

**Bais Yaakov
of St. Louis**

Bais Yaakov High School of St. Louis

בית יעקב לכו זנלכה באור ד'

*Rebbitzin Tova Greenblatt
Menahelus*

*Dr. John T. Glone
General Studies Principal*

*Board of Directors
Rabbi Chona Muser
President*

*Mrs. Donna Zeffren
Recording Secretary*

*Mrs. Toby Elefant
Mrs. Devorah Edelstein
Rabbi Yaakov Gertzulin
Mr. Stephen Glassman
Mrs. Ellen Notowich
Mrs. Kathy Schwab
Dr. Lester Zeffren
Members*

September 7, 2001

97-211

RE

SEP

FCC

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

RE: NCS Bar Code: NEC.471.01-22-01.05701193

To Whom It May Concern:

Per the directions on the administrator's decision on appeal, I am writing to appeal the decision to reject my original appeal, due to being received more than 30 days after the date that the Funding Commitment Decisions letter was issued.

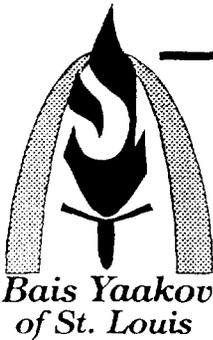
I was on vacation from the end of July until August 16th, and do not remember receiving the original letter before leaving. We are a small school (26 girls, 1 bookkeeper and 1 secretary), and no one handles my correspondence when I'm out of town.

Our original rejection made no sense, as it was based on not having a signature where there is clearly a signature. Please consider accepting this new appeal, as we are a small non-profit school and the funds from the e-rate program were quite helpful to us in past years.

Sincerely,

Patricia Harris

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



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Members*

August 17, 2001

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

RE: CC Docket Nos. 96-45 and 97-21

To Whom It May Concern:

I am appealing our Fund year 4 rejection letter. It was rejected due to the lack of an original ink signature. In looking at the form, filled out by hand, and signed, it is hard to understand how this can be the reason for rejection, since the signature is obviously there! Please advise if there is any reason for this rejection.

Thank you for your assistance.

Sincerely,

Patricia Harris

Bookkeeper,
Bais Yaakov



Fund Year 4 FORM 471-REJECTION LETTER

July 11, 2001

**PAT HARRIS
BAIS YAAKOV HIGH SCHOOL OF ST. LOUIS
700 NORTH & SOUTH RD.
UNIVERSITY CITY, MO 63130**

RECEIVED
SEP 17 2001
FCC MAIL ROOM

Re: Applicant's Form Identifier: 2001
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 does not contain an original ink signature. The signature is a copy, pencil, stamp or blank.**

If you disagree with this decision and you wish to appeal to the SLD, your appeal must be made in writing and received by us within 30 days of issuance of this letter. In your letter of appeal, please include: correct contact information for the appellant, information on the decision you are appealing, the specific Funding Request in question, a copy of this letter and an original authorized signature. Appeals sent by fax, e-mail or phone call cannot be processed. Please mail your appeal to: Letter of Appeal, Schools and Libraries Division, Box 125-Correspondence Unit, 80 South Jefferson Road, Whippany, NJ 07981. You may also call our Client Service Bureau at 888-203-8100. While we encourage you to resolve your appeal with the SLD first, you have the option of filing an appeal directly with the Federal Communications Commission (FCC), by sending your notice of appeal to: FCC, Office of the Secretary, 445 12th Street, SW; 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



FY 04

NEC47101-22-0105701193

Schools and Libraries Universal 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).

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Applicant's Form Identifier: 2001
(Create your own code to identify THIS Form 471)

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

Block 1: Billed Entity Information

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

1 Name of Billed Entity (30 characters max.) Bais Yaakov High School of St. Louis

2 Funding Year: July 1, 2001 through June 30, 2002 3 Entity Number (up to 10 digits) 194967

4a Street Address, P.O. Box, or Route Number
700 North + South Rd.

City University City State MO Zip Code 63130

b Telephone Number (10 digits + ext.) (314) 863-9230 ext.

c Fax Number (10 digits) (314) 863-3856

d E-mail Address (50 characters max.) by-mom@hotmail.com

- 5 Type of Application
- School (public or non-public school)
 - School District (LEA; public or non-public (e.g., diocesan) local district representing multiple schools)
 - Library (library (i.e. outlet/branch, system))
 - Consortium Check here if any members of this consortium are ineligible non-governmental entities.

6a Contact Person's Name Pat Harris

First, fill in every item of the Contact Person's information below that is different from Item 4, above.

Then check the box next to the preferred mode of contact. (At least one box MUST be checked.)

b Street Address, P.O. Box, or Route Number

City _____ State _____ Zip Code _____

c Telephone Number (10 digits + ext.) () - - - - - ext. - - - - -

d Fax Number (10 digits) () - - - - -

e E-mail Address (50 characters max.)

f Holiday/vacation/summer contact information:

Block 2: Minor Modification to Existing Contract?

- 7 Check if this Form 471 represents a minor modification, such as a modification of services, to a Form 471 for which you already have a Receipt Acknowledgement Letter. Provide the data requested below, attach a Description of Services highlighting the modified service, and sign Block 6.

Form 471 Application #: _____ Funding Request Number: _____

Minor modification requests can be filed MANUALLY only. Please see www.sl.universalservice.org for filing instructions.

Entity Number	94967	Applicant's Form Identifier	2001
Contact Person	Pat Harris	Phone Number	(314) 863-9230

Block 3: Impact of Services Ordered in THIS Application

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

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

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

IF THIS APPLICATION INCLUDES...	BEFORE ORDER	AFTER ORDER
a (Schools/districts/consortia only) Telephone service: How many classrooms had phone service before and after your order?	∅	
b High-bandwidth voice/data/video service: How many buildings served before and after your order?	∅	
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	
e Dial-up Internet connections: Highest speed before and after your order?	33,600	56,600
f Direct connections to the Internet: How many before and after your order?	∅	9
g Direct connections to the Internet: Highest speed before and after your order?		56,600
h Internet access (for schools): How many rooms have Internet access before and after your order?	1	2
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?	1	9
k Other technology outcomes: (please specify):		

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

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

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

REC'D
 SEP 17 2002
 FCC

Entity Number 194967 Applicant's Form Identifier 2001
 Contact Person Pat Harris Phone Number 314-853-9230

Block 5: Discount Funding Request(s)

Block 5, page 1 of 2

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.
 Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

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 FEDERAL COMMUNICATIONS COMMISSION

FRN # _____ (to be assigned by administrator)

11 Category of Service (only ONE category should be checked) <input checked="" type="checkbox"/> Telecommunications Service <input type="checkbox"/> Internet Access <input type="checkbox"/> Internal Connections	15 Contract Number (if available, use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) <u>MTM</u>
12 Form 470 Application Number (15 digits) <u>693400000340882</u>	16 Billing Account Number (e.g., billed telephone number)
13 SPIN - Service Provider Identification Number (9 digits) <u>143009164</u>	17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) <u>07/01/2001</u>
14 Service Provider Name <u>Destia/Econophone</u>	18 Contract Award Date (mm/dd/yyyy)
21 Description of This Service: You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. Attachment # <u>1</u>	19a Service Start Date (mm/dd/yyyy) <u>07/01/2001</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): _____	19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services) <u>06/30/2002</u>
23 Calculations	20 Contract Expiration Date (mm/dd/yyyy)

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)
\$40.00	N/A	\$40.00	12	\$480.00						

14/ 11

Entity Number 194967 Applicant's Form Identifier 2001
 Contact Person Pat Harris Phone Number 314-863-9230

Block 5: Discount Funding Request(s)

Block 5, page 2 of 2

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # _____ (to be assigned by administrator)

11 Category of Service (only ONE category should be checked) <input checked="" type="checkbox"/> Telecommunications Service <input type="checkbox"/> Internet Access <input type="checkbox"/> Internal Connections	15 Contract Number (if available, use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) <u>MTM</u>
12 Form 470 Application Number (15 digits) <u>693400600340882</u>	16 Billing Account Number (e.g., billed telephone number) <u>314-863-9230</u>
13 SPIN - Service Provider Identification Number (9 digits) <u>143004662</u>	17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) <u>07/01/2001</u>
	18 Contract Award Date (mm/dd/yyyy)
	19a Service Start Date (mm/dd/yyyy) <u>07/01/2001</u>
	19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services) <u>06/30/2002</u>
14 Service Provider Name <u>Southwestern Bell Telephone</u>	20 Contract Expiration Date (mm/dd/yyyy)

21 Description of This Service: You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.
 Attachment # 2

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): _____

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)
\$230.00	none	\$230.00	12	\$2760.00						

Do not write in this area

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Entity Number 194957 Applicant's Form Identifier 2001
Contact Person Pat Harris Phone Number 314-863-9230

Block 6: Certifications and Signature

- 24 The entities listed in Block 4 of this application are eligible for support because they are: (Check one or both.)
- a schools under the statutory definitions of elementary and secondary schools found in the Elementary and Secondary Education Act of 1965, 20 U.S.C. Secs. 8801(14) and (25), that do not operate as for-profit businesses and do not have endowments exceeding \$50 million; and/or
 - b libraries or library consortia eligible for assistance from a State library administrative agency under the Library Services and Technology Act of 1996 that do not operate as for-profit businesses and whose budgets are completely separate from any schools, including, but not limited to, elementary and secondary schools, colleges, or universities.
- 25 The eligible schools and libraries listed in Block 4 of this application have secured access to all of the resources, including computers, training, software, maintenance, and electrical connections necessary to make effective use of the services purchased as well as to pay the discounted charges for eligible services.
- 26 All of the schools and libraries or library consortia listed in Block 4 of this application are covered by:
- a an individual technology plan for using the services requested in this application; and/or
 - b higher-level technology plan(s) for using the services requested in this application; or
 - c no technology plan needed; applying for basic local and long distance telephone service only.
- 27 Status of technology plans (if representing multiple entities with mixed technology plan status, check both a and b):
- a technology plan(s) has/have been approved; and/or
 - b technology plan(s) will be approved by a state or other authorized body; or
 - c no technology plan needed; applying for basic local and long distance telephone service only.
- 28 I certify that the entities eligible for support that I am representing have complied with all applicable state and local laws regarding procurement of services for which support is being sought.
- 29 I certify that the services the applicant purchases at discounts provided by 47 U.S.C. Sec. 254 will be used solely for educational purposes and will not be sold, resold, or transferred in consideration for money or any other thing of value.
- 30 I certify that the entity(ies) I represent has complied with all program rules and I acknowledge that failure to do so may result in denial of discount funding and/or cancellation of funding commitments.
- 31 I understand that the discount level used for shared services is conditional, for future years, upon ensuring that the most disadvantaged schools and libraries that are treated as sharing in the service, receive an appropriate share of benefits from those services.
- 32 I recognize that I may be audited pursuant to this application. I will retain for five years any and all worksheets and other records that I rely upon to fill out this application, and, if audited, will make available to the Administrator such records.
- 33 I certify that I am authorized to submit this request on behalf of the above-named entities, that I have examined this request, and to the best of my knowledge, information, and belief, all statements of fact contained herein are true.

34 Signature of authorized person <u>Patricia Harris</u>	35 Date <u>1/18/01</u>
36 Printed name of authorized person <u>Patricia Harris</u>	
37 Title or position of authorized person <u>Bookkeeper</u>	
38 Telephone number of authorized person: <u>(314)863-9230, ext.</u>	
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	194967	Applicant's Form Identifier	2001
Contact Person	Pat Harris	Phone Number	314-863-9230

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:

RECEIVED
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**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**

BAIS YAAKOV HIGH SCHOOL OF ST. LOUIS, ENTITY NO. 194967

ATTACHMENT #1

This is our approximate cost for monthly long distance service.

ATTACHMENT #2

This is our approximate cost for normal monthly telephone service.

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SEP 17 2001
FCS MAIL ROOM