Form



Applicant's Form Identifier: 2000-03

Entity Number: 12422

Contact Person: SISTER ROSE TORMA

Phone Number: (718) 326-1585

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**Block 5 Display**

FRN: <u>356545</u>	11. Category of Service: TELCOMM SERVICES		12. 470 application Number 475530000252787
13. SPIN: 143001359	14. Service Provider Name: Bell Atlantic dba New York Tel. Co.		
15. Contract Number: 'T'	16. Billing Account Number: (718) 326-1585	17. Allowable Contract Date 12/15/1999	
18. Contract Award Date: 12/15/1999	19. Service Start Date: 07/01/2000	20. Contract Expiration Date 06/30/2001	
21. Attachment #: 1	22. Block 4 Entity Number: 12422		
23a. Monthly Charges: \$180.00	23b. Ineligible monthly amt.: \$0.00	23c. Eligible monthly amt.:	
23d. Number of months of service: 12	23e. Annual pre-discount amount for eligible recurring charges ( 23a x 23d) \$2,160.00		
23f. One-time charges: \$0.00	23g. Ineligible one-time amt: \$0.00		
23h. Annual pre-discount amount for eligible one-time charges ( 23f - 23g): \$0.00			
23i. Total program year pre-discount amount ( 23e + 23h): \$2,160.00		23j. % discount (from Block 5) 0%	
23k. Funding Commitment Request ( 23i x 23j): \$1,296.00			

FRN: <u>356592</u>	11. Category of Service: TELCOMM SERVICES		12. 470 application Number 475530000252787
13. SPIN: 143001359	14. Service Provider Name: Bell Atlantic dba New York Tel. Co.		
15. Contract Number: 'T'	16. Billing Account Number: (718) 326-1585	17. Allowable Contract Date 12/15/1999	
18. Contract Award Date: 12/15/1999	19. Service Start Date: 07/01/2000	20. Contract Expiration Date 06/30/2001	
21. Attachment #: 1	22. Block 4 Entity Number: 12422		
23a. Monthly Charges: \$180.00	23b. Ineligible monthly amt.: \$0.00	23c. Eligible monthly amt.:	
23d. Number of months of service: 12	23e. Annual pre-discount amount for eligible recurring charges ( 23a x 23d) \$2,160.00		
23f. One-time charges: \$0.00	23g. Ineligible one-time amt: \$0.00		
23h. Annual pre-discount amount for eligible one-time charges ( 23f - 23g): \$0.00			
23i. Total program year pre-discount amount ( 23e + 23h): \$2,160.00		23j. % discount (from Block 5) 0%	
23k. Funding Commitment Request ( 23i x 23j): \$1,296.00			

FRN: <u>357260</u>	11. Category of Service: TELCOMM SERVICES		12. 470 application Number 475530000252787
13. SPIN: 143001359	14. Service Provider Name: Bell Atlantic dba New York Tel. Co.		
15. Contract Number: 'T'	16. Billing Account Number: (718) 326-1585	17. Allowable Contract Date 12/15/1999	
18. Contract Award Date: 12/15/1999	19. Service Start Date: 07/01/2000	20. Contract Expiration Date 06/30/2001	
21. Attachment #: 1	22. Block 4 Entity Number: 12422		
23a. Monthly Charges: \$180.00	23b. Ineligible monthly amt.: \$0.00	23c. Eligible monthly amt.:	

23d. Number of months of service: 12	23e. Annual pre-discount amount for eligible recurring charges ( 23f - 23g): \$2,160.00
23f. One-time charges: \$0.00	23g. Ineligible one-time amt: \$0.00
23h. Annual pre-discount amount for eligible one-time charges ( 23f - 23g): \$0.00	
23i. Total program year pre-discount amount ( 23e + 23h): \$2,160.00	23j. % discount (from Block 4): 0.00
23k. Funding Commitment Request ( 23i x 23j): \$1,296.00	

FRN: <u>357358</u>	11. Category of Service: TELCOMM SERVICES	12. 470 application Number: 475530000252787
13. SPIN: 143001192	14. Service Provider Name: AT&T Corp.	
15. Contract Number: 'T'	16. Billing Account Number: (718) 326-1585	17. Allowable Contract Date: 12/15/1999
18. Contract Award Date: 12/15/1999	19. Service Start Date: 07/01/2000	20. Contract Expiration Date: 06/30/2001
21. Attachment #: 2	22. Block 4 Entity Number: 12422	
23a. Monthly Charges: \$16.00	23b. Ineligible monthly amt.: \$0.00	23c. Eligible monthly amt.: \$16.00
23d. Number of months of service: 12	23e. Annual pre-discount amount for eligible recurring charges ( 23f - 23g): \$192.00	
23f. One-time charges: \$0.00	23g. Ineligible one-time amt: \$0.00	
23h. Annual pre-discount amount for eligible one-time charges ( 23f - 23g): \$0.00		
23i. Total program year pre-discount amount ( 23e + 23h): \$192.00	23j. % discount (from Block 4): 0.00	
23k. Funding Commitment Request ( 23i x 23j): \$115.20		

FRN: <u>357486</u>	11. Category of Service: INTERNET ACCESS	12. 470 application Number: 475530000252787
13. SPIN: 143005669	14. Service Provider Name: Impresso, Inc.	
15. Contract Number: 'MTM'	16. Billing Account Number: DOBSC461@IMPRESSO.COM	17. Allowable Contract Date: 12/15/1999
18. Contract Award Date: 12/15/1999	19. Service Start Date: 07/01/2000	20. Contract Expiration Date: 06/30/2001
21. Attachment #: 3	22. Block 4 Entity Number: 12422	
23a. Monthly Charges: \$12.00	23b. Ineligible monthly amt.: \$0.00	23c. Eligible monthly amt.: \$12.00
23d. Number of months of service: 12	23e. Annual pre-discount amount for eligible recurring charges ( 23f - 23g): \$144.00	
23f. One-time charges: \$0.00	23g. Ineligible one-time amt: \$0.00	
23h. Annual pre-discount amount for eligible one-time charges ( 23f - 23g): \$0.00		
23i. Total program year pre-discount amount ( 23e + 23h): \$144.00	23j. % discount (from Block 4): 0.00	
23k. Funding Commitment Request ( 23i x 23j): \$86.40		

FRN: <u>357497</u>	11. Category of Service: INTERNET ACCESS	12. 470 application Number: 475530000252787
13. SPIN: 143005669	14. Service Provider Name: Impresso, Inc.	
15. Contract Number: 'MTM'	16. Billing Account Number: DOBSC461@IMPRESSO.COM	17. Allowable Contract Date: 12/15/1999
18. Contract Award Date: 12/15/1999	19. Service Start Date: 07/01/2000	20. Contract Expiration Date: 06/30/2001
21. Attachment #: 3	22. Block 4 Entity Number: 12422	
23a. Monthly Charges: \$12.00	23b. Ineligible monthly amt.: \$0.00	23c. Eligible monthly amt.: \$12.00
23d. Number of months of service: 12	23e. Annual pre-discount amount for eligible recurring charges ( 23f - 23g): \$144.00	
23f. One-time charges: \$0.00	23g. Ineligible one-time amt: \$0.00	
23h. Annual pre-discount amount for eligible one-time charges ( 23f - 23g): \$0.00		
23i. Total program year pre-discount amount ( 23e + 23h): \$144.00	23j. % discount (from Block 4): 0.00	

**23k. Funding Commitment Request ( 23i x 23j): \$86.40**

FRN: <u>357647</u>	11. Category of Service: INTERNET ACCESS	12. 470 application Number 475530000252787
13. SPIN: 143016303	14. Service Provider Name: Solar Industrial Corp.	
15. Contract Number: 'SSKQ-00-3'	16. Billing Account Number:	17. Allowable Contract Date 12/15/1999
18. Contract Award Date: 12/15/1999	19. Service Start Date: 07/01/2000	20. Contract Expiration Date 06/30/2001
21. Attachment #: 4	22. Block 4 Entity Number: 12422	
23a. Monthly Charges: \$585.00	23b. Ineligible monthly amt.: \$0.00	23c. Eligible monthly amt.:
23d. Number of months of service: 12	23e. Annual pre-discount amount for eligible recurring charges ( 23b + 23c) \$7,020.00	
23f. One-time charges: \$0.00	23g. Ineligible one-time amt: \$0.00	
23h. Annual pre-discount amount for eligible one-time charges ( 23f - 23g): \$0.00		
23i. Total program year pre-discount amount ( 23e + 23h): \$7,020.00		23j. % discount (from Block 4) 1.22%
23k. Funding Commitment Request ( 23i x 23j): \$4,212.00		

FRN: <u>357722</u>	11. Category of Service: INTERNET ACCESS	12. 470 application Number 475530000252787
13. SPIN: 143016303	14. Service Provider Name: Solar Industrial Corp.	
15. Contract Number: 'SSKQ-00-2'	16. Billing Account Number:	17. Allowable Contract Date 12/15/1999
18. Contract Award Date: 12/15/1999	19. Service Start Date: 07/01/2000	20. Contract Expiration Date 06/30/2001
21. Attachment #: 5	22. Block 4 Entity Number: 12422	
23a. Monthly Charges: \$95.00	23b. Ineligible monthly amt.: \$0.00	23c. Eligible monthly amt.:
23d. Number of months of service: 12	23e. Annual pre-discount amount for eligible recurring charges ( 23b + 23c) \$1,140.00	
23f. One-time charges: \$8,190.00	23g. Ineligible one-time amt: \$0.00	
23h. Annual pre-discount amount for eligible one-time charges ( 23f - 23g): \$8,190.00		
23i. Total program year pre-discount amount ( 23e + 23h): \$9,330.00		23j. % discount (from Block 4) 1.22%
23k. Funding Commitment Request ( 23i x 23j): \$5,598.00		

FRN: <u>357835</u>	11. Category of Service: INTERNET ACCESS	12. 470 application Number 475530000252787
13. SPIN: 143016303	14. Service Provider Name: Solar Industrial Corp.	
15. Contract Number: 'SSKQ-00-1'	16. Billing Account Number:	17. Allowable Contract Date 12/15/1999
18. Contract Award Date: 12/15/1999	19. Service Start Date: 07/01/2000	20. Contract Expiration Date 06/30/2001
21. Attachment #: 6	22. Block 4 Entity Number: 12422	
23a. Monthly Charges: \$224.00	23b. Ineligible monthly amt.: \$0.00	23c. Eligible monthly amt.:
23d. Number of months of service: 12	23e. Annual pre-discount amount for eligible recurring charges ( 23b + 23c) \$2,688.00	
23f. One-time charges: \$0.00	23g. Ineligible one-time amt: \$0.00	
23h. Annual pre-discount amount for eligible one-time charges ( 23f - 23g): \$0.00		
23i. Total program year pre-discount amount ( 23e + 23h): \$2,688.00		23j. % discount (from Block 4) 1.22%
23k. Funding Commitment Request ( 23i x 23j): \$1,612.80		

FRN: 357921		11. Category of Service: TELCOMM SERVICES	12. 470 application Number: 475530000252787
13. SPIN: 143000891		14. Service Provider Name: Nextel of California, Inc.(formerly Smart : California)	
15. Contract Number: T		16. Billing Account Number:	17. Allowable Contract Date: 12/15/1999
18. Contract Award Date: 12/15/1999		19. Service Start Date: 07/01/2000	20. Contract Expiration Date: 06/30/2001
21. Attachment #: 7		22. Block 4 Entity Number: 12422	
23a. Monthly Charges: \$40.00		23b. Ineligible monthly amt.: \$0.00	23c. Eligible monthly amt.:
23d. Number of months of service: 12		23e. Annual pre-discount amount for eligible recurring charges ( 23b + 23c): \$480.00	
23f. One-time charges: \$0.00		23g. Ineligible one-time amt: \$0.00	
23h. Annual pre-discount amount for eligible one-time charges ( 23f - 23g): \$0.00			
23i. Total program year pre-discount amount ( 23e + 23h): \$480.00			23j. % discount (from Block 4):
23k. Funding Commitment Request ( 23i x 23j): \$288.00			

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Block 4

Add New Service

Block 6

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**FCC Form 471**

Services Ordered and Certification Form



Applicant's Form Identifier: 2000-03

Entity Number: 12422

Contact Person: SISTER ROSE TORMA

Phone Number: (718) 326-1585

**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 school (including, but not limited to) elementary and secondary schools, colleges and universities.

25. The school(s) or library(ies) 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
- 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 tech 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.

36. Printed name of authorized person

37. Title or position of authorized person

38. Telephone number of authorized person

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act, 47 U.S.C. Secs. 502-503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

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[Reset Form](#)

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**FCC Form 471**

Services Ordered and Certification Form

**Applicant's Form Identifier: 2000-03****Entity Number: 12422****Contact Person: SISTER ROSE TORMA****Phone Number: (718) 326-1585**

**At this point you have filled in all information for the Form 471 application. The final steps in the process are to:**

- a. **Verify a final time that all information is correct in each block you have completed. Use the "Previous" button at the bottom of each screen to review your work.**
- b. **Use your browser to print a copy of each screen in each block. Use the "Previous" and "Next" buttons at the bottom of each screen to move to each block of the Form 471. In each block, click on your browser's "File" button, and select the "Print" option. Please note there are multiple screens for Blocks 4-6.**
- c. **Click the "Next" button at the bottom of this screen to electronically submit your Form 471 to the SLD.**

**IMPORTANT NOTE** by clicking "Next" you are simultaneously releasing your completed application to the SLD for filing, AND viewing a complete version of your Block 6 which must be printed out, signed, and submitted to the SLD (see "d" below). Clicking "Next" will prevent any further changes to the application. Please be sure that you are satisfied that all entries to the application are correct and you are fully authorized to release this form for filing before clicking "Next" on this page.

You must click "Next" on the page for Form 471 electronically. If you do not click "Next" on the Form 471 application, it will be considered incomplete.

- d. **Print out (using your browser), sign, and send in the Block 6 certification page along with the supporting documentation (identified by Attachment # in Block 5, Item 21). Do not mail the complete Form 471. When you print Block 6 using your browser, the form will automatically include your Form 471 Application Number, Applicant Name, and Applicant Address. Item 33 must be signed by the person who will certify to the accuracy of the information on the form. The mailing address is:**

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

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

**SLD - Form 471  
c/o Ms. Smith  
3833 Greenway Drive Lawrence, KS 66046**

Entity Number	12422	Applicant's Form Identifier	2000-03
Contact Person	SISTER ROSE TORMA	Phone Number	(718) 326-1585

### Block 6: Certifications and Signature

*Copy of Original signed Block 6 with a recent original authorized signature 08/13/01*

- 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.

*Sister Rose Torma*

34 Signature	<i>Sister Rose Torma</i>	35 Date	01/13/2000
36 Printed name of authorized person	SISTER ROSE TORMA		
37 Title or position of authorized person	PRINCIPAL		
38 Telephone number of authorized person:	( 788 ) 326 - 1585 , 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