

DOCKET FILE COPY ORIGINAL

**Before the
Federal Communications Commission
Washington, DC 20554**

THIS DATE
CANCELLED
O.C.F.C.
OFFICE OF THE SECRETARY

In the Matter of)
Request for Review of)
NEW ALBANY-FLOYD COUNTY)
CONSOLIDATED SCHOOL CORPORATION)
of Decision of Universal Service Administrator)
Under FCC Docket Nos. 97-21 and 96-45)

Billed Entity No. 130549
Application No. 264618
Funding Request No. 671062

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REQUEST FOR REVIEW

FEDERAL COMMUNICATIONS COMMISSION
OFFICE OF THE SECRETARY

New Albany-Floyd County Consolidated School Corporation, pursuant to the procedures adopted in Section 54.721 of the Rules (47 C.F.R. section 54.721), hereby seeks review of the Decision, dated October 1, 2001, of the Universal Service Administrator denying the above-referenced application. In accordance with the requirements of the Rules, the following is submitted:

1. On December 7, 2000, this school corporation filed Form 470, Description of Services Requested and Certification Form, for a Primary Rate Interface. The Universal Service Administrative Company issued a Receipt Notification Letter to this school corporation with an allowable vendor selection date of January 16, 2001.
2. On or about January 12, 2001, a clerk mistakenly sent a quantity of Form 471, Block 6: Certifications and Signature, to the superintendent for his signature. The superintendent both signed and dated each form on January 12th which was in advance of the allowable selection date. The error on the referenced application was not discovered until we received our Funding Commitment Decision Letter stating that the application was Not Funded. The clerk's intent was only to expedite her workload, and there was no intent to violate the twenty-eight (28) day competitive posting period.

No. of Copies rec'd
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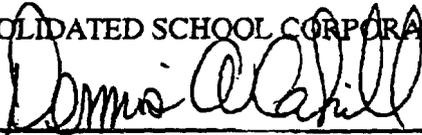
3. The full twenty-eight (28) day posting period was scrupulously followed. The Form 471 for a Primary Rate Interface was completed on January 16, 2001 and mailed to the SLD by Certified Express mail.
4. On July 23, 2001, USAC issued a Funding Commitment Decision Letter denying this school corporation funding for this service.
5. On July 31, 2001, this school corporation filed a Letter of Appeal with the Universal Service Administrator providing the Administrator with the following information in support of our appeal:
 - Exhibit 1 – A corrected Block 6: Certification and Signature page.
 - Exhibit 2 – A memorandum from Ameritech dated January 23, 2001 stating that our request for the Primary Rate Interface had been processed.
 - Exhibit 3 – A copy of the Block 5: Discount Funding Request showing that the correct date of January 16, 2001 was inserted in lines 17 and 18.
 - Exhibit 4 – A photocopy of the Postal Service form 3811 showing that the SLD received our Form 471 on January 18, 2001.
6. On October 1, 2001, the Universal Service Administrator denied our appeal in full stating that our documentation does not verify that the twenty-eight day waiting period was not violated. (Exhibit 5).
7. The petitioner asserts that:
 - The incorrect date is both an unintentional and correctable error. The error should have been noted in the SLD's review process and opportunity given to correct the problem. Submission of a corrected Block 6: Certification and Signature page is an acceptable solution.
 - The four exhibits supplied to the Administrator constitute overwhelming proof that we did not violate the twenty-eight day posting period.
 - In the Letter of Appeal to the Administrator, the petitioner further certified to the SLD that the twenty-eight day posting period was not violated.
8. The Petitioner seek the following relief:
 - De novo review of the petitioner's application for funding, as specified in 47 C.F.R. section 54.723.

- Substitution of the corrected Block 6: Certifications and Signature to make the referenced application acceptable to the fund's Administrator.
- Reverse the Administrator's decision and direct that the referenced application be fully funded for the period beginning July 1, 2001.

Respectfully submitted,

NEW ALBANY-FLOYD COUNTY
CONSOLIDATED SCHOOL CORPORATION

Date: 10-15-01

By: 
Dennis A. Cahill, Superintendent

New Albany-Floyd County Consolidated School Corporation
% Roger Whaley, Director of Technology
2813 Grant Line Road
New Albany, IN 47150
voice: 812/949-4229 fax: 812/949-4231

CERTIFICATE OF SERVICE

I, Kim Bieber, a secretary for the New Albany-Floyd County Consolidated School Corporation, do hereby certify that a copy of the forgoing REQUEST FOR REVIEW was served this Nineteenth day of October, 2001, via first class mail, postage prepaid upon the following:

Fund Administrator
Universal Service Administrative Company
Schools and Libraries Division
Box 125 - Correspondence Unit
100 South Jefferson Road
Whippany, NJ 07981

Kim Bieber



Exhibit 1

| | |
|------------------------------------|--|
| Entity Number <u>130549</u> | Applicant's Form Identifier <u>FRI</u> |
| Contact Person <u>Roger Whaley</u> | Phone Number <u>812/949-4229</u> |

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 | 35 Date <u>January 16, 2001</u> |
| 36 Printed name of authorized person <u>Dr. Dennis A. Cahill</u> | |
| 37 Title or position of authorized person <u>Superintendent</u> | |
| 38 Telephone number of authorized person: <u>(812) 949-4200</u> , 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. | |



General Business Services
Project Management
January 23, 2001

Exhibit 2

Memorandum

TO: Heinz Pedolzky
New Albany Floyd Co Schools
Phone: 812-949-4229

FROM: Patia A. Ellis
Ameritech Project Manager
Fax: 317-974-8991
Phone: 317-265-5034

NUMBER OF PAGES: 2

RE: Project close notification:
Installation of 1 Prime

This memorandum is to confirm completion of your request for the installation of 1 Prime, and redirecting existing analog services to your new Prime service. This service is located at 618 E Market St, New Albany, Indiana.

The bill number for your new service is as follows: 812-R06-6462

The Route Index (RTI), for your DIDs is 514, on Trunk Group Number (TGP) 510. You may need this information in the future for add, moves or changes to this service.

If you are having problems with the Primes, please refer to the attached troubleshooting sheet. Depending on the type of problem that is occurring, please refer to the circuit identification below.

- Circuit Numbers:

| | |
|------------|----------------------------------|
| PIPE | 101 T1ZF NWALINCEH01 NWALIN01DC0 |
| B-Channels | IDZD 250088.001 -.023 |
| D-Channels | DZZD250089.001 |

Any general questions or concerns regarding your account should continue to be directed to your Ameritech Account Manager.

Thank you for giving us the opportunity to serve you. I look forward to working with you again in the future.

Sincerely,

Patia A. Ellis
Ameritech Project Manager

cc: John Widau - Ameritech

Entity Number 130549 Applicant's Form Identifier PBI
 Contact Person Roger Whaley Phone Number (812) 949-4229

Block 5: Discount Funding Request(s)

Block 5, page 1 of 1

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

| | | |
|---|--|--|
| 11 Category of Service (only ONE category should be checked) <input checked="" type="checkbox"/> Telecommunications Service <input type="checkbox"/> Internet Access <input type="checkbox"/> Internal Connections | | 16 Contract Number (If available, use "T" for "T" services, "MTR" for month-to-month services as described in instructions) <u>N001278</u> |
| 12 Form 470 Application Number (15 digits) <u>386380000333322</u> | 16 Billing Account Number (e.g., land telephone number) <u>B12 R06-8482 4330</u> | |
| 13 SPIN - Service Provider Identification Number (8 digits) <u>143004842</u> | 17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) <u>1/18/2001</u> | |
| | 18 Contract Award Date (mm/dd/yyyy) <u>1/16/2001</u> | |
| | 19a Service Start Date (mm/dd/yyyy) <u>7/1/2001</u> | |
| | 19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTR" services) | |
| 14 Service Provider Name <u>Ameritech</u> | 20 Contract Expiration Date (mm/dd/yyyy) <u>6/30/2003</u> | |

21 Description of This Service: You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.
 Attachment # E-1

22 Entity/Entities Receiving This Service:
 a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service: _____
 b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): A-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) |
| \$1,237.00 | \$0.00 | \$1,237.00 | 12 | \$14,844.00 | \$0.00 | \$0.00 | \$0.00 | \$14,844.00 | 66% | \$8,312.64 |

Exhibit 3

EXHIBIT

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY | |
|---|---|----------------------------|
| <ul style="list-style-type: none"> 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. | <p>A. Received by (Please Print Clearly)</p> | <p>B. Date of Delivery</p> |
| <p>1. Article Addressed to:</p> <p>SID-Form 471 c/o Ms. Smith 3833 Greenway Drive Lawrence, Kansas 66046</p> | <p>C. Signature <i>Jan. 18, 01</i></p> <p><i>X</i> <i>Parson Agent</i></p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? If YES, enter delivery address below. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | |
| <p>2. Article Number (Copy from service label)</p> <p><i>E-F081091980US</i></p> | <p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input checked="" type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> | |
| <p>PS Form 3811, July 1999 Domestic Return Receipt 102595-00-14-0952</p> | | |

Exhibit 5

Universal Service Administrative Company
Schools & Libraries Division

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

October 1, 2001

Roger E. Whaley
New Albany-Floyd County Consolidated School Corporation
P. O. Box 1087
New Albany, IN 47151-1087

Re: Billed Entity Number: 130549
471 Application Number: 264618
Funding Request Number(s): 671062
Your Correspondence Dated: July 31, 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: 671062
Decision on Appeal: **Denied in full**
Explanation:

- Your appeal claims that you did not violate the program's required 28-day waiting period. You admit that the Form 471 was signed early, but you claim this was an unintentional and correctable error. You have provided a memo from your vendor indicating that the installation of the service was not completed until January 23, 2001. You would like the SLD to reconsider their decision to funding for this application.
- Your Form 470 (Application Number: 386380000333322) was posted on December 9, 2000. In your Form 470 Receipt Notification Letter, SLD notified you that that the earliest date upon which you could sign and submit your Form 471 was January 16, 2001. Your Form 471 was signed on January 12, 2001. The documentation you submitted in support of your appeal does not verify that the required 28-day waiting

period was not violated. You have not claimed that this Form 471 relates to a different Form 470 other than the Form 470 indicated above. Consequently, SLD denies your appeal because your application did not comply with the competitive bidding requirement that your Form 470 be posted on the website for 28 days prior to your signing and/or submitting your Form 471.

- You signed your Form 471 prior to the expiration of the 28-day posting period. FCC rules require that except under limited circumstances, all Forms 470 received be posted on the website for 28 days, and that applicants carefully consider all bids received before selecting a vendor, entering into an agreement or signing a contract, and signing and submitting a Form 471. See 47 C.F.R. §§ 54.504, 54.511(a), (c). FCC rules further require that the Administrator send the applicant a confirmation when the Form 470 has been posted, and inform the applicant of the date after which the applicant may sign a contract with the vendor it selects. See 47 C.F.R. § 54.504(b)(4). These competitive bidding requirements help ensure that applicants receive the lowest pre-discount price from vendors. See *Federal-State Joint Board on Universal Service*, CC Docket No. 96-45, Order on Reconsideration, 12 FCC Rcd 10095, 10098 ¶ 9 (1997).

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



POST OFFICE TO ADDRESSEE

EK245498467US

STATES POSTAL SERVICE™

Customer Copy



SEE REVERSE SIDE FOR SERVICE GUARANTEE AND INSURANCE COVERAGE LIMITS

FOR POSTAL USE ONLY

| | | |
|---|--|--|
| Code | Day of Delivery <input type="checkbox"/> Next <input type="checkbox"/> Second | Flat Rate Envelope <input type="checkbox"/> |
| Day Year | <input checked="" type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM | Postage \$ 12.45 |
| AM <input type="checkbox"/> PM <input type="checkbox"/> | Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day | Return Receipt Fee |
| Int'l Alpha Country Code | COD Fee | Insurance Fee |
| Acceptance Clerk Initials | Total Postage & Fees \$ 16.62 | |

FOR CUSTOMER USE ONLY

OF PAYMENT:

WAIVER OF SIGNATURE (Domestic Only) Additional merchandise insurance is void if waiver of signature is requested. I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.

NO DELIVERY Weekend Holiday

Customer Signature _____

FROM: (PLEASE PRINT) PHONE (812) 949-4229

Roger Whaley
New Albany-Floyd County Schools
612 E. Market Street
New Albany, IN 47150

TO: (PLEASE PRINT) PHONE ()

Federal Communications Commission
Office of the Secretary
445 N. 12th Street
SW, Room 17-4325
Washington, DC 20554

FOR PICKUP OR TRACKING CALL 1-800-222-1811 www.usps.gov

Label 11-B July 1997

NEW ALBANY MAIN PO
NEW ALBANY, Indiana
471509998
10/19/2001 (812)948-0649 04:27:56 PM

| Sales Receipt | | | |
|---|----------|------------|----------------------------|
| Product Description | Sale Qty | Unit Price | Final Price |
| WASHINGTON DC 20554 Express Mail PO-ADD Serial Number EK245498467US Nextday Noon /Normal Delivery | | | \$12.45 |
| | | Issue PVI: | \$12.45 |
| WHIPPANY NJ 07981 First-Class Return Receipt Certified Label Serial #: 70000600002189016356 | | | \$0.57 \$1.50 \$2.10 |
| | | Issue PVI: | \$4.17 |
| Total: | | | \$16.62 |
| Paid by: | | | |
| Cash | | | \$20.00 |
| Change Due: | | | -\$3.38 |

Bill #: 000400634167
Clerk: 05

Thank you for your business