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OFFICE OF INFORMATION SERVICES  
WILLIAM PENN BUILDING  
801 SILVER LAKE BOULEVARD  
DOVER, DELAWARE 19904

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May 16, 2002

Federal Communications Commission  
Office of the Secretary  
445 - 12<sup>th</sup> Street, SW  
Washington, DE 20554

**REQUEST FOR WAIVER OF Deadline for filing BEAR FORM 472 for Full Funding**  
CC Docket Nos. 96-45 and 97-21

Funding Year 2000 (Formerly Funding Year 3)  
Applicant Name: RED CLAY SCHOOL DISTRICT  
Billed Entity Number: 126297  
471 Application Number: 198342  
Funding Request Number: 430711  
Schools & Libraries Division - Case #123311  
Contact Name: Kay Buck  
Contact Number: 302-739-9649

**Reason for Request for Waiver:**

This letter is to explain the special circumstances involving this case and why the deadline for filing a BEAR Form 472 to receive full funding should be waived for this particular FRN.

The FRN in question represents 90% of the total Funding Year 2000 monies this School District is entitled to under the E-Rate Plan. Without this nearly \$84,000 funding, the District and the students will be under an extreme hardship to continue with the Technology Plan as filed. The public interest will definitely be damaged by failure to receive this funding.

The deadline for receiving BEAR Form 472 was missed because a **"Funding Commitment Decision Letter" (FCDL) that was mailed via US Postal Service by the SLD was never delivered or received by the Applicant.** The Applicant was told to wait for that FCDL before issuing a BEAR Form 472. Consequently, the Applicant merely followed SLD instructions and waited for the FCDL. Several phone calls and a formal letter were sent to the SLD by the Applicant within the actionable timeframe to follow up on the missing FCDL, but no response was received until the deadline was already passed.

Since the deadline was missed due to SLD-missed communications and US Postal Service failure, the Applicant feels the circumstances were **unavoidable**. The Applicant believes it exercised all due diligence in planning and following up on the correspondence. This Applicant has been the contact for ALL five funding years for the entire State of Delaware and all requests have been funded in full with the exception of this one FRN out of over 300. There is no lack of planning or organizational effectiveness on the part of the Applicant. The Applicant is very familiar with all the rules and regulations and keeps extraordinary notes on every form filed. This FRN is a total aberration and that is why it would fit into an approved appeal to the FCC for remedy.

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445 - 12<sup>th</sup> Street, SW  
Washington, DE 20554

May 16, 2002  
Page Two

Attached is a chronological account of events related to this particular FRN and Waiver Request. The attachments are labeled accordingly. If any further documentation is desired, please contact me immediately via phone at 302-739-9649.

Thank you for your attention to this matter.



Kay R. Buck  
Manager - Voice/Video Services  
State of Delaware  
801 Silver Lake Blvd.  
Dover, DE 19904  
302-739-9649

## CHRONOLOGICAL ACCOUNT OF EVENTS

Applicant Name: **RED CLAY SCHOOL DISTRICT**  
 Billed Entity Number: 126297  
 471 Application Number: 198342      Funding Year 2000  
 Funding Request Number: 430711

<u>DATE</u>	<u>DESCRIPTION OF ACTIVITY</u>	<u>ATTACHMENT</u>
01/12/2000	Form 471 #198342 Filed within Window	A
03/24/2000	Form 471 Receipt Acknowledgement Letter Received for 3 Funding Request Numbers (FRN)	B
07/07/2000	Funding Commitment Decision Letter (FCDL) Received FRN # 430711 Denied for Insufficient Documentation	C
07/12/2000	Applicant Appeal Letter to SLD for Denied FRN	D
01/31/2001	SLD Administrator's Decision on Appeal Letter Applicant was notified that FRN was <b><u>Approved in Full</u></b> Applicant instructed to <u>await New FCDL</u> before issuing BEAR Form 472	E
09/18/2001	Form 486 issued by Applicant on all 3 FRN's from Form 471 but no BEAR Form 472 could be issued on FRN 430711	F
09/27/2001	SLD Requested Correction on FRN 430711	G
09/28/2001	Corrections faxed back to SLD, but still no FCDL on the FRN 430711 in question	H
01/03/2002	Applicant mailed letter to SLD requesting new FCDL since none had been received by Applicant. No response or action taken by SLD to that Letter.	I
04/25/2002	Applicant called SLD Appeals and asked why no FCDL was issued yet. SLD Appeals opened Case #123311 on FRN 430711. SLD Research revealed that SLD mailed out the Appealed FCDL on 05/17/2001. Applicant never received the Letter in US Mail. Applicant requested that a copy of the FCDL be re-mailed.	
05/02/2002	Applicant received re-mailed FCDL. Called back in to SLD Appeals to inquire about issuing the Form 472 BEAR on that appealed FRN but was told the window for submitting Year 2000 BEARs was passed. SLD CLOSED the case. SLD told the Applicant that no BEAR would be accepted or processed and only recourse is to Appeal to the FCC for a Waiver of Deadline.	J

Do not write in this area.

Approval by OMB

3960-0806

### 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](http://www.sl.universalservice.org) for filing this form online)

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Applicant's Form Identifier: 471-2000-RED

(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.) RED CLAY SCH DIST

2 Funding Year: July 1, 2000 through June 30, 2001      3 Entity Number (up to 10 digits) 126297

4a Street Address, P.O. Box, 1400 N. WASHINGTON ST.  
or Route Number

City WILMINGTON      State DE      Zip Code 19801-1037

b Telephone Number (10 digits + ext.) (302) 651-2600 ext. \_\_\_\_\_

c Fax Number (10 digits) (302) \_\_\_\_\_

d E-mail Address (50 characters max.) buck @ ois.state.de.us

5 Type of Applicant

- Individual School (individual public or non-public school)
- School District (LEA; public or non-public (e.g., diocesan) local district representing multiple schools)
- Library (including library system, library branch, or library consortium applying as a library)
- Consortium (including states, state networks, special consortia)

Check here if any members of this consortium are ineligible non-governmental entities.

6a Contact Person's Name KAY BUCK

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 801 SILVER LAKE BLVD.  
WILLIAM PENN BLDG.

City DOVER      State DE      Zip Code 19904

c  Telephone Number (10 digits + ext.) (302) 739-9649 ext. \_\_\_\_\_

d  Fax Number (10 digits) (302) 739-9642

e  E-mail Address (50 characters max.) buck @ ois.state.de.us

f Holiday/vacation contact information (optional): 302-398-4124

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

7  Check ONLY if this Form 471 represents a minor modification, such as a modification of services, to a contract included in 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](http://www.sl.universalservice.org) for filing instructions.

Entity Number <u>186297</u>	Applicant's Form Identifier <u>471-2000-RED</u>
Contact Person <u>KAY BUCK</u>	Phone Number <u>302-739-9649</u>

### 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?	963	963
b High-bandwidth voice/data/video service: How many buildings served before and after your order?		
c High-bandwidth voice/data/video service: Highest speed to a building before and after your order?		
d Dial-up Internet connections: How many before and after your order?		
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?		
g Direct connections to the Internet: Highest speed before and after your order?		
h Internet access (for schools): How many rooms have Internet access before and after your order?		
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 <u>126297</u>	Applicant's Form Identifier <u>471-2000-RED</u>
Contact Person <u>KAY BUCK</u>	Phone Number <u>302-739-9649</u>

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

Worksheet #A- 1

Page 1  
of 3

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:**

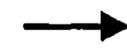
- Applying ONLY for an Individual school, or ONLY site-specific services: Complete columns 1-7 only for each school. Add and number pages as needed. Then use each school's Entity Number and its discount from Column 7 to complete Block 5 site-specific service to that school.
- Applying for discounts on 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)
AD BALTZ ES	21296	U	926	529	57	80	<u>740</u> <u>KRB</u>
AI DUPONT HS	21322	U	1252	370	30	50	626
AI DUPONT MS	21323	U	586	319	54	80	469
AP NOTE ES	21337	U	470	130	28	50	235
CALLOWAY ART SCH	21324	U	602	127	21	50	301
CONRAD MS	21288	U	743	380	51	80	594
EG SHORTLIDGE ES	21265	U	483	342	71	80	386
FOREST OAK ES	21199	U	924	259	28	50	462
HB DUPONT MS	21178	U	855	217	25	50	428
District Totals for calculating Weighted Average Discount							

(CONTINUED)

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



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Entity Number <u>126297</u>	Applicant's Form Identifier <u>471-2000-RGD</u>
Contact Person <u>KAY BUCK</u>	Phone Number <u>302-739-9649</u>

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

Worksheet #A- 1

Page 2  
of 3

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)
HERITAGE ES	21339	U	582	126	22	50	291
HIGHLANDS ES	21314	U	348	156	45	60	209
J DICKINSON HS	21340	U	992	265	27	50	496
LINDEN HILL ES	21332	U	641	76	12	40	256
MARBROOK ELEM	21341	U	536	260	49	60	322
RICHARDSON PARK ES	21284	U	656	322	49	60	394
RICHARDSON ILC	21285	U	234	126	54	80	187
District Totals for calculating Weighted Average Discount							

(CONTINUED)

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

Entity Number <u>126297</u>	Applicant's Form Identifier <u>471-2000-RED</u>
Contact Person <u>KAY BUCK</u>	Phone Number <u>302-739-9649</u>

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

Worksheet #A- 1

Page 3  
of 3

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.
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**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)
RICHEY ES	21289	U	454	206	45	60	272
SKYLINE MS	21336	U	724	185	26	50	362
STANTON MS	21293	U	611	235	39	60	367
T MCKEAN HS	21329	U	1305	287	22	50	653
TELEGRAPH RD ILC	21294	U	222	155	70	80	178
WARNER ES	21261	U	824	288	35	60	494
WARNER KINDER CTR	21259	U	307	206	67	80	246
W LEWIS ES	21318	U	438	368	84	90	394
District Totals for calculating Weighted Average Discount			15,715				8,696 <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">9362</span>

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

→ ~~55%~~ 60%

Contact Name KAY BUCK  
 Contact Telephone Number 302-739-9649

**Schools and Libraries Universal Service Program  
 Form 471 Pre-Discount Cost Calculation Optional Grid**

Please read instructions before completing

(To be completed by Schools, Libraries, or Consortia)

<b>Block A: General Information</b>	
1. Name of Applicant <u>RED CLAY SCH DIST</u>	2. Universal Service Control Number (from 470 Application) <u>11297-0000-144997</u>
3a. SLC Service Provider Number (SPIN) if known, and Full Legal Name of your Service Provider <u>143-002-680 Bell ATLANTIC</u>	3b. Contract or Tariff Number (If Applicable -- from Item 15-16) <u>CENTREX</u>
4. Shared Services: Telecommunications Services <input checked="" type="checkbox"/> Internal Connections <input type="checkbox"/> Internet Access <input type="checkbox"/>	Site Specific Services: Internal Connections <input type="checkbox"/> Dedicated Services <input type="checkbox"/>
5. Average Discount Rate for Entities Receiving Services Listed Below in Block B (Per Column 11 of Items 15 or 16) <u>55% 60% (KRA)</u>	

<b>Block B: Services Ordered Information</b>													
6. Services & Products Ordered Details													
1	2	3	4	5	6	7	8	9	10	11	12	13	14
Account Information	Service Description	Quantity	One-Time Charges	One-Time Taxes and Surcharges	Unit Monthly Charges	Unit Monthly Taxes and Surcharges	Number of Months	Annual Amount of Monthly Charges	% Eligible Services and/or % Eligible Uses	% of Service/Product Used w/ Eligible Entities	Estimated Eligible Pre-Discount One-Time Charges	Total Annual Amount of Estimated Eligible Pre-Discount Monthly Charges	Estimated Eligible Pre-Discount Total Charges
a. <u>239-3920</u>	<u>CENTREX</u>	<u>1</u>	<u>0</u>	<u>0</u>	<u>583</u>	<u>0</u>	<u>12</u>	<u>6996</u>	<u>100</u>	<u>100</u>	<u>0</u>	<u>6996</u>	<u>6996</u>
b. <u>596-1500</u>	"	<u>1</u>			<u>602</u>			<u>7224</u>	<u>100</u>	<u>100</u>		<u>7224</u>	<u>7224</u>
c. <u>992-3501</u>	"	<u>1</u>			<u>3864</u>			<u>46,368</u>	<u>100</u>	<u>100</u>		<u>46,368</u>	<u>46,368</u>
d. <u>494-3400</u>	"	<u>1</u>			<u>1920</u>			<u>23040</u>	<u>100</u>	<u>100</u>		<u>23,040</u>	<u>23,040</u>
e. <u>651-2600</u>	"	<u>1</u>			<u>4693</u>			<u>56,316</u>	<u>100</u>	<u>100</u>		<u>56,316</u>	<u>56,316</u>
f.													
g.													
7. Total	<u>CENTREX</u>	<u>1</u>			<u>11,662</u>		<u>12</u>	<u>139,944</u>	<u>100</u>	<u>100</u>		<u>139944</u>	<u>139944</u>

Attach this grid to your Form 471 application to support Block 5, Items 15 & 16 Columns 8-10 and Item 17.

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Contact Name KAY BUCK  
 Contact Telephone Number 302-739-9649

**Schools and Libraries Universal Service Program  
 Form 471 Pre-Discount Cost Calculation Optional Grid**

Please read instructions before completing

(To be completed by Schools, Libraries, or Consortia)

<b>Block A: General Information</b>	
1. Name of Applicant <u>RED CLAY SCH DIST</u>	2. Universal Service Control Number (from 470 Application) <u>57575-0000-137140</u>
3a. SLC Service Provider Number (SPIN) if known, and Full Legal Name of your Service Provider <u>143-002-680 BELL ATLANTIC</u>	3b. Contract or Tariff Number (If Applicable - from Item 15-16) <u>015-99-007</u>
4. Shared Services: Telecommunications Services <input checked="" type="checkbox"/> Internal Connections <input type="checkbox"/> Internet Access <input type="checkbox"/>	Site Specific Services: Internal Connections <input type="checkbox"/> Dedicated Services <input type="checkbox"/>
5. Average Discount Rate for Entities Receiving Services Listed Below in Block B (Per Column 11 of Items 15 or 16) <u>55% 60% (KRB)</u>	

<b>Block B: Services Ordered Information</b>													
6. Services & Products Ordered Details													
1	2	3	4	5	6	7	8	9	10	11	12	13	14
Account Information	Service Description	Quantity	One-Time Charges	One-Time Taxes and Surcharges	Unit Monthly Charges	Unit Monthly Taxes and Surcharges	Number of Months	Annual Amount of Monthly Charges	% Eligible Services and/or % Eligible Uses	% of Service/Product Used w/ Eligible Entities	Estimated Eligible Pre-Discount One-Time Charges	Total Annual Amount of Estimated Eligible Pre-Discount Monthly Charges	Estimated Eligible Pre-Discount Total Charges
a. A	TOLL	1	0	0	28	0	12	336	100	100	0	336	336
b. B	"	1	0	0	0	0	12	0	100	100	0	0	0
c. C	"	1	0	0	543	0	12	6516	100	100	0	6516	6516
d. D	"	1	0	0	144	0	12	1728	100	100	0	1728	1728
e. E	"	1	0	0	695	0	12	8340	100	100	0	8340	8340
f.													
g.													
7. Total	TOLL	1			1410		12	16920	100	100	0	16920	16920

Attach this grid to your Form 471 application to support Block 5, Items 15 & 16 Columns 8-10 and Item 17.

PAGE 1 of 14

Contact Name Kay Burk  
 Contact Telephone Number 302-739-9649

**Schools and Libraries Universal Service Program  
 Form 471 Pre-Discount Cost Calculation Optional Grid**

Please read instructions before completing

(To be completed by Schools, Libraries, or Consortia)

<b>Block A: General Information</b>	
1. Name of Applicant <u>RED CLAY SCH DIST</u>	2. Universal Service Control Number (from 470 Application) <u>57575-0000-137140</u>
3a. SLC Service Provider Number (SPIN) if known, and Full Legal Name of your Service Provider <u>143-001-192 AT+T</u>	3b. Contract or Tariff Number (If Applicable - from Item 15-16) <u>018-99-007</u>
4. Shared Services: Telecommunications Services <input checked="" type="checkbox"/> Internal Connections <input type="checkbox"/> Internet Access <input type="checkbox"/>	Site Specific Services: Internal Connections <input type="checkbox"/> Dedicated Services <input type="checkbox"/>
5. Average Discount Rate for Entities Receiving Services Listed Below in Block B (Per Column 11 of Items 15 or 16) <del>55%</del> <u>60%</u> <b>KRS</b>	

<b>Block B: Services Ordered Information</b>													
6. Services & Products Ordered Details													
1	2	3	4	5	6	7	8	9	10	11	12	13	14
Account Information	Service Description	Quantity	One-Time Charges	One-Time Taxes and Surcharges	Unit Monthly Charges	Unit Monthly Taxes and Surcharges	Number of Months	Annual Amount of Monthly Charges	% Eligible Services and/or % Eligible Uses	% of Service/Product Used w/ Eligible Entities	Estimated Eligible Pre-Discount One-Time Charges	Total Annual Amount of Estimated Eligible Pre-Discount Monthly Charges	Estimated Eligible Pre-Discount Total Charges
a. <u>A</u>	<u>TOLL</u>	<u>1</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>12</u>	<u>0</u>	<u>100</u>	<u>100</u>	<u>0</u>	<u>0</u>	<u>0</u>
b. <u>B</u>	<u>"</u>	<u>1</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>12</u>	<u>0</u>	<u>100</u>	<u>100</u>	<u>0</u>	<u>0</u>	<u>0</u>
c. <u>C</u>	<u>"</u>	<u>1</u>	<u>0</u>	<u>0</u>	<u>198</u>	<u>0</u>	<u>12</u>	<u>2376</u>	<u>100</u>	<u>100</u>	<u>0</u>	<u>2376</u>	<u>2376</u>
d. <u>D</u>	<u>"</u>	<u>1</u>	<u>0</u>	<u>0</u>	<u>86</u>	<u>0</u>	<u>12</u>	<u>1032</u>	<u>100</u>	<u>100</u>	<u>0</u>	<u>1032</u>	<u>1032</u>
e. <u>E</u>	<u>"</u>	<u>1</u>	<u>0</u>	<u>0</u>	<u>51</u>	<u>0</u>	<u>12</u>	<u>372</u>	<u>100</u>	<u>100</u>	<u>0</u>	<u>372</u>	<u>372</u>
f. <u>224440</u> <u>17016</u>	<u>"</u>	<u>1</u>	<u>0</u>	<u>0</u>	<u>920</u>	<u>0</u>	<u>12</u>	<u>11040</u>	<u>100</u>	<u>100</u>	<u>0</u>	<u>11040</u>	<u>11040</u>
g.													
<b>7. Total</b>	<u>TOLL</u>	<u>1</u>	<u>0</u>	<u>0</u>	<u>1235</u>		<u>12</u>	<u>14820</u>	<u>100</u>	<u>100</u>	<u>0</u>	<u>14820</u>	<u>14820</u>

Attach this grid to your Form 471 application to support Block 5, Items 15 & 16 Columns 8-10 and Item 17.

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Entity Number 126297  
 Contact Person KAY BUCK

Applicant's Form Identifier 471-2000-RED  
 Phone Number 302-739-9649

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

Block 5, page 1 of 3

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

FRN # \_\_\_\_\_ (to be assigned by administrator)

11 Category of Service (only ONE category should be checked) <input checked="" type="checkbox"/> Telecommunications Service <input type="checkbox"/> Internet Access <input type="checkbox"/> Internal Connections	15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) <u>CENTREX</u>
12 Form 470 Application Number (15 digits) <u>112970000144997</u>	16 Billing Account Number (e.g., billed telephone number) <u>302-657-2600</u>
13 SPIN - Service Provider Identification Number (9 digits) <u>143-002-680</u>	17 Allowable Contract Date (mm/dd/yyyy, based on Form 470 filing) <u>N/A</u>
14 Service Provider Name <u>BELL ATLANTIC</u>	18 Contract Award Date (mm/dd/yyyy) <u>10/24/1994</u>
	19 Service Start Date (mm/dd/yyyy) <u>07/01/2000</u>
	20 Contract Expiration Date (mm/dd/yyyy) <u>12/01/2001</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 # 001

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 \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (J x I)		
11,662	0	11,662	12	139,944	0	0	0	139,944	55% 60% (PRD)	26,969 83,966.40 (1425)		

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Entity Number 126297 Applicant's Form Identifier 471-2000-RED  
 Contact Person KAY BUCK Phone Number 302-739-9649

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

Block 5, page 2 of 3

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

FRN# \_\_\_\_\_ (to be assigned by administrator)

11 Category of Service (only ONE category should be checked) <input checked="" type="checkbox"/> Telecommunications Service <input type="checkbox"/> Internet Access <input type="checkbox"/> Internal Connections	15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in instructions) <u>018-99-007</u>
12 Form 470 Application Number (15 digits) <u>575750000137140</u>	16 Billing Account Number (e.g., billed telephone number) <u>302-651-2600</u>
13 SPIN - Service Provider Identification Number (9 digits) <u>143-002-680</u>	17 Allowable Contract Date (mm/dd/yyyy, based on Form 470 filing) <u>03/30/1999</u> <u>02/10/1999</u>
14 Service Provider Name <u>BELL ATLANTIC</u>	18 Contract Award Date (mm/dd/yyyy) <u>03/30/1999</u>
	19 Service Start Date (mm/dd/yyyy) <u>07/01/2000</u>
	20 Contract Expiration Date (mm/dd/yyyy) <u>06/30/2004</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 # 001

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)
1410	0	1410	12	16,920	0	0	0	16,920	<del>55%</del> 60% URB	<del>9,306</del> 10,152 (URB)

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Entity Number 126297 Applicant's Form Identifier 471-2000-RED  
 Contact Person KAY BUCK Phone Number 302-739-9649

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

Block 5, page 3 of 3

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>015-99-007</u>
12 Form 470 Application Number (15 digits) <u>575750000137140</u>	16 Billing Account Number (e.g., billed telephone number) <u>264440 12016</u>
13 SPIN - Service Provider Identification Number (9 digits) <u>143-001-192</u>	17 Allowable Contract Date (mm/dd/yyyy, based on Form 470 filing) <u>03/30/1999</u> <u>02/01/1999</u>
14 Service Provider Name <u>AT&amp;T</u>	18 Contract Award Date (mm/dd/yyyy) <u>03/30/1999</u> <u>KAB</u>
	19 Service Start Date (mm/dd/yyyy) <u>07/01/2000</u>
	20 Contract Expiration Date (mm/dd/yyyy) <u>06/30/2004</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 # 001

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 \$ amount year pre-discount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (J x I)
<u>1235</u>	<u>0</u>	<u>1235</u>	<u>12</u>	<u>14,820</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>14,820</u>	<u>55%</u> <u>60%</u>	<u>8,151</u> <u>8,892</u> <u>KAB</u>

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### 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 <i>Kay R. Buck</i>	35 Date <i>1/12/2010</i>
36 Printed name of authorized person <i>KAY R. BUCK</i>	
37 Title or position of authorized person <i>MANAGER - VOICE/VIDEO</i>	
38 Telephone number of authorized person: <i>(302) 739-9649 ext. _____</i>	
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	<u>126297</u>	Applicant's Form Identifier	<u>471-2000-RED</u>
Contact Person	<u>KAY BUCK</u>	Phone Number	<u>302-739-9649</u>

PAGE 13 of 14

**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**

## ATTACHMENT #001

APPLICANT NAME RED CLAY SCH DIST  
 CONTACT PERSON KAY BUCK  
 CONTACT PHONE # 302-739-9649

SERVICE PROVIDER LIST  
 OF  
 PRODUCTS & SERVICES

BELL ATLANTIC-DELAWARE SPIN # 143-002-680

CONTRACT - CENTREX DATED 10/21/1994  
 EXPIRES 12/01/2001

CENTREX COMMON BLOCK, CENTREX LINES AND ALL ASSOCIATED PRODUCTS, SERVICES AND FEATURES IN THE CENTREX TARIFF CONTRACT FOR THE DELIVERY OF DIALTONE SERVICES TO THE SCHOOL DISTRICT.

BELL ATLANTIC - DELAWARE SPIN # 143-002-680

CONTRACT #OIS-99-007  
 CONTRACT - LONG DISTANCE DATED: 03/30/1999  
 EXPIRES: 06/30/2004

INTRASTATE AND INTRALATA LONG DISTANCE SERVICE AND ALL ASSOCIATED FEATURES, PRODUCTS AND SERVICES IN THAT CONTRACT TO DELIVER ITEMIZED LONG DISTANCE CALLING SERVICE TO THE SCHOOL DISTRICT.

AT&T SPIN # 143-001-192

CONTRACT #OIS-99-007  
 CONTRACT - LONG DISTANCE DATED: 03/30/1999  
 EXPIRES: 06/30/2004

INTERSTATE LONG DISTANCE SERVICE AND ALL ASSOCIATED FEATURES, PRODUCTS AND SERVICES IN THAT CONTRACT TO DELIVER ITEMIZED LONG DISTANCE CALLING SERVICE TO THE SCHOOL DISTRICT.

**USAC**  
 UNIVERSAL SERVICE  
 ADMINISTRATIVE CO.

SCHOOLS AND LIBRARIES DIVISIO  
 Box 125 - Correspondence Un  
 100 South Jefferson Roa  
 Whippany, NJ 0798

RECEIVED & INSPECTED

MAR 27 2000

MAY 20 2002

FCC - MAILROOM

RED CLAY  
 KAY BUCK  
 801 SILVER LAKE BLVD. WILLIAM  
 DOVER, DE 19904

March 24, 2000

FCC Form 471 RECEIPT ACKNOWLEDGMENT LETTER TO APPLICANT  
 Re: Form 471 Application Number 198342

Funding Year 07/01/2000 - 06/30/2001 - Program Year 3  
 Applicant's Form Identifier: 471-2000-RED  
 Billed Entity Number 126297

NOTICE: This notification is an acknowledgment of RECEIPT and SUCCESSFUL DATA ENTRY of your FCC Form 471, Services Ordered and Certification Form, reflecting \$171,684.00 in total program year pre-discount costs for services.

This letter does NOT contain any decisions concerning your requests for discounts.

Please keep this letter for your records. The Form 471 application number cited above is critical for you to link your application to future Schools and Libraries Division (SLD) communications.

Please be advised that your Form 471 was officially received by the SLD on 01/13/2000 and successfully entered into our data system. In addition, we have received the Certification for the Form 471 and the other required documentation. We have entered this Certification into our processing system. SLD's Program Integrity Assurance (PIA) Team will now review your application for compliance with program rules. Once the review of your application has been completed, you will receive a separate Funding Commitment Decisions Letter which informs you of the disposition of your application. Until you receive a Funding Commitment Decisions Letter from the SLD, you cannot assume that you will receive the discounts for which you are applying.

Your application will be considered within the application filing window wherein all applications which meet the Minimum Processing Standards are treated as though they were received on the same day.

**HOW TO USE THIS 471 RECEIPT ACKNOWLEDGMENT LETTER TO CORRECT INFORMATION ON YOUR FORM 471 (ACT WITHIN 2 WEEKS!)**

If you find data entry errors on this letter, or you previously identified errors on your Form 471, these can be corrected using this Form 471 Receipt Acknowledgment Letter. Examples of the errors that can be corrected are:

- \* Block 1 information (such as contact person or street address);
- \* Reductions to Block 5 Funding Requests;
- \* SPIN is incorrect because of a data entry error or because the company has merged with or been acquired by another company (Requests to change service providers for other reasons cannot be accommodated through the Receipt Acknowledgment Process.);
- \* If on your Form 471 you incorrectly combined or "bundled" into one Funding Request Number (FRN) two or more services from different service providers (for example, local phone service from one company and long distance service from another) or from different eligible service categories (such as internal connections and Internet access), you may request us to "split" or "unbundle" the FRN.

NOTE: The total dollar amount represented by the newly divided FRN must not exceed

the amount you requested for the original combined FRN. On the photocopy of your Receipt Acknowledgment Letter, cross out the original bundled FRN, then write in the SPIN, Service Provider Name, Services Ordered category, Total Program Year Pre-Discount \$ Amount, and Discount for each distinct service you have now "unbundled," making sure that the total dollars requested add up to no more than the ORIGINAL request.

To notify us of the allowable corrections you wish to make, please remember the SLD must receive these corrections within 2 weeks of the date of this letter. Follow these simple steps to make corrections:

1. Photocopy your Receipt Acknowledgment Letter.
2. Draw a line through each incorrect item, and mark clearly next to it what the correct information should be.
3. Please write the name of the contact person and telephone number on the first page of the RAL copy that will be sent to the SLD so that we can contact you if we have questions about your requested changes.
4. Make a photocopy of your marked-up letter to keep for your files.
5. Send your marked-up letter to arrive within two weeks of the date of this Form 471 Receipt Acknowledgment Letter to: Data Entry Corrections, Schools and Libraries Division, Box 300 - Correspondence Unit, 100 South Jefferson Road, Whippany, NJ 07981. (Please no e-mail.) We recommend that you send your marked-up letter via certified mail or another mode of delivery that will provide you with proof of delivery. Alternatively, you may fax your marked-up letter within two weeks of the date of this Form 471 Receipt Acknowledgment Letter. Please fax your marked-up letter with a Fax Cover Page to: Data Entry Corrections, fax # (973) 884-8217 and indicate the number of pages you are faxing. When faxing, save your confirmation page from sending the fax as your receipt of completed transmission.
6. Allowable corrections received in a timely fashion will be reflected in your Funding Commitment Decision Letter. We will not make corrections that do not fall into the categories defined as Allowable Corrections, above. Please note: the SLD will not advise you that we have received your "change request."
7. Please notify your service provider of any corrections to the Receipt Acknowledgment Letter that you submit to the SLD. Your service provider has also received a copy of the original Form 471 RAL letter. This correction will help your service provider keep your records updated.

#### EXPLANATION OF LINE ITEM INFORMATION

Select information from each Block 5 of Form 471 Application Number 198342 which passed Minimum Processing Standards and which could be entered into our data system is shown below. There are six important components of information shown for each Block 5:

1. FRN: The FRN is the Funding Request Number that the SLD assigned to each Block 5 that is entered into our data system. This number will be cited in relation to the SLD's funding decision contained in the Funding Commitment Decision Letter. The FRN information will also be shared with service providers so that they can provide discounted bills and invoice the SLD for the approved discount amount.
2. SPIN: This is the Service Provider Identification Number that you provided. This is a unique identification number assigned to each service provider.
3. Service Provider Name: This is the legal name in our database that is associated with the Service Provider Identification Number that you provided.
4. Category of Service: This is the type of service for which you have requested discounts. The categories of services are: Telecommunications Services (Telc Svc); Internet Access (Inet Acc); Internal connections (Intr Con).
5. Total Program Year Pre-discount \$ Amount: This is the total annual pre-discount cost for each FRN. This amount is taken from Column I of Item 23.
6. Disc.: This is the discount percentage from Block 5, Items 23, Column J.

#### Missing FRNs

If information about a particular FRN is not included in the itemized list of Block 5 FRNs set forth above, this is because the FRN did not pass Minimum Processing Standards. If this is the case, you will receive a separate letter from the SLD informing you that these FRNs have been rejected, with an explanation of the reason for rejection. If you believe that there were FRNs included in your Form 471 which are not listed in this letter AND you have not received a letter informing you that those FRNs are rejected, please

write to us at the address listed at the bottom of this letter concerning "Questions about this Letter." Please note that the SLD Client Service Bureau may not have the information necessary to respond to your inquiry; therefore, your letter should be sent to the New Jersey address featured below.

Future Contacts with PIA

It may be important for us to contact you as our PIA (Program Integrity Assurance) Team reviews the funding requests contained in your Form 471. Our requests for clarification and/or additional documentation will require a prompt response. The due date for such responses will be established at the time that the PIA Team may contact you. Please make sure that the contact person on your application is available to speak with the PIA Team, or that a surrogate is available. In addition, you should monitor on a daily basis the fax and e-mail locations that you may have cited in your Form 471 for the applicant and the contact person for the applicant.

Communications with your Service Providers

The SLD is also sharing this FRN information with service providers whose SPINs are listed on Form 471 applications. This information is provided so that service providers can undertake the preparatory steps of identifying their potential customers for whom discounts may be issued. NO DISCOUNTS will be provided until:

- \* after the SLD issues the Funding Commitment Decision Letters for a particular application; AND
- \* technology plans, if applicable, have been approved; AND
- \* the applicant submits a Form 486 with a valid service start date.

The SLD encourages Form 471 applicants to contact their service providers to inform the service providers of the funding requests submitted to the SLD. Service providers may request additional information concerning the specific services contained within each funding request in order to facilitate discounted billing. Applicants are encouraged to share this information with service providers in order for the service providers to begin the preparatory billing steps.

Questions about this Letter

If you have any questions regarding the above information, please write to us at SLD, Box 300-Correspondence Unit, 100 South Jefferson Road, Whippany, NJ 07981.

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

Funding Request Number: 430711  
SPIN: 143002680 Service Provider Name: Bell Atlantic - Delaware  
Services Ordered: Telc Svc(s)  
Pre-discount Cost: \$139,944.00  
Discount Percentage: 60%

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Funding Request Number: 430715  
SPIN: 143002680 Service Provider Name: Bell Atlantic - Delaware  
Services Ordered: Telc Svc(s)  
Pre-discount Cost: \$16,920.00  
Discount Percentage: 60%

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Funding Request Number: 430717  
SPIN: 143001192 Service Provider Name: AT&T Corp.  
Services Ordered: Telc Svc(s)  
Pre-discount Cost: \$14,820.00  
Discount Percentage: 60%

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