

Foyil Public Schools

High School Principal
Phone 918-342-1782

Superintendent
Phone 918-341-1113
P.O. Box 49
Foyll, Oklahoma 74031-0049

Elementary Principal
Phone 918-342-3310

December 7, 2001

RECEIVED

JAN 28 2002

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

FCC MAIL ROOM

DOCKET FILE COPY ORIGINAL

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

**APPEAL OF denial of Funding Year 2001-2002
Universal Service Administrative Company
Schools & Libraries Division**

I am hereby appealing the decision of the Schools & Libraries Division to deny e-rate funding to the Foyil Public School District I-007. I have appealed their decision to them and again been denied and therefore following protocol by making this appeal to the FCC.

The reason my application has been denied is not because information was provided improperly, nor because the request for funding were not within the required guidelines. My application was denied because the

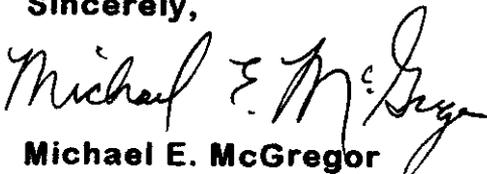
**Forms had the wrong date in the
bottom right hand corner"**

These forms that the Schools & Libraries Division have determined to be improper were

Downloaded from their Website

The bottom line is we are being denied funding by them because they had the wrong forms posted and we were encouraged to use their website. Copies of all submitted forms are included in this mailing.

Sincerely,


Michael E. McGregor

No. of Copies rec'd 0
List ABCDE

**APPEAL TO FEDERAL
COMMUNICATIONS COMMISSION**

**FROM: Michael E. McGregor
Superintendent
Foyil Public Schools**

**Re: Billed Entity Number: 140069
471 Application Number: 267565
Funding Request numbers: 706485, 706487, 706492**

**In the matter of: Request for Review by Michael E. McGregor,
Superintendent, by and for Foyil Public Schools, Foyil,
Oklahoma, Of the decision of Universal Service Administrator.**

Re: FCC Docket Nos. 97-21 and 96-45

**Michael E. McGregor, as Superintendent of Schools, is hereby
acting on the behalf of the Foyil Board of Education and the
Student population of Foyil Public Schools.**

Michael E. McGregor
Dec. 07, 2001

The relevant facts are, that all information was presented as required in the proper manner. The only reason for Foyil's application being rejected is

"The lower right hand corner of all other pages of the Form 471 that was submitted shows September 1999 in the lower right hand corner instead of October 2000. This is the reason the application was rejected for failing Minimum Processing Standards in Funding Year 4."

Why were these incorrect forms used? They were downloaded from the Schools and Libraries Division Website.

They had the wrong forms posted and then we are penalized for using their wrong forms.

The relief being sought is that the appeal is approved and all services requested on our Form 471 be funded as requested.

Michael E. McFey
Dec. 07, 2001



Universal Service Administrative Company
Schools & Libraries Division

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

November 19, 2001

Michael E. McGregor
Foyil Public Schools
P.O. Box 49
Foyil, Oklahoma 74031-0049

Re: Billed Entity Number: 140069
471 Application Number: 267565
Funding Request Number(s): 706485, 706487, 706492
Your Correspondence Dated: August 1, 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: 706485, 706487, 706492

Decision on Appeal: **Denied in full**

Explanation:

- You have stated on appeal that according to the Rejection Letter that you received on July 26, 2001 your Form 471 has been rejected because the form submitted is not the correct OMB-approved FCC Form 471 dated October 2000 in the lower right hand corner of the form. You state that the Form 471 that was used, which was rejected, was obtained from the SLD web site and was printed as a hard copy to complete. You state that this was the only source you had to obtain the forms and that the first page of the downloaded forms does indicate the correct date of October 2000 in the lower right hand corner however, all pages that follow indicate September 1999. You close your appeal by stating that there is no substantial difference in the forms or the information entered other than the date in the lower right hand corner. You request that this decision is reversed and the application is approved as soon as possible. You have included with the appeal-corrected copies of the Form 471 with the October 2000 date in the lower right hand corner of the forms.

- After thorough review of your appeal, it was determined from the Form 471 application submitted that the incorrect OMB-approved FCC Form 471 has been used in Funding Year Four (with exception to page one, Block 1, which was submitted on the correct October 2000 form). The lower right hand corner of all other pages of the Form 471 that was submitted shows September 1999 in the lower right hand corner instead of October 2000. This is the reason the application was rejected for failing Minimum Processing Standards in Funding Year 4. According to program rules the Form 471 is considered to be received when it has the required information necessary to pass Minimum Processing Standards. Since the Form 471 was not submitted entirely on the correct OMB-approved FCC Form 471 for Funding Year 4 (dated October 2000 in the lower right hand corner of the form) it was returned to you in accordance with program rules. It is also noted (with regards to your correct OMB-approved FCC Form 471 dated October 2000 in the lower right hand corner of the form which was included with your appeal), that the Funding Year 4-window deadline for submitting all Form 471 applications was January 18, 2001. Since there are insufficient funds for applications received inside the window for FY4, we are not considering any applications filed outside the window. Consequently, the SLD will not consider this application for funding, and your appeal is denied in full.

If you believe there is a basis for further examination of your application, you may file an appeal with the Federal Communications Commission, Office of the Secretary, 445 12th Street, SW, Room TW-A325, Washington, DC 20554. Please reference CC Docket Nos. 96-45 and 97-21 on the first page of your appeal. Before preparing and submitting your appeal, please be sure to review the FCC rules concerning the filing of an appeal of an Administrator's Decision, which are posted on the website at <www.universalservice.org>. **You must file your appeal with the FCC no later than 30 days from the date on this letter for your appeal to be filed in a timely fashion.**

We thank you for your continued support, patience, and cooperation during the appeal process.

Schools and Libraries Division
Universal Service Administrative Company

Foyil Public Schools

Superintendent

Phone 918-341-1113

P.O. Box 49

Foyil, Oklahoma 74031-0049

High School Principal
Phone 918-342-1782

Elementary Principal
Phone 918-342-3310

August 1, 2001

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

Re: Fund Year 4 Form 471 - Rejection Letter

As per your Rejection Letter dated July 26, 2001, our Form 471 has been rejected for the following reason:

"The Form 471 submitted is not the correct OMB-approved FCC Form 471 dated October 2000 in the lower right-hand corner of the Form."

The Form 471 used, and that you have rejected, was obtained from your internet site and printed as a hard copy to complete. This is the only source we had to obtain forms. The first page of the downloaded forms does indicate in the bottom right hand corner "FCC Form 471-October 2000" however, the pages that follow indicate "FCC Form 471-September 1999." There is no substantial difference in the forms or information other than the date in the lower right hand corner.

My frustration is in that I utilized your web site for my source of forms and now I am being told that I am being rejected because the forms are wrong. I cannot understand what we did incorrect. We are being held responsible for you supplying the wrong forms.

Our appeal request is that this decision is reversed and our application be approved as soon as possible. Copies of the forms we originally obtained from your web site are included as well as corrected copies of the new forms. Without approval of our application the students of our district will be denied needed technology access. I appreciate your consideration and your cooperation in correcting this unfortunate occurrence.

Sincerely,



Michael E. McGregor
Superintendent of Schools

*mailed certified
8-2-01*

ADDITIONAL REQUESTED INFORMATION

Correct Contact Information: Mike McGregor
Foyil Independent School District 7
P. O. Box 49
Foyil, Ok 74031-0049

Tel. # 1-918-341-1113
Fax # 1-918-341-1223

Decision being Appealed: Rejection of Application due to
Wrong form.

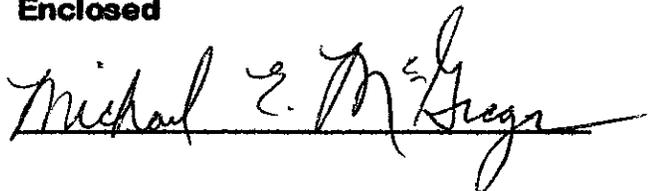
**Specific Funding Request
In Question:**

Entire Application
Rec Tec Net = \$6212.50
Rec Tec Net = \$7739.00
Southwestern Bell Tel. = \$4141.40
Southwestern Bell Tel. = \$5413.75

Copy of Rejection Letter:

Enclosed

**Original Authorized
Signature:**



Michael E. McGregor

**NOTE: I HAVE INCLUDED COPIES OF CORRECTED
FORM 471 THAT WAS SUBMITTED VIA FAX
ON 5-17-01 TO MR. KENNETH SMITH. FAX
COMMUNICATIONS WERE MADE WITH MR.
KENNETH SMITH ON 4-16-01, 4-30-01 AND
5-17-01 WITHOUT ANY REFERENCE TO OUR
APPLICATION BEING ON THE WRONG FORM
AND IN DANAGER OF BEING DENIED.**

CASE # 43161



Universal Service Administrative Company
Schools & Libraries Division

Fund Year 4 FORM 471-REJECTION LETTER

July 26, 2001

MIKE MCGREGOR
FOYIL INDEPENDENT SCHOOL DIST. 7
P.O. BOX 49, 4TH & PINE
FOYIL, OK 74031-0049

Re: **Applicant's Form Identifier: 1-01-471**
 Form 471 Application Number: 267565

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 is not the correct OMB-approved FCC Form 471 dated October 2000 in the lower right-hand corner of the form..**

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

Foyil Public Schools

Superintendent

Phone 918-341-1113

P.O. Box 49

Foyil, Oklahoma 74031-0049

High School Principal
Phone 918-342-1782

Elementary Principal
Phone 918-342-3310

September 17, 2001

United States Representative Brad Carson
403 West First
Suite 300
Claremore, Oklahoma 74017

The Honorable Brad Carson,

I need your help in resolving an issue with the Federal Universal Service Administrative Company, Schools & Library Division (Federal e-rate funding). I have enclosed copies of communications with this Division for your information so that you might understand my problem.

To summarize the position Foyil Public School finds itself in I will explain as briefly as I can. As Superintendent of Schools I completed all forms necessary previous to the deadlines set in order for our school to receive "e-rate" funding for Internet connections and communication charges. In doing so I downloaded forms from the proper web site. I received a rejection letter. The rejection is not based upon unacceptable data or upon our school not qualifying or properly meeting the proper criteria. Our rejection is because the date in the lower right hand corner of the printed out forms is September 1999 instead of October 2000. As I have said previously I downloaded these forms from the proper website.

An examination of the two forms reveals that the information and set up of the forms is almost identical. All necessary information is correctly provided in the same order of request. There were several communications with Mr. Kenneth Smith who is the area representative for our school and at no time was it ever indicated that we should submit new forms due to the forms used not being proper or having the proper date in the lower right hand corner.

I am requesting that you help us in our appeal of the rejection. If we do not receive this funding we will have to cut off all Internet access and service contracts for our students as well as pay for past service since July 1. Our District is not in a position financially to be able to sustain this cost.

Sincerely,

Michael E. McGregor



Foyil Public Schools

Superintendent

High School Principal
Phone 918-342-1782

Phone 918-341-1113
P.O. Box 49

Foyil, Oklahoma 74031-0049

Elementary Principal
Phone 918-342-3310

August 1, 2001

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

Re: Fund Year 4 Form 471 - Rejection Letter

As per your Rejection Letter dated July 26, 2001, our Form 471 has been rejected for the following reason:

"The Form 471 submitted is not the correct OMB-approved FCC Form 471 dated October 2000 in the lower right-hand corner of the Form."

The Form 471 used, and that you have rejected, was obtained from your internet site and printed as a hard copy to complete. This is the only source we had to obtain forms. The first page of the downloaded forms does indicate in the bottom right hand corner "FCC Form 471-October 2000" however, the pages that follow indicate "FCC Form 471-September 1999." There is no substantial difference in the forms or information other than the date in the lower right hand corner.

My frustration is in that I utilized your web site for my source of forms and now I am being told that I am being rejected because the forms are wrong. I cannot understand what we did incorrect. We are being held responsible for you supplying the wrong forms.

Our appeal request is that this decision is reversed and our application be approved as soon as possible. Copies of the forms we originally obtained from your web site are included as well as corrected copies of the new forms. Without approval of our application the students of our district will be denied needed technology access. I appreciate your consideration and your cooperation in correcting this unfortunate occurrence.

Sincerely,



Michael E. McGregor
Superintendent of Schools

*mailed certified
8-2-01*

ADDITIONAL REQUESTED INFORMATION

Correct Contact Information:

**Mike McGregor
Foyil Independent School District 7
P. O. Box 49
Foyil, Ok 74031-0049**

**Tel. # 1-918-341-1113
Fax # 1-918-341-1223**

Decision being Appealed:

**Rejection of Application due to
Wrong form.**

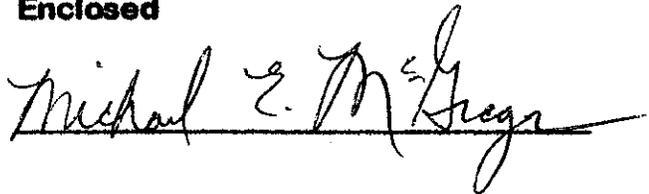
**Specific Funding Request
In Question:**

**Entire Application
Rec Tec Net = \$6212.50
Rec Tec Net = \$7739.00
Southwestern Bell Tel. = \$4141.40
Southwestern Bell Tel. = \$5413.75**

Copy of Rejection Letter:

Enclosed

**Original Authorized
Signature:**

A handwritten signature in black ink that reads "Michael E. McGregor". The signature is written in a cursive style and is positioned above a horizontal line.

**NOTE: I HAVE INCLUDED COPIES OF CORRECTED
FORM 471 THAT WAS SUBMITTED VIA FAX
ON 5-17-01 TO MR. KENNETH SMITH. FAX
COMMUNICATIONS WERE MADE WITH MR.
KENNETH SMITH ON 4-16-01, 4-30-01 AND
5-17-01 WITHOUT ANY REFERENCE TO OUR
APPLICATION BEING ON THE WRONG FORM
AND IN DANAGER OF BEING DENIED.**

CASE # 43161



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

Fund Year 4 FORM 471-REJECTION LETTER

July 26, 2001

**MIKE MCGREGOR
FOYIL INDEPENDENT SCHOOL DIST. 7
P.O. BOX 49, 4TH & PINE
FOYIL, OK 74031-0049**

**Re: Applicant's Form Identifier: 1-01-471
Form 471 Application Number: 267565**

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 is not the correct OMB-approved FCC Form 471 dated October 2000 in the lower right-hand corner of the form..**

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

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)

Applicant's Form Identifier: <u>1-01-471</u> <small>(Create your own code to identify THIS Form 471)</small>	Form 471 Application #: _____ <small>(To be inserted by Fund Administrator)</small>
---	--

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.) <u>FOYIL INDEPENDENT SCHOOL DIST. 7</u>
2	Funding Year: July 1, <u>2001</u> through June 30, <u>2002</u>
3	Entity Number (up to 10 digits) <u>140069</u>
4a	Street Address, P.O. Box, or Route Number <u>P.O. BOX 49</u> <u>4TH & PINE</u>
	City <u>FOYIL</u> State <u>OK</u> Zip Code <u>74031- - 0049</u>
b	Telephone Number (10 digits + ext.) <u>(918) 341 - 1113</u> ext. _____
c	Fax Number (10 digits) <u>(918) 341- - 1223</u>
d	E-mail Address (50 characters max.) <u>M.MCGREGOR@FOYIL.K12.OK.US</u>
5	Type of Application <input type="checkbox"/> School (public or non-public school) <input checked="" type="checkbox"/> School District (LEA; public or non-public (e.g., diocesan) local district representing multiple schools) <input type="checkbox"/> Library (library (i.e. outlet/branch, system)) <input type="checkbox"/> Consortium <input type="checkbox"/> Check here if any members of this consortium are ineligible non-governmental entities.

6a	Contact Person's Name <u>MIKE MCGREGOR</u> <i>First, fill in every item of the Contact Person's information below that is different from Item 4, above.</i> <i>Then check the box next to the preferred mode of contact. (At least one box MUST be checked.)</i>
b	<input type="checkbox"/> Street Address, P.O. Box, or Route Number City _____ State _____ Zip Code _____
c	<input type="checkbox"/> Telephone Number (10 digits + ext.) (____) _____ - _____ ext. _____
d	<input checked="" type="checkbox"/> Fax Number (10 digits) <u>(918) 341- 1223</u>
e	<input type="checkbox"/> E-mail Address (50 characters max.) <u>SAME</u>
f	Holiday/vacation/summer contact information:

Block 2: Minor Modification to Existing Contract?

7	<input type="checkbox"/> 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 140069

Applicant's Form Identifier 1-01-471

Contact Person MIKE MCGREGOR

Phone Number 918-341-1113

Block 3: Impact of Services Ordered in THIS Application

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

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?	6	6
b	High-bandwidth voice/data/video service: How many buildings served before and after your order?	8	8
c	High-bandwidth voice/data/video service: Highest speed to a building before and after your order?	T-1	T-1
d	Dial-up Internet connections: How many before and after your order?		
e	Dial-up Internet connections: Highest speed before and after your order?		
f	Direct connections to the Internet: How many before and after your order?	1	1
g	Direct connections to the Internet: Highest speed before and after your order?	T-1	T-1
h	Internet access (for schools): How many rooms have Internet access before and after your order?	43	43
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?		
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.

Entity Number 140069 Applicant's Form Identifier 1-01-471
 Contact Person MIKE MCGREGOR Phone Number 918-341-1113

Block 5: Discount Funding Request(s)

Block 5, page 1 of 4

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

FRN # _____ (to be assigned by administrator)

11 Category of Service (only ONE category should be checked) <input type="radio"/> Telecommunications Service <input checked="" type="radio"/> Internet Access <input type="radio"/> Internal Connections	15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) <u>MTM</u>
12 Form 470 Application Number (15 digits) <u>509930000309091</u>	16 Billing Account Number (e.g., billed telephone number) <u>918-341-1113</u>
13 SPIN - Service Provider Identification Number (9 digits) <u>143016556</u>	17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) <u>12-28-00</u>
14 Service Provider Name <u>RECTEC NET</u>	18 Contract Award Date (mm/dd/yyyy)
	19a Service Start Date (mm/dd/yyyy) <u>7-1-01</u>
	19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services) <u>6-30-02</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 # 1A

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)
625.0	0	625.0	12	7500.00	1250.00	0	1250.00	8750.00	71%	6212.50

Entity Number 140069
 Contact Person MIKE MCGREGOR

Applicant's Form Identifier 1-01-471
 Phone Number 918-341-1113

Block 5: Discount Funding Request(s)

Block 5, page 2 of 4

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

FRN # _____ (to be assigned by administrator)

11 Category of Service (only ONE category should be checked) <input type="radio"/> Telecommunications Service <input checked="" type="radio"/> Internet Access <input type="radio"/> Internal Connections	15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) MTM 16 Billing Account Number (e.g., billed telephone number) 918-341-1113
12 Form 470 Application Number (15 digits) 509930000309091	17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 12-28-00
13 SPIN - Service Provider Identification Number (9 digits) <p style="text-align: center;">143016556</p>	18 Contract Award Date (mm/dd/yyyy) 19a Service Start Date (mm/dd/yyyy) 7-1-01 19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services) 6-30-02
14 Service Provider Name RECTEC NET	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 # <u>16</u>
22 Entity/Entities Receiving This Service:	a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : _____ b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): <u>A-1</u>

23 Calculations		Recurring Charges			Non-Recurring Charges			Total Charges		
		A	B	C	D	E	F	G	H	I
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)
0	0	0	0	0	10,900	0	10,900	10,900	71%	7739.00

Entity Number 140069 Applicant's Form Identifier 1-01-471
 Contact Person MIKE MCGREGOR Phone Number 918-341-1113

Block 5: Discount Funding Request(s)

Block 5, page 3 of 4

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

FRN # _____ (to be assigned by administrator)

11 Category of Service (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections	15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) MTM
12 Form 470 Application Number (15 digits) <u>509930000309091</u>	16 Billing Account Number (e.g., billed telephone number) <u>918-341-1113</u>
13 SPIN - Service Provider Identification Number (9 digits) <u>143022137</u>	17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) <u>12-28-00</u>
14 Service Provider Name <u>SOUTHWESTERN BELL TELEPHONE</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>1C</u>	19a Service Start Date (mm/dd/yyyy) <u>7-1-01</u>
22 Entity/Entities Receiving This Service: a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : _____ b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): <u>A-1</u>	19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services) <u>6-30-02</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)
468.08	0	468.08	12	5832.96	0	0	0	5832.96	71%	4141.40

Entity Number 140069 Applicant's Form Identifier 1-01-471
 Contact Person MIKE MCGREGOR Phone Number 918-341-1113

Block 5: Discount Funding Request(s)

Block 5, page 4 of 4

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

FRN # _____ (to be assigned by administrator)

11 Category of Service (only ONE category should be checked) <input type="radio"/> Telecommunications Service <input checked="" type="radio"/> Internet Access <input type="radio"/> Internal Connections	15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) MTM
12 Form 470 Application Number (15 digits) <u>509930000309091</u>	16 Billing Account Number (e.g., billed telephone number) <u>918-341-1113</u>
13 SPIN - Service Provider Identification Number (9 digits) <u>143022137</u>	17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) <u>12-28-00</u>
14 Service Provider Name <u>SOUTHWESTERN BELL TELEPHONE</u>	18 Contract Award Date (mm/dd/yyyy)
	19a Service Start Date (mm/dd/yyyy) <u>7-1-01</u>
	19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services) <u>6-30-02</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 # <u>1D</u>	
22 Entity/Entities Receiving This Service: a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : _____ b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): <u>A-1</u>	

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)
635.00	0	635.00	12	7620.00	0	0	0	7620.00	71%	5413.75

Do not write in this area

Entity Number 140069 Applicant's Form Identifier I-01-471
Contact Person MIKE MCGREGOR Phone Number 918-341-1113

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 Michael E. McGregor 35 Date 01-18-01

36 Printed name of authorized person MICHAEL E. MCGREGOR

37 Title or position of authorized person SUPERINTENDENT

38 Telephone number of authorized person: (918) 341-1113, ext. _____

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

The Americans with Disabilities Act, the Individuals with Disabilities Education Act and the Rehabilitation Act may impose obligations on entities to make the services purchased with these discounts accessible to and usable by people with disabilities.

Entity Number 140069 Applicant's Form Identifier 1-01-471
Contact Person MIKE MCGREGOR Phone Number 918-341-1113

NOTICE TO INDIVIDUALS: Section 54.504 of the Federal Communications Commission's rules requires all schools and libraries ordering services that are eligible for and seeking universal service discounts to file this Services Ordered and Certification Form (FCC Form 471) with the Universal Service Administrator, 47 C.F.R. § 54.504. The collection of information stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended, 47 U.S.C. § 254. The data in the report will be used to ensure that schools and libraries comply with the competitive bidding requirement contained in 47 C.F.R. § 54.504. All schools and libraries planning to order service eligible for universal service discounts must file this form themselves or as part of a consortium.

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

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

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

If you do not provide the information we request on the form, the FCC may delay processing of your application or may return your application without action.

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

Public reporting burden for this collection of information is estimated to average 4 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing, and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the reporting burden to the Federal Communications Commission, Performance Evaluation and Records Management, Washington, DC 20554.

Please submit this form to:

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

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

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

*mailed certified
8-2-01*

School
Services

Est

This form asks schools and libraries to list charges for them so that the Fund Administ

NFC47101-23-0105800155
Applicant ID: 267565



267565

e
471

ed and estimate the annual services.

(filing this form online)

Please read instructions before beginning this application.

Applicant's Form Identifier: 1-01-471
(Create your own code to identify THIS Form 471)

Block 1: Billed Entity Information

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

1 Name of Billed Entity (30 characters max.) **FOYIL INDEPENDENT SCHOOL DIST. 7**

2 Funding Year: July 1, 2001 through June 30, 2002 3 Entity Number (up to 10 digits) **140069**

4a Street Address, P.O. Box, or Route Number **P.O. BOX 49**
4TH & PINE

City **FOYIL** State **OK** Zip Code **74031 - 0049**

b Telephone Number (10 digits + ext.) **(918) 341 - 1113** ext. _____

c Fax Number (10 digits) **(918) 341 - 1223**

d E-mail Address (50 characters max.) **M.MCGREGOR@FOYIL.K12.OK.US**

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 **MIKE MCGREGOR**
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) **(918) 341 - 1223**

e E-mail Address (50 characters max.) **SAME**

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.

43161

Entity Number 140069 Applicant's Form Identifier 1-01-471
 Contact Person MIKE MCGREGOR Phone Number 918-341-1113

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?	6	6
b	High-bandwidth voice/data/video service: How many buildings served before and after your order?	8	8
c	High-bandwidth voice/data/video service: Highest speed to a building before and after your order?	T-1	T-1
d	Dial-up Internet connections: How many before and after your order?		
e	Dial-up Internet connections: Highest speed before and after your order?		
f	Direct connections to the Internet: How many before and after your order?	1	1
g	Direct connections to the Internet: Highest speed before and after your order?	T-1	T-1
h	Internet access (for schools): How many rooms have Internet access before and after your order?	43	43
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?		
k	Other technology outcomes: (please specify):		

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

The following 3 pages (3a, 3b, and 3c) are Block 4 worksheets for use in calculating your discount for services. You will complete one or more depending on the type of applicant you are, the number of sites you represent, and how services will be provided to those sites. Each worksheet has instructions.

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

Entity Number	140069	Applicant's Form Identifier	1-01-471
Contact Person	MIKE MCGREGOR	Phone Number	918-341-1113

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

Worksheet #A- _____
 Page _____
 of _____

↑

33843

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

10a Check only one:

- Applying ONLY for an individual school, or ONLY site-specific services: Complete columns 1-7 only for each school. Add and number pages as needed. Then use each school's Entity Number and its discount from Column 7 to complete Block 5 site-specific service to that school.
- Applying for discounts on services shared by ALL schools in the district (with or without site-specific services as well): Complete all columns 1-8 for all schools in the district. Then use the Weighted Average Discount in 10c (below) to complete Block 5 for shared services.
- Applying for discounts on different shared services shared by different groups of schools (with or without site-specific services as well): Please complete one worksheet, columns 1-8 PLUS 10c, for EACH different group of schools sharing a service. Designate this worksheet A-1, A-2, A-3, etc.

10b List entities and calculate discount(s).

1	2	3	4	5	6	7	8
Name of School	Entity Number	Urban or Rural U or R	Total # of Students	# of Students Eligible for NSLP	% Students Eligible for NSLP (Col. 5 + Col. 4)	Discount % from Discount Matrix	Weighted Product for Calculating Shared Discount (Col. 4 x Col. 7)
FOYIL ELEMENTARY	140069 84477	R	364	178	48.901 48.9	70	254 254.90
FOYIL JR. HIGH	140069 192028	R	154	79	51.298 51.29	80	123.2
FOYIL HIGH SCHOOL	140069 84478	R	115	48	41.739 41.74	80	80.5 69
District Totals for calculating Weighted Average Discount			633				457.7 457

10c Weighted Average Discount % for Shared Services (Col. 8 total divided by Col. 4 total. Round to nearest %) → 72% (71%)

KS, KS, OK, MS 2/23

Entity Number 140069 Applicant's Form Identifier 1-01-471
 Contact Person MIKE MCGREGOR Phone Number 918-341-1113

Block 5: Discount Funding Request(s)

Block 5, page 1 of 4

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

FRN # 108483 (to be assigned by administrator)

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

15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in instructions) MTM

16 Billing Account Number (e.g., billed telephone number) 918-341-1113

12 Form 470 Application Number (15 digits) 509930000309091

17 Allowable Contract Date (mm/dd/yyyy, based on Form 470 filing) 12-28-00 ✓

13 SPIN - Service Provider Identification Number (9 digits) 143016556

18 Contract Award Date (mm/dd/yyyy) 01-17-01

19^A Service Start Date (mm/dd/yyyy) 07-01-01 + 1961 6-30-2002

14 Service Provider Name REC TEC NET

20 Contract Expiration Date (mm/dd/yyyy) 06-30-02

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 # 1A

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					One-Time Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (D x C)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (J x I)
625.00	0	625.00	12	7500.00	1250.00	0	1250.00	8750.00	<u>71%</u> <u>72%</u>	<u>6212.50</u> <u>6300.00</u>

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5/17/01
4/30/01

Entity Number 140069 Applicant's Form Identifier 1-01-471
 Contact Person MIKE MCGREGOR Phone Number 918-341-1113

Block 5: Discount Funding Request(s)

Block 5, page 2 of 4

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

FRN # 706987 (to be assigned by administrator)

11 Category of Service (only ONE category should be checked)
 Telecommunications Service Internet Access Internal Connections
 15 Contract Number (if available, use "T" if tariffed services, "MTM" if month-to-month services as described in instructions) MTM
 16 Billing Account Number (e.g., billed telephone number) 9183411113

12 Form 470 Application Number (15 digits) 509930000309091
 17 Allowable Contract Date (mm/dd/yyyy, based on Form 470 filing) 12-28-00

13 SPIN - Service Provider Identification Number (9 digits) 143016556
 18 Contract Award Date (mm/dd/yyyy) 01-17-01
 19 Service Start Date (mm/dd/yyyy) 07-01-01 | 196 | 6-30-2002

14 Service Provider Name REC TEC NET
 20 Contract Expiration Date (mm/dd/yyyy) 06-30-02

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 # 16

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

23 Calculations										
Recurring Charges					One-Time Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (D x C)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (J x I)
0	0	0	0	0	10,900	0	10,900	10,900	71%	7739.00

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4/30/02

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5/15/02

Entity Number 140069 Applicant's Form Identifier 1-01-471
 Contact Person MIKE MCGREGOR Phone Number 918-341-1113

Block 5: Discount Funding Request(s)

Block 5, page 3 of 4

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

FRN # (to be assigned by administrator)

11 Category of Service (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections	15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in instructions) <u>MTM</u>
12 Form 470 Application Number (15 digits) <u>509930000309091</u>	16 Billing Account Number (e.g., billed telephone number) <u>9183411113</u>
13 SPIN - Service Provider Identification Number (9 digits) <u>143022137</u>	17 Allowable Contract Date (mm/dd/yyyy, based on Form 470 filing) <u>12-28-00</u>
14 Service Provider Name <u>SOUTHWESTERN BELL TELEPHONE</u>	18 Contract Award Date (mm/dd/yyyy) <u>01-17-01</u>
	19 Service Start Date (mm/dd/yyyy) <u>07-01-01</u> <u>196</u> <u>6-30-2007</u>
	20 Contract Expiration Date (mm/dd/yyyy) <u>06-30-02</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 # 1C

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					One-Time Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (D x C)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (J x I)
468.08	0	468.08	12	5832.96	0	0	0	5832.96	7190 72%	4141.86 4799.73

Use 0
not -

KS 4/30/01

Block 5: Discount Funding Request(s) Block 5, page 4 of 4

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

FRN # _____ (to be assigned by administrator)

11 Category of Service (only ONE category should be checked) <input type="radio"/> Telecommunications Service <input checked="" type="radio"/> Internet Access <input type="radio"/> Internal Connections	15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in instructions) MTM
12 Form 470 Application Number (15 digits)	16 Billing Account Number (e.g., billed telephone number) 9183411113
13 SPIN - Service Provider Identification Number (9 digits) 143022137	17 Allowable Contract Date (mm/dd/yyyy, based on Form 470 filing) 12-28-00
14 Service Provider Name SOUTHWESTERN BELL TELEPHONE	18 Contract Award Date (mm/dd/yyyy) 01-12-01
	19 Service Start Date (mm/dd/yyyy) 07-01-01 (lab 6-30-2002)
	20 Contract Expiration Date (mm/dd/yyyy) 06-30-02

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 # 1D

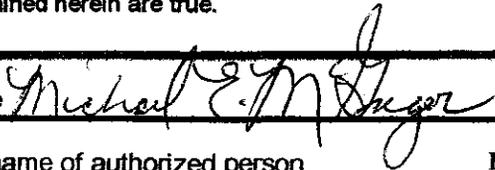
22 Entity/Entities Receiving This Service:
a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : _____
b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number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

Recurring Charges				One-Time Charges			Total Charges			
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (D x C)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (J x I)
635.00	0	635.00	12	7620.00	⊖	⊖	⊖	7625.00	71.0% 72%	5413.75 5486.40

Use 0 → KS 5/17/01 KS 4/30/01

Block 6: Certifications and Signature

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

34 Signature 	35 Date <u>01-18-01</u>
36 Printed name of authorized person <u>MICHAEL E. MCGREGOR</u>	
37 Title or position of authorized person <u>SUPERINTENDENT</u>	
38 Telephone number of authorized person: (<u>918</u>) <u>341</u> - <u>1113</u> , ext. <u> </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.	

Entity Number	140069	Applicant's Form Identifier	1-01-471
Contact Person	MIKE MCGREGOR	Phone Number	918-341-1113

NOTICE TO INDIVIDUALS: Section 54.504 of the Federal Communications Commission's rules requires all schools and libraries ordering services that are eligible for and seeking universal service discounts to file this Services Ordered and Certification Form (FCC Form 471) with the Universal Service Administrator, 47 C.F.R. § 54.504. The collection of information stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended, 47 U.S.C. § 254. The data in the report will be used to ensure that schools and libraries comply with the competitive bidding requirement contained in 47 C.F.R. § 54.504. All schools and libraries planning to order service eligible for universal service discounts must file this form themselves or as part of a consortium.

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

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

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

If you do not provide the information we request on the form, the FCC may delay processing of your application or may return your application without action.

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

Public reporting burden for this collection of information is estimated to average 4 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing, and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the reporting burden to the Federal Communications Commission, Performance Evaluation and Records Management, Washington, DC 20554.

Please submit this form to:

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

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

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

P.O. Box 49
Foyil, OK. 74031
Phone: 918-341-1113
Fax: 918-341-1222

FACSIMILE FROM FOYIL PUBLIC SCHOOLS

To: KENNETH SMITH From: MIKE Mcgregor
Fax: 1-888-276-8736 Date: 5-17-01
Phone: 1-888-203-8100 Pages: 5
Re: CASE # 43161

Urgent For Review Please Comment Please Reply Please Recycle



AS PER YOUR REQUEST

"ALL 196 LINES ON ALL
BLOCK 5 PAGES SHOULD
READ 06-30-02."

FORMS HAVE BEEN CORRECTED
& INCLUDED WITH THIS FAX.



.....

Entity Number 140069 Applicant's Form Identifier 1-01-471
 Contact Person MIKE MCGREGOR Phone Number 918-341-1113

Block 5: Discount Funding Request(s)

Block 5, page 1 of 4

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

FRN: _____

11 Category of Service (only ONE category should be checked) <input type="radio"/> Telecommunications Service <input checked="" type="radio"/> Internet Access <input type="radio"/> Internal Connections	16 Contract Number (if multiple, use "T" if toll-free services, "NTM" if non-toll-free services as described in instructions) <u>NTM</u>
12 Form 470 Application Number (15 digits) <u>509930000309091</u>	16 Billing Account Number (e.g., billed telephone number) <u>918-341-1113</u>
13 SPIN - Service Provider Identification Number (9 digits) <u>143016556</u>	17 Allowable Contract Date (mm/dd/yyyy, based on Form 470 filing) <u>12-28-00</u>
14 Service Provider Name <u>REC TEC NET</u>	18 Contract Award Date (mm/dd/yyyy)
	19 Service Start Date (mm/dd/yyyy) <u>07-01-01</u> 19B <u>06-30-02</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 # 1A

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

23 Calculations

Recurring Charges					One-Time Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (D x C)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (J x I)
625.00	0	625.00	12	7500.00	1250.00	0	1250.00	8750.00	71%	6212.50

Entity Number 140069 Applicant's Form Identifier 1-01-471
 Contact Person MIKE MCGREGOR Phone Number 918-341-1113

Block 5: Discount Funding Request(s)

Block 5, page 2 of 4

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

FRN # _____

11 Category of Service (only ONE category should be checked) <input type="radio"/> Telecommunications Service <input checked="" type="radio"/> Internet Access <input type="radio"/> Internal Connections	15 Contract Number (if available; use "T" if titled services, "MTM" if month-to-month services as described in instructions) MTM
12 Form 470 Application Number (15 digits) 509930000309091	16 Billing Account Number (e.g., billed telephone number) 9183411113
13 SPIN - Service Provider Identification Number (9 digits) 143016556	17 Allowable Contract Date (mm/dd/yyyy, based on Form 470 filing) 12-28-00
14 Service Provider Name REC TEC NET	18 Contract Award Date (mm/dd/yyyy)
	19 Service Start Date (mm/dd/yyyy) 07-01-01 19B 06-30-02
	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 # 16

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					One-Time Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (D x C)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (J x I)
0	0	0	0	0	10,900	0	10,900	10,900	71%	7739.00

Contact Person MIKE MCGREGOR

Block 5: Discount Funding Request(s)

Block 5, page 3 of 4

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

FRN #

11 Category of Service (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections		15 Contract Number (if available; use "T" if certified services, "NTM" if month-to-month services as described in instructions) <u>NTM</u>	
12 Form 470 Application Number (16 digits) <u>509930000309091</u>		16 Billing Account Number (e.g., billed telephone number) <u>9183411113</u>	
13 SPIN - Service Provider Identification Number (9 digits) <u>143022137</u>		17 Allowable Contract Date (mm/dd/yyyy, based on Form 470 filing) <u>12-28-00</u>	
14 Service Provider Name <u>SOUTHWESTERN BELL TELEPHONE</u>		18 Contract Award Date (mm/dd/yyyy)	
		19 Service Start Date (mm/dd/yyyy) <u>07-01-01</u> 19B <u>06-30-02</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 # <u>1C</u>			
22 Entity/Entities Receiving This Service: a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : _____ b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): <u>A-1</u>			

23 Calculations - Recurring Charges					One-Time Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (D x C)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (J x I)
468.08	0	468.08	12	5832.96	0	0	0	5832.96	71%	4141.40

Block 5: Discount Funding Request(s)

Block 5, page 4 of 4

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

FRN # _____

11 Category of Service (only ONE category should be checked) <input type="radio"/> Telecommunications Service <input checked="" type="checkbox"/> Internet Access <input type="checkbox"/> Internal Connections		18 Contract Number (if applicable, use "T" for titled services, "MTM" for month-to-month services as described in instructions) MTM	
12 Form 470 Application Number (15 digits)		16 Billing Account Number (e.g., billed telephone number) 9183411113	
13 SPIN - Service Provider Identification Number (9 digits) 143022137		17 Allowable Contract Date (mm/dd/yyyy, based on Form 470 filing) 12-28-00	
14 Service Provider Name SOUTHWESTERN BELL TELEPHONE		18 Contract Award Date (mm/dd/yyyy)	
		19 Service Start Date (mm/dd/yyyy) 07-01-01 19B 06-30-02	
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 # <u>1D</u>			
22 Entity/Entities Receiving This Service: a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service: _____ b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): <u>A-1</u>			

23 Calculations				Recurring Charges				One-Time Charges			Total Charges	
A	B	C	D	E	F	G	H	I	J	K		
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (D x C)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (J x I)		
635.00	0	635.00	12	7620.00	0	0	0	7625.00	71%	5413.75		

1a

YEAR 4

Customer Name: Foyil Public Schools
Address: P.O. Box 49

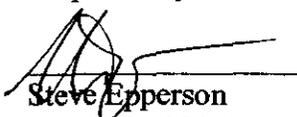
City, State, Zip: Foyil, OK 74031-0049
Phone: (918) 341-1113
Attention: Michael E. McGregor
Date: 11/30/00



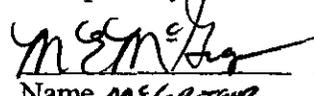
Proposal/Contract contingent upon E-rate funding

Description	Qty	Unit Price	Extended Price
Monthly T1 Internet Access	12	\$ 625.00	\$ 7500.00
One-Time Setup Fee	1	\$ 1250.00	\$ 1250.00
TOTAL:			\$ 8750.00

Proposed By:


Steve Epperson
Northeast Oklahoma Electric Coop.
SPIN# 143016556
Date 11/30/00

Accepted By:


Name McGregor
Title SUPERINTENDANT
Date 1/07/01

Submit this sheet with Form 471
Questions, Please call (918) 256-9477

YEAR 4

Customer Name: Foyil Public Schools
Address: P.O. Box 49

City, State, Zip: Foyil, OK 74031-0049
Phone: (918) 341-1113
Attention: Michael E. McGregor
Date: 01/16/01



Proposal/Contract contingent upon E-rate funding

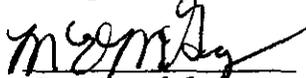
Description	Qty	Unit Price	Extended Price
Network Maintenance Agreement 1 Year (covers all E-rate eligible network devices and cabling)	1	\$ 10,900.00	\$ 10,900.00
TOTAL:			\$ 10,900.00

Proposed By:



Steve Epperson Date 1/17/01
Northeast Oklahoma Electric Coop.
SPIN# 143016556

Accepted By:



Name McGregor Date 1/17/01
Title Superintendent

Submit this sheet with Form 471
Questions, Please call (918) 256-9477



CRIS Weekly S01 (Summary of Service by Type)
BTN: (918) 341-1113 785 in Oklahoma

January 18, 2001

Bill Name: FOYIL PUBLIC SCHL
 PO BOX 49

Address:

FOYIL OK 74031-0049

USOC	USOC Description	USOC Quantity	USOC Unit Rate (S)	Total USOC Rate (\$)
A9DPO	-PLEXAR II -ASSUME DIAL 9 -PER SERVING CO -OPTIONAL FEATURE	1	25.00	25.00
CLT	-EXTRA LISTING OR X-REF LISTING -BUSINESS	5	1.75	8.75
FZA	-PLEXAR II -BASIC STATION -RESTRUCTURED	12	6.25	75.00
NSREX	SPNP -PER PLEXAR ACCESS LINE	5	2.97	14.85
OBK2X	-SWBT -I+ SAVER -INTRALATA OCP -10 HOUR BLOCK OF TIME - ATOD/WEEK DISCOUNT -BUSINESS ONLY	1	60.00	60.00
RCRC2	-PLEXAR II -STATION LINE FACILITY CREDIT -OVER 2 MILE - UNBILLABLE	5	-9.50	-47.50
RFN77	DESCRIPTION NOT AVAILABLE (RFN : -STATION NUMBER IN USE/REFERENCE NOTE)	5	variable	-48.09
TCPCX	-CENTREX III -PLEXAR ACCESS LINE -FLAT -COMBINATION	5	40.19	200.95
URS	-OTHER FEE PAYMENT	5	0.04	0.20
ILSEB	-PLEXAR II -STATION LINE FACILITY RATE -OVER 2 MILE - RESTRUCTURED	12	9.50	114.00
9PZCX	FEDERAL UNIVERSAL SERVICE FEE -CENTREX/PLEXAR	12	0.04	0.48
9ZR	-END USER COMMON LINE (EUCL) -EACH	12	6.87	82.44
		<u>80</u>		<u>486.08</u>

THIS IS NOT A BILL



January 18, 2001

CRIS Weekly S02 (Service Analysis by Line Number)
BTN: (918) 341-1113 785 in Oklahoma

Bill Name: FOYIL PUBLIC SCHL
 PO BOX 49

Address:
 FOYIL OK 74031-0049

Subordinate Number	Line Number	USOC	FID	USOC Description / FID Data	Activity Date	USOC Quantity	USOC Unit Rate (\$)	Total USOC Rate (\$)
(918) 341-1113								
	A	CL7		-EXTRA LISTING OR X-REF LISTING -BUSINESS	variable	5	1.75	8.75
		RFN77		DESCRIPTION NOT AVAILABLE (RFN : -STATION NUMBER IN USE/REFERENCE NOTE)	2000-07-17	5	variable	-48.09
		OBK2X		-SWBT -1+ SAVER -INTRALATA OCP -10 HOUR BLOCK OF TIME - ATODWEEK DISCOUNT -BUSINESS ONLY	1998-10-02	1	60.00	60.00
	A	TCPCX		-CENTREX III -PLEXAR ACCESS LINE -FLAT -COMBINATION	1994-09-08	5	40.19	200.95
		URS		-OTHER FEE PAYMENT	1994-09-08	5	0.04	0.20
		NSREX		SPNP -PER PLEXAR ACCESS LINE	1999-03-01	5	2.97	14.85
		RCRC2		-PLEXAR II -STATION LINE FACILITY CREDIT -OVER 2 MILE - UNBILLABLE	1999-09-08	5	-9.50	-47.50
		A9DPO		-PLEXAR II -ASSUME DIAL 9 -PER SERVING CO -OPTIONAL FEATURE	1999-09-08	1	25.00	25.00
						32		214.16
(918) 341-1113								
	FZA			-PLEXAR II -BASIC STATION -RESTRUCTURED	1999-09-08	1	6.25	6.25
		CAT		I				
		CTX		FOYLPS:0				
		HTG		A				
		LCC		IBN				
		TA		60,09-08-99				
		PIC		Carrier is: AT&T (0288)				
		LPIC		Carrier is: SOUTHWESTERN BELL (9100)				
	9ZR			-END USER COMMON LINE (EUCL) -EACH	1999-09-08	1	6.87	6.87
	9PZCX			FEDERAL UNIVERSAL SERVICE FEE -CENTREX/PLEXAR	2000-10-27	1	0.04	0.04
	ILSEB			-PLEXAR II -STATION LINE FACILITY RATE -OVER 2 MILE - RESTRUCTURED	1999-09-08	1	9.50	9.50
		TA		60,09-08-99				
						4		22.66
(918) 341-1154								
	FZA			-PLEXAR II -BASIC STATION -RESTRUCTURED	1999-09-08	1	6.25	6.25
		CAT		I				
		CTX		FOYLPS:0				
		HTG		A				
		LCC		IBN				
		TA		60,09-08-99				
		PIC		Carrier is: AT&T (0288)				
		LPIC		Carrier is: SOUTHWESTERN BELL (9100)				
	9ZR			-END USER COMMON LINE (EUCL) -EACH	1999-09-08	1	6.87	6.87

THIS IS NOT A BILL

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January 18, 2001

CRIS Weekly S02 (Service Analysis by Line Number)
BTN: (918) 341-1113 785 in Oklahoma

Bill Name: FOYIL PUBLIC SCHL
PO BOX 49

Address:

FOYIL OK 74031-0049

Table with columns: Subordinate Number, Line Number, USOC, FID, USOC Description / FID Date, Activity Date, USOC Quantity, USOC Unit Rate (\$), Total USOC Rate (\$). Rows include service details for (918) 341-1223, (918) 341-1422, and (918) 341-6020.

THIS IS NOT A BILL

Vertical text on the right margin: COPY TO FILE IN CRIS... 12 3067



January 18, 2001

CRIS Weekly S02 (Service Analysis by Line Number)
BTN: (918) 341-1113 785 in Oklahoma

Bill Name: FOYIL PUBLIC SCHL
 PO BOX 49
 Address:
 FOYIL OK 74031-0049

Subordinate Number	Line Number	USOC	FID	USOC Description / FID Data	Activity Date	USOC Quantity	USOC Unit Rate (\$)	Total USOC Rate (\$)
			LPIC	Carrier is: SOUTHWESTERN BELL (9100)				
		9ZR		-END USER COMMON LINE (EUCL) -EACH	2000-07-17	1	6.87	6.87
		9PZCX		FEDERAL UNIVERSAL SERVICE FEE -CENTREX/PLEXAR	2000-10-27	1	0.04	0.04
		1LSEB		-PLEXAR II -STATION LINE FACILITY RATE -OVER 2 MILE -RESTRUCTURED	2000-07-17	1	9.50	9.50
			TA	60,09-08-99				
						4		22.66
	(918) 342-1782		FZA	-PLEXAR II -BASIC STATION -RESTRUCTURED	2000-07-17	1	6.25	6.25
			CAT	1				
			CLT	91.CLNA.918.342.1782				
			CTX	FOYLPS:0				
			DPA	1-17002 E FOURTH ST				
			HTG	C				
			LCC	IBN				
			LPS	Loop Start				
			TA	60,09-08-99				
			PIC	Carrier is: AT&T (0288)				
			LPIC	Carrier is: SOUTHWESTERN BELL (9100)				
		9ZR		-END USER COMMON LINE (EUCL) -EACH	2000-07-17	1	6.87	6.87
		9PZCX		FEDERAL UNIVERSAL SERVICE FEE -CENTREX/PLEXAR	2000-10-27	1	0.04	0.04
		1LSEB		-PLEXAR II -STATION LINE FACILITY RATE -OVER 2 MILE -RESTRUCTURED	2000-07-17	1	9.50	9.50
			TA	60,09-08-99				
						4		22.66
	(918) 342-2343		FZA	-PLEXAR II -BASIC STATION -RESTRUCTURED	2000-07-17	1	6.25	6.25
			CAT	1				
			CLT	91.CLNA.918.342.2343				
			CTX	FOYLPS:0				
			DPA	1-17002 E FOURTH ST				
			HTG	C				
			LCC	IBN				
			LPS	Loop Start				
			TA	60,09-08-99				
			PIC	Carrier is: AT&T (0288)				
			LPIC	Carrier is: SOUTHWESTERN BELL (9100)				
		9ZR		-END USER COMMON LINE (EUCL) -EACH	2000-07-17	1	6.87	6.87

THIS IS NOT A BILL

125047



January 18, 2001

CRIS Weekly S02 (Service Analysis by Line Number)
BTN: (918) 341-1113 785 in Oklahoma

Bill Name: FOYIL PUBLIC SCHL
 PO BOX 49

Address:
 FOYIL OK 74034-0049

Subordinate Number	Line Number	USOC	FID	USOC Description / FID Data	Activity Date	USOC Quantity	USOC Unit Rate (\$)	Total USOC Rate (\$)
		9PZCX		FEDERAL UNIVERSAL SERVICE FEE -CENTREX/PLEXAR	2000-10-27	1	0.04	0.04
		1LSEB		-PLEXAR II -STATION LINE FACILITY RATE -OVER 2 MILE -	2000-07-17	1	9.50	9.50
			TA	RESTRUCTURED 60,09-08-99				
						4		22.66
	(918) 342-2756	FZA		-PLEXAR II -BASIC STATION -RESTRUCTURED	2000-07-17	1	6.25	6.25
			CAT	1				
			CLT	91.CLNA.918.342.2756				
			CTX	FOYLPS:0				
			DPA	1-17002 E FOURTH ST				
			LCC	IBN				
			LPS	Loop Start				
			TA	60,09-08-99				
			PIC	Carrier is: AT&T (0288)				
			LPIC	Carrier is: SOUTHWESTERN BELL (9100)				
		9ZR		-END USER COMMON LINE (EUCL) -EACH	2000-07-17	1	6.87	6.87
		9PZCX		FEDERAL UNIVERSAL SERVICE FEE -CENTREX/PLEXAR	2000-10-27	1	0.04	0.04
		1LSEB		-PLEXAR II -STATION LINE FACILITY RATE -OVER 2 MILE -	2000-07-17	1	9.50	9.50
			TA	RESTRUCTURED 60,09-08-99				
						4		22.66
	(918) 342-3310	FZA		-PLEXAR II -BASIC STATION -RESTRUCTURED	1999-09-08	1	6.25	6.25
			CAT	1				
			CTX	FOYLPS:0				
			HTG	B				
			LCC	IBN				
			TA	60,09-08-99				
			PIC	Carrier is: AT&T (0288)				
			LPIC	Carrier is: SOUTHWESTERN BELL (9100)				
		9ZR		-END USER COMMON LINE (EUCL) -EACH	1999-09-08	1	6.87	6.87
		9PZCX		FEDERAL UNIVERSAL SERVICE FEE -CENTREX/PLEXAR	2000-10-27	1	0.04	0.04
		1LSEB		-PLEXAR II -STATION LINE FACILITY RATE -OVER 2 MILE -	1999-09-08	1	9.50	9.50
			TA	RESTRUCTURED 60,09-08-99				
						4		22.66

THIS IS NOT A BILL

126577



January 18, 2001

CRIS Weekly S02 (Service Analysis by Line Number)
BTN: (918) 341-1113 785 in Oklahoma

Bill Name: FOYIL PUBLIC SCHL
PO BOX 49
Address:
FOYIL OK 74031-0049

Table with columns: Subordinate Number, Line Number, USOC, FID, USOC Description / FID Data, Activity Date, USOC Quantity, USOC Unit Rate (\$), Total USOC Rate (\$). Includes entries for (918) 342-5504 with various USOC codes like FZA, CAT, CLT, CTX, DPA, LCC, TA, PIC, LPIC, 9ZR, 9PZCX, ILSEB, and TA.

THIS IS NOT A BILL

Vertical text on the right edge: JAN 18 2001 07:34 TR SUB 1, J18 080 1070 10 R30411223, P.08/11, 107077

1d

Southwestern Bell

Friendly Neighborhood Global

FOYIL PUBLIC SCHOOLS

Mike McGregor

SBC Advanced Solutions, Inc

T1 Rates

SPIN# 143022137

Angela Eversole, Account Manager, Education

918-295-2640 or 1-888-703-7270

January 16, 2001

Rates for one T1 to provide Internet transport to each school in the district. These are the rates for month-to-month, a three-year contract and a five-year contract including Installation Charges from the FCC Tariff.

Frame Relay T-1 Circuit (month-to-month):

\$635.00 per month

\$665.00 (To Demarcation)

Frame Relay T-1 Circuit (three-year contract):

\$546.00 per month

\$14.00 installation (To Demarcation)

Frame Relay T-1 Circuit (five-year contract):

\$516.00 per month

\$14.00 installation (To Demarcation)

Madl, Gwen

From: Smith, Kenneth
Sent: Saturday, April 07, 2001 12:27 PM
To: LW NECA OUTGOING

Schools and Libraries Division
Client Service Bureau

Help Line : (888) 203-8100
Fax: (888) 276-8736
E-Mail: sldproblemresolution@ncs.com

Fax

To: Mike McGregor
Fax: (918) 341-1223
Phone: (918)341-1113
Re: 471 corrections yr4 identifier: 1-01-471
From: Kenneth Smith
Pages: 1
Date: 04/07/01

Urgent ! **For Review** **Please Comment** **Please Reply !** **Please Recycle**

We are making this contact with you to obtain the necessary information to successfully data enter your Form 471 Services Ordered and Certification Form. Here is the information we need from you so that we may complete data entry of your application for E-Rate Discounts: We need faxes of the corrections

Block 4 Column 6 for all of the schools you have listed on worksheet A: The numbers you have listed in this column do not match what the system has calculated for this column. These numbers are found by dividing the numbers in column's 5 by the numbers in column's 4.

Block 4 Column 7 for Foyil High School: The discount you have listed in this column does not match what our system has calculated for this column.

Block 4 Column 8 for Foyil Elementary, and Foyil High School: The numbers you have listed in this column do not match what the system has calculated for these columns. These numbers are found by multiplying the numbers in column's 4 by the numbers in column's 7.

Block 4 Item 10c: The percentage you have listed in this item does not match what the system has calculated. This percentage is found by dividing the total of Column 8 by the total of column 4.

If we do not receive the requested information from you within this time frame, your Form 471 application will be rejected and returned to you.

Madi, Gwen

From: Faxination
Sent: Saturday, April 07, 2001 12:50 PM
To: Madi, Gwen
Subject: Fax sent (2p) to '19183411223' @19183411223

Your Fax with subject: FW:
Sent to '19183411223'
Addressed to '19183411223' was successfully transmitted!

Explanation:
Operation completed with no errors. (0)

Submitted at: Sat Apr 07 12:49:42 2001
Items sent: 2 Number of attempts: 6
Duration: 39 seconds Transmission speed: 14400 baud
Gateway ID: 0 Job Reference: 0664F
ModemID: 7

P.O. Box 49
Foyil, OK. 74031
Phone: 918-341-1113
Fax: 918-341-1223

Facsimile From Foyil Public Schools

To: KEN Smith From: MIKE M^S GREGOR

Fax: 1-888-276-8736 Date: 4-16-01

Phone: 1-888-203-8100 Pages: 1

Re:

- Urgent
- For Review
- Please Comment
- Please Reply
- Please Recycle

Your FAX STATES THAT BLK 4 COL 6
NUMBERS DO NOT MATCH THE SYSTEM.

COL 6 = COL 5 ÷ COL 4

COL 4 = 364 COL 5 = 178 $178/364 = 48.90$

COL 4 = 154 COL 5 = 79 $79/154 = 51.29$

COL 4 = 115 COL 5 = 48 $48/115 = 41.74$

THESE NUMBERS ARE CORRECT - PLEASE EXPLAIN !!

BLK 4 COL 7 FOR FOYIL H.S - IF YOU WILL SIMPLY
FAX ME A COPY OF WHAT YOU WANT THE
NUMBERS TO BE I WILL CHANGE THEM.

Shonks

Entity Number	140069	Applicant's Form Identifier	1-01-471
Contact Person	MIKE MCGREGOR	Phone Number	918-341-1113

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

Worksheet #A- _____

Page _____

of _____

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

10a Check only one:

- Applying ONLY for an individual school, or ONLY site-specific services: Complete columns 1-7 only for each school. Add and number pages as needed. Then use each school's Entity Number and its discount from Column 7 to complete Block 5 site-specific service to that school.
- Applying for discounts on services shared by ALL schools in the district (with or without site-specific services as well): Complete all columns 1-8 for all schools in the district. Then use the Weighted Average Discount in 10c (below) to complete Block 5 for shared services.
- Applying for discounts on different shared services shared by different groups of schools (with or without site-specific services as well): Please complete one worksheet, columns 1-8 PLUS 10c, for EACH different group of schools sharing a service. Designate this worksheet A-1, A-2, A-3, etc.

10b List entities and calculate discount(s).

1 Name of School	2 Entity Number	3 Urban or Rural U or R	4 Total # of Students	5 # of Students Eligible for NSLP	6 % Students Eligible for NSLP (Col. 5 ÷ Col. 4)	7 Discount % from Discount Matrix	8 Weighted Product for Calculating Shared Discount (Col. 4 x Col. 7)
FOYIL ELEMENTARY	140069	R	364	178	48.9	70	254
FOYIL JR. HIGH	140069	R	154	79	51.29	80	123.2
FOYIL HIGH SCHOOL	140069	R	115	48	41.74	60	81.65
District Totals for calculating Weighted Average Discount			633				461.85

10c Weighted Average Discount % for Shared Services (Col. 8 total divided by Col. 4 total. Round to nearest %) → **71%**

Entity Number 140069	Applicant's Form Identifier 1-01-471
Contact Person MIKE MCGREGOR	Phone Number 918-341-1113

Block 5: Discount Funding Request(s)

Block 5, page 1 of 4

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

FRN # _____ (to be assigned by administrator)

11 Category of Service (only ONE category should be checked) <input type="radio"/> Telecommunications Service <input checked="" type="radio"/> Internet Access <input type="radio"/> Internal Connections	15 Contract Number (if available; use "T" if tariffed services, "MIM" if month-to-month services as described in instructions) MIM
12 Form 470 Application Number (15 digits) 509930000309091	16 Billing Account Number (e.g., billed telephone number) 918-341-1113
13 SPIN - Service Provider Identification Number (9 digits) 143016556	17 Allowable Contract Date (mm/dd/yyyy, based on Form 470 filing) 12-28-00
14 Service Provider Name REC TEC NET	18 Contract Award Date (mm/dd/yyyy) 01-17-01
	19 Service Start Date (mm/dd/yyyy) 07-01-01
	20 Contract Expiration Date (mm/dd/yyyy) 06-30-02
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>1A</u>	
22 Entity/Entities Receiving This Service: a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service: _____ b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): <u>A-1</u>	

Recurring Charges					One-Time Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (D x C)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (J x I)
625.00	0	625.00	12	7500.00	1250.00	0	1250.00	8750.00	71%	6212.50

Entity Number 140069 Applicant's Form Identifier 1-01-471
 Contact Person MIKE MCGREGOR Phone Number 918-341-1113

Block 5: Discount Funding Request(s)

Block 5, page 2 of 4

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

FRN # _____ (to be assigned by each institution)

11 Category of Service (only ONE category should be checked) <input type="radio"/> Telecommunications Service <input checked="" type="radio"/> Internet Access <input type="radio"/> Internal Connections		15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in instructions)
12 Form 470 Application Number (15 digits) <u>509930000309091</u>		16 Billing Account Number (e.g., billed telephone number) <u>9183411113</u>
13 SPIN - Service Provider Identification Number (9 digits) <u>143016556</u>		17 Allowable Contract Date (mm/dd/yyyy, based on Form 470 filing) <u>12-28-00</u>
14 Service Provider Name <u>REC TEC NET</u>		18 Contract Award Date (mm/dd/yyyy) <u>01-17-01</u>
		19 Service Start Date (mm/dd/yyyy) <u>07-01-01</u>
		20 Contract Expiration Date (mm/dd/yyyy) <u>06-30-02</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 # 16

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					One-Time Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (D x C)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (J x I)
0	0	0	0	0	10,900	0	10,900	10,900	71%	7739.00

Entity Number 140069 Applicant's Form Identifier 1-01-471
 Contact Person MIKE MCGREGOR Phone Number 918-341-1113

Block 5: Discount Funding Request(s)

Block 5, page 3 of 4

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

FRN # _____

11 Category of Service (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections	15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in instructions)
12 Form 470 Application Number (15 digits) <u>509930000309091</u>	16 Billing Account Number (e.g., billed telephone number) <u>9183411113</u>
13 SPIN - Service Provider Identification Number (9 digits) <u>143022137</u>	17 Allowable Contract Date (mm/dd/yyyy, based on Form 470 filing) <u>12-28-00</u>
14 Service Provider Name <u>SOUTHWESTERN BELL TELEPHONE</u>	18 Contract Award Date (mm/dd/yyyy) <u>01-17-01</u>
	19 Service Start Date (mm/dd/yyyy) <u>07-01-01</u>
	20 Contract Expiration Date (mm/dd/yyyy) <u>06-30-02</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 # 1C

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					One-Time Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (D x C)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (J x I)
468.08	0	468.08	12	5832.96	0	0	0	5832.96	71%	4141.40

Entity Number 140069 Applicant's Form Identifier 1-01-471
 Contact Person MIKE MCGREGOR Phone Number 918-341-1113

Block 5: Discount Funding Request(s)

Block 5, page 4 of 4

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

FRN # _____ (For use only by the Commission)

11 Category of Service (only ONE category should be checked) <input type="radio"/> Telecommunications Service <input checked="" type="radio"/> Internet Access <input type="radio"/> Internal Connections	15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in instructions)
12 Form 470 Application Number (15 digits)	16 Billing Account Number (e.g., billed telephone number) <u>9183411113</u>
13 SPIN - Service Provider Identification Number (9 digits) <u>143022137</u>	17 Allowable Contract Date (mm/dd/yyyy, based on Form 470 filing) <u>12-28-00</u>
14 Service Provider Name <u>SOUTHWESTERN BELL TELEPHONE</u>	18 Contract Award Date (mm/dd/yyyy) <u>01-17-01</u>
	19 Service Start Date (mm/dd/yyyy) <u>07-01-01</u>
	20 Contract Expiration Date (mm/dd/yyyy) <u>06-30-02</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 # ID

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					One-Time Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (D x C)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (J x I)
635.00	0	635.00	12	7620.00	0	0	0	7625.00	71%	5413.75

P.O. Box 49
Foyil, OK. 74031
Phone: 918-341-1113
Fax: 918-341-1223

Facsimile From Foyil Public Schools

TO: KENNETH SMITH From: MIKE MCGREGOR
Fax: 1-888-276-8736 Date: 4-30-01
Phone: 1-888-203-8100 Pages: 6
Re: CASE # 43161

- Urgent
- For Review
- Please Comment
- Please Reply
- Please Recycle

AS PER YOUR REQUEST
CORRECTIONS TO FORM 471

THANKS FOR YOUR ASSISTANCE!

Mike

