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Request for Waiver
June 27, 2002
For: 471YR5 Application

Contact Persons:

Sister Elizabeth McVeigh, SSJ
Principal
Saint Katharine Drexel School
1901 Potter Street
Chester, PA 19013

Phone 610-872-7358
FAX 610-872-7833
E-mail APBKD11@nni.com

Mr. Edward Larkin
Business Manager
Saint Katharine Drexel Parish
1920 Providence Ave.
Chester, PA 19013

Phone 610-872-3731
FAX 610-872-0545
E-m:ELARKIN@VOICENET.COM

As requested we are noting: CC Docket Nos. 96-45 and 97-21

Request for waiver of late postmark for our 471YR5 Application
(This is not an appeal as we have not received notification as to date but this is a PLEA for your consideration.)
BILLED ENTITY NUMBER: **19806** Funding year: **July 1,2002 - June 30, 2003**

Date on which Application was completed and signed by our Pastor: **January 15, 2002**
Date of postmark: **January 28, 2002**

SUMMARY:

1. St. Katharine Drexel School has worked with USAC Schools and Libraries for 4 years with E-Rate and has received 80% discount on our telecommunications bills for 4 years. The technological growth in our school has been greatly impacted by this grant. The loss of these funds would be very detrimental to our students, families and staff.
2. Our school is located in the City of Chester, PA. Chester is an impoverished city and 50% of our students' families are classified as low- income families. Many of our students do not have access to technology outside of school.
3. We filed our 470YR5 Application (#893440000400704) on 12/18/2001 and received notification on 12/31/2001 that it was posted on 12/27/2001.
4. Although we completed our 471YR5 Application on 01/15/2002 we thought we had to wait until at least 01/24/2002 as shown on FORM 470- Notification Letter dated 12/31/ 2001 ["Allowable Vendor Selection/Contract Date: 01/24/2002"]
5. We are enclosing a copy of our 471YR5 Application form for your review. As we have not received a refusal of the services requested to date we respectfully ask you to consider waiving the missed / mistaken deadline.

No. of Copies rec'd 0+1
List ABCDE

Conclusion:

If we may be of any assistance please call Sister Elizabeth McVeigh or Mr. Ed Larkin. They will be glad to give you clarifications or further information if needed. On behalf of the school family of Saint Katharine Drexel I express our gratitude for your time and help.

Sincerely,

Rev. Kevin P. Murray
Pastor
Authorized Person for St. Katharine Drexel School

FCC Form 471

Do not write in this area.

Approval by OMB
3060-0806

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 for filing this form online)

Applicant's Form Identifier: 471YR5 (Create your

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

Block 1: Billed Entity Information

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

1 Name of Billed Entity (30 characters max.) **Saint Katharine Drexel School**

2 Funding Year: July 1, 2002___ through June 30, 2003____ | 3 Entity Number (up to 10 digits) **19806**

4a Street Address, P.O. Box, or Route Number **1901 Potter Street**

City **Chester** | Pa | Zip Code **00001-9013**

b Telephone Number (10 digits + ext.) (610) 872-7358 - _____ ext. _____

c Fax Number (10 digits) (610) 872-7833 - _____

d E-mail Address (50 characters max.) APBKD11@NNI.COM

5 Type of Application
- [x] 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 **Sister Elizabeth McVeigh or Edward Larkin**

*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 **1901 Potter Street**

City **Chester** | Pa | Zip Code **00001-9013**

c [x] Telephone Number (10 digits + ext.) (610) 872-7358- _or (610) 872-3731 ext. _____

d [x] Fax Number (10 digits) (610)872-7833 - _____

e [ ] E-mail Address (50 characters max.)

f Holiday/vacation/summer contact information: **(610)876-4916**

Block 2: Minor Modification to Existing Contract? N/A

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

Form 471 Application #: [ ] Funding Request Number: [ ]

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

Entity Number _19806_ Applicant's Form Identifier_471YR5_
Contact Person _Sister Elizabeth McVeigh_ Phone Number __(610)872-7358_

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 **279 (pre-K to 8th)** 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?	24	36
b	High-bandwidth voice/data/video service: How many buildings served before and after your order?	0	0
c	High-bandwidth voice/data/video service: Highest speed to a building before and after your order?	0	0
d	Dial-up Internet connections: How many before and after your order?	2	2
e	Dial-up Internet connections: Highest speed before and after your order?	56 K	56K
f	Direct connections to the Internet: How many before and after your order?	0	0
g	Direct connections to the Internet: Highest speed before and after your order?	0	0
h	Internet access (for schools): How many rooms have Internet access before and after your order?	4	13
i	Internet access (for libraries): How many buildings have Internet access before and after your order?	N/A	N/A
j	Internet access: How many computers (or other devices) with Internet access before and after your order?	22	33
k	Other technology outcomes: (please specify):	0	0

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 19806 Applicant's Form Identifier 471YR5
Contact Person Sister Elizabet McVeigh Phone Number (610)872-7358

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

Worksheet #A-_____

Page __/__ of __/__

(For Administrator's Use)

Instructions: If you are filing a School/School District application, 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 If you are:

- **Applying for discounts 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):** 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).

School District Name: _____ School District Entity Number: _____

1	2	3	4	5	6	7	8
Name of Eligible 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)
Saint Katharine Drexel	19806	U	259 (K-8)	130	50%	80%	N/A
Totals for calculating Weighted Average Discount							

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

Entity Number 19806 Applicant's Form Identifier 471 YR5
471YR5
Contact Person Sister Elizabeth McVeigh Phone Number 610)872- 7358

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) ◉ 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): T
	16 **Billing Account Number** (e.g., billed telephone number): (610)872-7358
12 **Form 470 Application Number** (15 digits) 893440000400704	17 **Allowable Vendor Selection/Contract Date** (mm/dd/yyyy) (based on Form 470 filing) 01/24/2002
13 **SPIN - Service Provider Identification Number** (9 digits) 14001398	18 **Contract Award Date** (mm/dd/yyyy): N/a
	19a **Service Start Date** (mm/dd/yyyy): 07/01/2002
	19b **Service End Date** (mm/dd/yyyy) (use only for "T" or "MTM" services): 06/30/2003
14 **Service Provider Name** Verizon Pennsylvania Inc.	20 **Contract Expiration Date** (mm/dd/yyyy): N/A

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 # 1

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

a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : 19806

b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): _____

23 **Calculations**

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)
$295.79		$295.79	12	$3,549.48				$3,549.48	80	$2,839.58

Entity Number __19806_____ Applicant's Form Identifier 471 YR5
_471YR5_____
Contact Person Sister Elizabeth McVeigh Phone Number 610\872- 7358

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) ◉ 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) **0012349987-3**
12 **Form 470 Application Number** (15 digits) 893440000400704	17 **Allowable Vendor Selection/Contract Date** (mm/dd/yyyy) (based on Form 470 filing) 01/24/2002
13 **SPIN - Service Provider Identification Number** (9 digits) **143000904**	18 **Contract Award Date** (mm/dd/yyyy) **N/a**
	19a **Service Start Date** (mm/dd/yyyy) **07/01/2002**
	19b **Service End Date** (mm/dd/yyyy) (use only for "T" or "MTM" services) **06/30/2003**
14 **Service Provider Name** **Nextel Communicaton**	20 **Contract Expiration Date** (mm/dd/yyyy) **N/A**

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 # __3_____

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 : 19806_____
b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): _____

23 **Calculations**

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)
$640.28		$640.28	12	$7,683.36				$7,683.36	80	$6,146.69

Entity Number 19806 Applicant's Form Identifier 471 YR 5
471YR5
Contact Person Sister Elizabeth McVeigh Phone Number 610/872- 7558

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) ○ 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) **11902**
12 **Form 470 Application Number** (15 digits) 893440000400704	17 **Allowable Vendor Selection/Contract Date** (mm/dd/yyyy) (based on Form 470 filing) 01/24/2002
13 **SPIN - Service Provider Identification Number** (9 digits) **143010169**	18 **Contract Award Date** (mm/dd/yyyy) **N/a**
	19a **Service Start Date** (mm/dd/yyyy) **07/01/2002**
	19b **Service End Date** (mm/dd/yyyy) (use only for "T" or "MTM" services) **06/30/2003**
14 **Service Provider Name** **NuNet**	20 **Contract Expiration Date** (mm/dd/yyyy) **N/A**

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 # 4

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 : 19806
b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): _____

23 **Calculations**

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)
$39.90		$39.90	12	$478.80				$478.80	80	$383.04

Do not write in this area

Entity Number 19806 Applicant's Form Identifier 471 YR 5
Contact Person Sister Elizabeth Mcveigh Phone Number 610-872-7358

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 [x] 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 [x] 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 [x] technology plan(s) has/have been approved; and/or

b [ ] technology plan(s) will be approved by a state or other authorized body; or

c [ ] no technology plan needed; applying for basic local and long distance telephone service only.

28 I certify that the entities eligible for support that I am representing have complied with all applicable state and local laws regarding procurement of services for which support is being sought.

29 I certify that the services the applicant purchases at discounts provided by 47 U.S.C. Sec. 254 will be used solely for educational purposes and will not be sold, resold, or transferred in consideration for money or any other thing of value.

30 I certify that the entity(ies) I represent has complied with all program rules and I acknowledge that failure to do so may result in denial of discount funding and/or cancellation of funding commitments.

31 I understand that the discount level used for shared services is conditional, for future years, upon ensuring that the most disadvantaged schools and libraries that are treated as sharing in the service, receive an appropriate share of benefits from those services.

32 I recognize that I may be audited pursuant to this application. I will retain for five years any and all worksheets and other records that I rely upon to fill out this application, and, if audited, will make available to the Administrator such records.

33 I certify that I am authorized to submit this request on behalf of the above-named entities, that I have examined this request, and to the best of my knowledge, information, and belief, all statements of fact contained herein are true.

34 Signature of authorized person	35 Date January 15, 2002
36 Printed name of authorized person Rev. Kevin P Murray	
37 Title or position of authorized person Pastor	
38 Telephone number of authorized person: (610) 872-7358 , 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.

Saint Katharine Drexel Catholic School

1901 Potter Street
Chester, PA 19013-5497
(610) 872-7358 · FAX (610) 872-7833
http://www.stkatharinedrexelparish.org

Form 471 YR 5 Billed Entity Number 19806
Saint Katharine Drexel School

Attachment of Services

Attachment Number: 1 SPIN: 143001398

Service Provider: Verizon of Pennsylvania
Contract Number: T
Categpry of Service Communications

Local Telephone Service Monthly Charges: $295.79

Attachment Number: 2 SPIN: 143004253

Service Provider: ACC(AT&T dba Long Distance at Massachusette)

Contract Number T
Category of Service: Telecommunications

Long Distance Telephone Monthly Charges: $49.13

Attachment Number: 3 SPIN: 143000904

Service Provider: Nextel Communications
Contract Number MTM
Category of Service: Telecommunications

Cellular Phone Service: Monthly Charges: $640.28

Attachment Number: 4 SPIN: 143010169

Service Provider: NuNet Co.
Contract Number: MTM
Category of Services: Internet Access

Internet Access for Students Monthly Charges: $39.90

Entity Number 19806	Applicant's Form Identifier 471YR5
Contact Person Sister Elizabeth MVeigh	Phone Number (610)872-7358

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

USAC

Universal Service Administrative Company
Schools & Libraries Division

FORM 470--Receipt Notification Letter

(Funding Year 5: 07/01/2002--06/30/2003)

December 31, 2001

SAINT KATHARINE DREXEL SCHOOL
ELIZABETH MCVEIGH
1901 POTTER STREET
CHESTER, PA 19013-5497

Re: Applicant's Form Identifier: 470YR5
Form 470 Application Number: 893440000400704
Entity Number: 19806
Date Form 470 Posted: 12/27/2001
Allowable Vendor Selection/Contract Date: 01/24/2002

Dear Applicant:

We are pleased to inform you that the Schools and Libraries Division (SLD) has received your FCC Form 470, "Description of Services Requested and Certification Form," complete with your signed certification. The posting date is noted above. This letter provides important information about the processing of your Form 470 application. Please read this letter carefully and retain it for your records and future reference.

The Form 470 Application Number listed above has been assigned by the SLD and will be used to track your Form 470. This number must be provided on each FCC Form 471, the "Services Ordered and Certification Form," that cites this Form 470. Any applicant who relies on this Form 470 will need to know this Form 470 Application Number. You may wish to share this number with those schools and/or libraries featured in this application to assist them in their preparation of Form 471.

FCC rules require that requests for tariff or month-to-month services and requests for new contractual services be posted on the SLD web site for a period of 28 days before selecting a vendor, to provide for a competitive bidding process. State or local laws may require a longer procurement cycle. This 28-day waiting period must occur before you may execute any contracts for contracted services, before you select your vendor for tariff or month-to-month services, and before you sign and submit your Form 471. In addition, if you are seeking support for the first time for services delivered under a multi-year contract signed on or before July 10, 1997, the SLD cannot process your Form 471 until the 28-day waiting period has elapsed.

The date that contracts can be executed for contracted services or that selection can be made for a vendor providing tariff or month-to-month services is listed above as the "Allowable Vendor Selection/Contract Date."

For information about the filing window for FCC Form 471 for discounts on services to be rendered on or between July 1, 2002, and June 30, 2003, check the Schools and Libraries web site at <http://www.sl.universalservice.org>. Information about the filing window will be posted when it becomes available.

It is important to remember that not all requested services will necessarily be approved for discounts. Your FCC Form 471, the "Services Ordered and Certification Form" will be subject to review by the SLD for a determination of funding eligibility before funds are committed. (This review will consider all program rules including eligibility of discount recipients and the eligibility of services for which discounts are requested.) In addition, availability of funds will be a factor in funding decisions. Therefore, you should consider the possibility of a denial of funding or a level of funding below your request, and include appropriate contingencies in contracts for any or all of the requested services.

Thank you for your interest in the Schools and Libraries program. If you have any questions, please call the SLD Client Service Bureau at 1-888-203-8100.

Schools and Libraries Division
Universal Service Administrative Company