

DOCKET FILE COPY ORIGINAL



The Thomas Communications  
Technologies LLC

December 6, 2002

Federal Communications Commission  
Office of the Secretary  
9300 East Hampton Drive  
Capital Heights, MD 20743

Michelle L. Chemotti  
The Thomas Group  
217 Montgomery Street  
6<sup>th</sup> Floor  
Syracuse, New York 13202  
Phone (315) 426-8445  
Fax (315) 426-8348  
mlc@iheithomasgroup.com  
www.TheThomasGrp.com

Re: Letter of Appeal  
471 Application # 328819  
Billed Entity # 123302  
FRN #886228, 886229, 886230, 886231, 886232  
CC Docket No. 96-45  
CC Docket No. 97-21

To Whom It May Concern:

During the application process for E-rate Program Year V (Funding Year 2002) Thomas Communications & Technologies, LLC (TC&T) applied on behalf of Waterford Township School District for funding for their telecommunications services. The FRN's, listed above, for these services were not funded because the application allegedly was missing Block 4.

On April 9, 2002, TC&T appealed this decision by sending a letter of appeal and a complete copy of the Form 471 to the SLD. On October 20, 2002, we were notified the appeal was denied because:

"...it was determined that you did not include a completed Block 4 worksheet with your original submission. [...] it did not meet MPS and was correctly rejected by SLD."

- However, after careful review of our files, a copy of the entire Form 471 is evident. Our contention is because we have a full copy of the Form 471, which includes Block 4, it is extremely difficult to submit an original without the Block 4 since it is an inner page of the form.

Sincerely,

**Thomas Communications & Technologies, LLC**

Michelle L. Chemotti  
Manager of E-rate Services

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

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MLC/amz  
Enclosure  
**the Thomas**  
A TETRA TECH COMPANY group

www.tc-t.com



**Administrator’s Decision on Appeal - Funding Year 2002-2003**

October 17,2002

Shari Dwyer  
The Thomas Group  
Re: Waterford Township School District  
217 Montgomery Street, 6<sup>th</sup> Floor  
Syracuse, NY 13202

RECEIVED  
OCT 20 2002  
THE THOMAS GROUP  
Syracuse  
Project No. \_\_\_\_\_ File # \_\_\_\_\_

Re: Billed Entity Number: 123302  
471 Application Number: 328819  
Funding Request Number(s): 886228,886229,886230,886231,886232  
Your Correspondence Dated: April 9,2002

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 Five 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 60-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: 886228,886229,886230, 886231, 886232  
Decision on Appeal: **Denied in full**  
Explanation:

- In your letter of appeal you have stated that your application was rejected because the “FCC Form 471 did not include all pages, Blocks 1-6”. You have included a copy of the complete Form 471 that includes Block 4, which was missing in the original submission. You have asked the SLD to review the corrected version of this application.
- Upon thorough review of the appeal it was determined that you did not include a completed Block 4 worksheet with your original submission. Minimum processing standards require that applicants include at least 1 completed Block 4 worksheet with their Form 471 or the application will be rejected. As you did not include a completed Block 4 with this application it did not meet MPS and was correctly rejected by SLD. You have included a completed Block 4 with your letter of appeal but program rules do not allow for the acceptance of this

documentation after the close of the FY5 window (January 17,2002.) The application was correctly rejected by SLD, and program compliance cannot accept the documentation included with your letter of appeal. Consequently, the appeal is denied.

- The original submission of this funding request was missing data in Block 4, which caused the form to be rejected for failing to meet the minimum processing standards for that form. Forms that do not meet the minimum processing standards are not considered for funding. Your appeal has not shown that the request was improperly denied. Consequently, this funding request will not be data entered and your appeal is denied.

If you believe there is a basis for further examination of your application, you may file an appeal with the Federal Communications Commission (FCC) via United States Postal Service: FCC, Office of the Secretary, 445-12<sup>th</sup> Street SW, Washington, DC 20554. If you are submitting your appeal to the FCC by other than United States Postal Service, check the SLD web site for more information. Please reference CC Docket Nos. 96-45 and 97-21 on the first page of your appeal. **The FCC must RECEIVE your appeal WITHIN 60 DAYS OF THE ABOVE DATE ON THIS LETTER for your appeal to be filed in a timely fashion.** Further information and new options for filing an appeal directly with the FCC can be found in the “Appeals Procedure” posted in the Reference Area of the SLD web site, [www.sl.universalservice.org](http://www.sl.universalservice.org).

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

Schools and Libraries Division  
Universal Service Administrative Company

Thomas**Communications**  
& T e c h n o l o g i e s

April 9,2002

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

*Shari Dwyer*  
*The Thomas Group*  
*217 Montgomery Street*  
*Sixth Floor*  
*Syracuse, New York 13202*  
*Phone (315) 426 - 8445*  
*Fax (315) 426 - 8348*  
*sld@thomasamerica.com*  
*www.TheThomasGrp.com*

Re: 471 Application Number 328819

To Whom It May Concern:

During the application process for E-rate Program Year V, Thomas Communications & Technologies, LLC (TCT) applied on behalf of Waterford Township School District for funding for their telecommunication services.

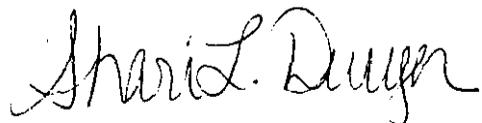
The contact information is as follows: Shari L. Dwyer, 217 Montgomery Street, 6<sup>th</sup> Floor, Syracuse, **NY** 13202. The phone number is (315) 426-8445 and the fax number is (315) 426-8348.

On February 26, 2002, we were sent a Fund Year 5 Form 471-Rejection Letter. The applicant is Waterford Township School District the application number is 328819 and the entity number is 123302. This letter is to serve as an "appeal."

This application was rejected due to: FFC Form 471 submitted did not include all pages, Blocks 1-6. Enclosed you will find the full application with the missing Block 4, which now makes this application complete. Please review the corrected version of Waterford Township School District's application.

Sincerely,

**Thomas Communications & Technologies, LLC**



Shari Dwyer  
Director of Telecommunications Consulting Services

Enclosure

SLD/mlc

## 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)

Applicant's Form Identifier: **PY5Waterford-22**

(Create your own code to identify THIS Form 471)

Form 471 Application #: \_\_\_\_\_

(To be inserted by Fund Administrator)

### Block 1: Billed Entity Information

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

**1** Name of Billed Entity (30 characters max.) **Waterford Township School District**

**2'** Funding Year: **July 1, 2002 through June 30, 2003**      **3** Entity Number (up to 10 digits) **123302**

**4a** Street Address, P.O. Box, **1106 Old White Horse Pike**

or Route Number

City **Waterford**      State **NJ**      Zip Code **08089**

entities.

**a** Contact Person's Name **Shari L. Dwyer**

*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.)*

Street Address, P O **217 Montgomery Street, 6th Floor**

Box. or Route Number

City **Syracuse**      State **NY**      Zip Code **13202**

**f** Holiday/vacation contact information (optional):

### 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 123302 Applicant's Form Identifier PY5Waterford-22  
 Contact Person Shari L. Dwer Phone Number 315-426-8445

### Block 3: Impact of Services Ordered in THIS Application

8

\_\_\_\_\_  
 \_\_\_\_\_

9

IF THIS APPLICATION INCLUDES...		BEFORE ORDER	AFTER ORDER
a	<i>(Schools/districts/consortia only)</i> Telephone service: How many classrooms had phone service before and after your order?		
b	High-bandwidth voice/data/video service: How many buildings served before and after your order?	3	3
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?	5	5
e	Dial-up Internet connections: Highest speed before and after your order?	56K	56K
f	Direct connections to the Internet: How many before and after your order?	3	3
g	Direct connections to the Internet: Highest speed before and after your order?	500K	500K
h	Internet access (for schools): How many rooms have Internet access before and after your order?	62	62
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?	108	108
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 123302  
 Contact Person Shari L. Dwyer

Applicant's Form Identifier PY5Waterford-22  
 Phone Number 315-426-8445

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

Worksheet #A-0122

Page 1 of 1

**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.



(For Administrator's Use)

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).

School District Name: **Waterford Township School District**

School District Entity Number: **123302**

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)
ATCO Elementary School	8400	U	235	29	12%	40%	94
Thomas Richards School	8402	U	242	42	17%	40%	96
Waterford Elementary School	8783	U	432	67	16%	40%	172.8
District Totals for calculating Weighted Average Discount			909				363.6

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



40%

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

Block 5, page 1 of 5

**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.

t

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

<b>11 Category of Service</b> (only ONE category should be checked) @Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections		<b>15 Contract Number</b> (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions)	<b>MTM</b>
<b>12 Form 470 Application Number</b> (15 digits) <b>587470000380085</b>		<b>16 Billing Account Number</b> (e.g., billed telephone number)	<b>856-767-4423</b>
<b>13 SPIN - Service Provider</b> Identification Number (9 digits) <b>143001362</b>		<b>17 Allowable Vendor Selection/Contract Date</b> (mm/dd/yyyy) (based on Form 470 filing)	<b>12/12/2001</b>
		<b>18 Contract Award Date</b> (mm/dd/yyyy)	<b>N/A</b>
		<b>19a Service Start Date</b> (mm/dd/yyyy)	<b>07/01/2002</b>
		<b>19b Service End Date</b> (mm/dd/yyyy) (use only "T" or "MTM" services)	<b>6/30/2003</b>
<b>14 Service Provider Name</b> <b>Verizon - NJ</b>		<b>20 Contract Expiration Date</b> (mm/dd/yyyy)	<b>N/A</b>

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)
\$ 79.77	\$0.00	\$79.77	12	\$ 957.24	\$0.00	\$0.00	\$0.00	\$ 957.24	40%	\$ 382.90

## Block 5: Discount Funding Request(s)

Block 5, page 2 of 5

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.

**Funding Request Number (FRN #)** \_\_\_\_\_ **(to be assigned by administrator)**

<b>11 Category of Service</b> (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections	<b>15 Contract Number</b> (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) <span style="float:right"><b>MTM</b></span> <b>16 Billing Account Number</b> (e.g., billed telephone number) <span style="float:right"><b>21461</b></span>									
<b>12 Form 470 Application Number</b> (15 digits) <b>587470000380085</b>	<b>17 Allowable Vendor Selection/Contract Date</b> (mm/dd/yyyy) (based on Form 470 filing) <b>12/12/2001</b>									
Identification Number (9 digits) <b>143016763</b>	<b>19a Service Start Date</b> (mm/dd/yyyy) <b>07/01/2002</b> <b>19b Service End Date</b> (mm/dd/yyyy) (use only "T" or "MTM" services) <b>6/30/2003</b>									
<b>14 Service Provider Name</b> <b>Nextlink(XO Communications)</b>	<b>20 Contract Expiration Date</b> (mm/dd/yyyy) <b>N/A</b>									
<b>21 Description of This Service:</b> 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 # <b>Xo1b4b</b>										
<b>22 Entity/Entities Receiving This Service:</b>	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): <b>A-0122</b>									
<b>23 Calculations</b>										
Recurring Charges					One-Time Charges			Total Charges		
<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>K</b>
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)
<b>\$ 2,232.28</b>	<b>\$0.00</b>	<b>\$2,232.28</b>	<b>12</b>	<b>\$ 26,787.36</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$ 26,787.36</b>	<b>40%</b>	<b>\$ 10,714.94</b>

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

Block 5, page 3 of 5

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.



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) <b>MTM</b>
12 Form 470 Application Number (15 digits) <b>587470000380085</b>	16 Billing Account Number (e.g., billed telephone number) <b>2642</b>
13 SPIN - Service Provider Identification Number (9 digits) <b>143005732</b>	17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) <b>12/12/2001</b>
14 Service Provider Name Comcast Garden State Cable	18 Contract Award Date (mm/dd/yyyy) <b>N/A</b>
	19a Service Start Date (mm/dd/yyyy) <b>07/01/2002</b>
	19b Service End Date (mm/dd/yyyy) (use only "T" or "MTM" services) <b>6/30/2003</b>
20 Contract Expiration Date (mm/dd/yyyy) <b>N/A</b>	

21 Description of This Service: description with an Attachment #, and note number in space provided below.  
 Attachment # **Com 1c-3c**

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-0122**

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 charge! (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (J x I)
<b>\$ 550.00</b>	<b>\$0.00</b>	<b>\$550.00</b>	<b>12</b>	<b>\$ 6,600.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$ 6,600.00</b>	<b>40%</b>	<b>\$ 2,640.00</b>

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

Block 5, page 4 of 5

**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.

Requested by administrator

<b>11 Category of Service</b> (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections		<b>15 Contract Number</b> (if available; use "T" if tariffed services "MTM" if month to-month services as described in instructions)	<b>MTM</b>
<b>12 Form 470 Application Number</b> (15 digits) <b>587470000380085</b>		<b>16 Billing Account Number</b> (e.g. billed telephone number)	<b>270-887461</b>
<b>13 SPIN -Service Provider</b> Identification Number (9 digits) <b>143003033</b>		<b>17 Allowable Vendor Selection/Contract Date</b> (mm/dd/yyyy) (based on Form 470 filing)	<b>12/12/2001</b>
		<b>18 Contract Award Date</b> (mm/dd/yyyy)	<b>N/A</b>
		<b>19a Service Start Date</b> (mm/dd/yyyy)	<b>07/01/2002</b>
<b>14 Service Provider Name</b> <b>Metrocall, Inc.</b>		<b>20 Contract Expiration Date</b> (mm/dd/yyyy)	<b>N/A</b>

				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)
\$ 26.26	\$0.00	\$26.26	12	\$ 315.12	\$0.00	\$0.00	\$0.00	\$ 315.12	40%	\$ 126.05

Entity Number 123302 \_\_\_\_\_ Applicant's Form Identifier **PY5Waterford-22** \_\_\_\_\_  
 Contact Person Shari L. Dwyer \_\_\_\_\_ Phone Number 315-426.8445 \_\_\_\_\_

<b>11</b> 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	<b>15</b> Contract Number (if available use "T" if tariffed services "MTM" if month-to-month services as described in Instructions) <span style="float:right"><b>MTM</b></span> <b>16</b> Billing Account Number (e.g., billed telephone number) <span style="float:right"><b>0013190300-7</b></span>
<b>12</b> Form 470 Application Number (15 digits) <b>587470000380085</b>	<b>17</b> Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) <span style="float:right"><b>12/12/2001</b></span>
<b>13</b> SPIN - Service Provider Identification Number (9 digits) <b>143000890</b>	<b>18</b> Contract Award Date (mm/dd/yyyy) <span style="float:right"><b>NIA</b></span> <b>19a</b> Service Start Date (mm/dd/yyyy) <span style="float:right"><b>07/01/2002</b></span> <b>19b</b> Service End Date (mm/dd/yyyy) (use only "T" or "MTM" services) <span style="float:right"><b>6/30/2003</b></span>
<b>14</b> Service Provider Name: <b>Nextel</b>	<b>20</b> Contract Expiration Date (mm/dd/yyyy) <span style="float:right"><b>NIA</b></span>

**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-I): **A-0122**

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)
<b>\$ 69.98</b>	<b>\$0.00</b>	<b>\$69.98</b>	<b>12</b>	<b>\$ 839.76</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$ 839.76</b>	<b>40%</b>	<b>\$ 335.90</b>

## 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 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

36 Printed name of authorized person

**Shari L. Dwyer**

37 Title or position of authorized person

**Director of Telecommunication Consulting Service**

38 Telephone number of authorized person: **(315) 426 - 8445**

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.

**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 to 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**



Universal Service Administrative Company  
Schools & Libraries Division

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Fund Year 5 FORM 471-REJECTION LETTER

February 26, 2002

**SHARI L. DWYER**  
**WATERFORD TOWNSHIP SCHOOL DISTRICT**  
**217 MONTGOMERY STREET, 6TH FLOOR**  
**SYRACUSE, NY 13202**

**RECEIVED**

**FEB 28 2002**

THE THOMAS GROUP  
Syracuse

Project No. \_\_\_\_\_ File No. \_\_\_\_\_

Re: Applicant's Form Identifier: **PY5WATERFORD-22**  
Form 471 Application Number: 328819

Dear **SHARI L. DWYER:**

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*. Here is an explanation of the specific reason(s) your Form 471 did not meet the Minimum Processing Standards:

- The FCC Form 471 submitted did not include all pages, Blocks **1-6**.

**TO APPEAL A DECISION OF THE SCHOOLS AND LIBRARIES DIVISION:**

If you wish to appeal a decision of the Schools and Libraries Division (SLD), you may do so by writing a letter of appeal to the SLD or by writing a letter of appeal to the Federal Communications Commission (FCC). The SLD or FCC must receive your appeal within 60 days of the date of the SLD decision you are appealing. This means that your appeal must be RECEIVED by the SLD or FCC no later than 60 days after the date of the SLD decision. Failure to meet this requirement will result in automatic dismissal of your appeal.

While you may write directly to the FCC without first presenting your appeal to the SLD, you are encouraged to write first to the SLD so that the SLD has an opportunity to review your appeal and grant it, if appropriate. If you disagree with the SLD's response to your appeal, you may then file an appeal with the FCC. However, the FCC overturns SLD decisions infrequently.

If your appeal was due on or before September **10, 2001**, see the SLD web site <[www.sl.universalservice.org](http://www.sl.universalservice.org)> for more information on appeal deadlines and procedures for filing appeals.

In your letter of appeal:

1. Provide your contact information. Please list the name, address, telephone number, fax number, and e-mail address (if available) for the person who can most readily discuss this appeal.
2. Identify which SLD decision you are appealing. Cite the "letter type," usually included and featured on the first page of the letter; the relevant Funding Year; and the date of the letter. You must include

the applicant name; the Application Number, if applicable; and your Entity Number. State outright that your letter is an “appeal.”

3. **Identify the particular Funding Request Number, whenever applicable, that is the subject of your appeal.** If your application was wholly rejected on grounds related to the entire application (e.g., that you represent ineligible entities), you need not refer to any Funding Request Numbers in your letter of appeal.
4. **Explain your appeal.** When explaining your appeal, include the precise language or text from the SLD decision that is at the heart of your appeal. By pointing to the exact words that give rise to your appeal, the reviewer will be able to more readily understand and respond appropriately to your appeal. Please keep your letter to the point, and provide documentation to support your appeal. Be sure to keep copies of your correspondence and documentation,
5. **Provide an authorized signature on your letter of appeal.**

If you are submitting your appeal to the SLD, please send it to: Letter of Appeal, Schools and Libraries Division, Box 125 – Correspondence Unit, 80 South Jefferson Road, Whippany, NJ 07981. Other options for filing an appeal with the SLD can be found in the “Appeals Procedure” posted in the Reference Area of the SLD web site <[www.sl.universalservice.org](http://www.sl.universalservice.org)>.

If you are submitting your appeal to the FCC via United States Postal Services, send it to: Federal Communications Commission, Office of the Secretary, 445 12<sup>th</sup> Street SW. Washington, DC 20554. If you are submitting your appeal to the FCC by other than United States Postal Services, check the SLD web site for more information. Please reference CC Docket Nos. 96-45 and 97-21 on the first page of your appeal.

Further information and other options for filing an appeal directly with the FCC can be found in the “Appeals Procedure” posted in the Reference Area of the SLD web site <[www.sl.universalservice.org](http://www.sl.universalservice.org)> or by contacting the SLD Client Service Bureau at 1-888-203-8100.

**Schools and Libraries Division**

**Universal Service Administrative Company**

**Enclosure:**

**(1) Form 471**

Do not write in this area.

**Schools and  
Services Order**

471 01-16-02 5000293



Estimated Available

NEC47101-16-0205000293

This form asks schools and libraries to list the eligible services and estimate the annual charges for them so that the Fund Administrator can receive 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)

Applicant's Form Identifier: **PY5Waterford-22**

Create your own code to identify THIS Form 471)

Form 471 Application #: **328819**

(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.)

Funding Year: **July 1, 2002 through June 30, 2003**      3 Entity Number (up to 10 digits)      **123302**

a. Street Address, P.O. Box, or Route Number	<b>1106 Old White Horse Pike</b>		
	City <b>Waterford</b>	State <b>NJ</b>	Zip Code <b>08089</b>



entities.

<input type="checkbox"/> Street Address, P.O. Box, or Route Number	<b>217 Montgomery Street, 6th Floor</b>		
City <b>Syracuse</b>	State <b>NY</b>	Zip Code <b>13202</b>	

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 123302 Applicant's Form Identifier PY5Waterford-22  
 Contact Person Shari L. Dwyer Phone Number 315-426-8445

### Block 3: Impact of Services Ordered in THIS Application

8  
a  
9

IF THIS APPLICATION INCLUDES...	BEFORE ORDER	AFTER ORDER
a		
b High-bandwidthvoice/datal/video service: How many buildings served before and after your order?	<b>3</b>	<b>3</b>
c High-bandwidthvoice/datal/video service: Highest speed to a building before and after your order?		
d Dial-up Internet connections: How many before and after your order?	<b>5</b>	<b>5</b>
e Dial-up Internet connections: Highest speed before and after your order?	<b>56K</b>	<b>56K</b>
f Direct connections to the Internet: How many before and after your order?	<b>3</b>	<b>3</b>
g Direct connections to the Internet: Highest speed before and after your order?	<b>500K</b>	<b>500K</b>
h Internet access (for schools): How many rooms have Internet access before and after your order?	<b>62</b>	<b>62</b>
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?	<b>108</b>	<b>108</b>
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 123302

Applicant's Form Identifier PY5Waterford-22

Contact Person Shari L. Dwyer

Phone Number 315-426-8445

# Block 5: Discount Funding Request(s)

Block 5, page 1 of 5

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)**

<b>11</b> 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	<b>15</b> Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) <b>MTM</b>
<b>12</b> Form 470 Application Number (15 digits) <b>587470000380085</b>	<b>16</b> Billing Account Number (e.g., billed telephone number) <b>856-767-4423</b>
<b>13</b> SPIN -Service Provider Identification Number (9 digits) <b>143001362</b>	<b>17</b> Allowable Vendor Selection/Contract Date (mm/dd/yyyy) [based on Form 470 filing] <b>12/12/2001</b>
<b>14</b> Service Provider Name <b>Verizon - NJ</b>	<b>18</b> Contract Award Date (mm/dd/yyyy) <b>N/A</b>
<b>21</b> Description of This Service: You <b>MUST</b> 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 # <b>Ver la-2a</b>	<b>19a</b> Service Start Date (mm/dd/yyyy) <b>07/01/2002</b>
	<b>19b</b> Service End Date (mm/dd/yyyy) (use only "T" or "MTM" services) <b>6/30/2003</b>
	<b>20</b> Contract Expiration Date (mm/dd/yyyy) <b>N/A</b>

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 prediscount amount (A minus B)	# of months service provided in program year	Annual prediscount \$ 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 prediscount \$ amount for one-time charges (F minus G)	Total program year prediscount \$ amount (E + H)	%discount (from Block 4 Worksheet)	Funding Commitment \$ Request (J x I)
\$ 79.77	\$0.00	\$79.77	12	\$ 957.24	\$0.00	\$0.00	\$0.00	\$ 957.24	40%	\$ 382.90

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

Block 5, page 2 of 5

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 landline services, "MTM" if month-to-month services as described in Instructions)	MTM
12 Form 470 Application Number (15 digits) <b>587470000380085</b>	16 Billing Account Number (e.g., billed telephone number)	21461
13 SPIN - Service Provider Identification Number (9 digits) <b>143016763</b>	17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing)	12/12/2001
14 Service Provider Name <b>Nextlink (XO Communications)</b>	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 "T" or "MTM" services)	6/30/2003
	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 # **Xo1b-4b**

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-I): **A-0122**

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)
<b>\$2,232.28</b>	<b>\$0.00</b>	<b>\$2,232.28</b>	<b>12</b>	<b>\$ 26,787.36</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$ 26,787.36</b>	<b>40%</b>	<b>\$ 10,714.94</b>

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

Block 5, page 3 of 5

**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.

**N #** \_\_\_\_\_ **(to be assigned by administrator)**

<b>11</b> Category of Service (only ONE category should be checked) <input type="checkbox"/> Telecommunications Service <input type="checkbox"/> internet Access <input type="checkbox"/> Internal Connections	<b>15</b> Contract Number [if available: use "T" for tariffed services, "MTM" if month-to-month services as described in Instructions] <span style="float: right;"><b>MTM</b></span> <b>16</b> Billing Account Number (e.g., billed telephone number) <span style="float: right;"><b>2642</b></span>
<b>12</b> Form 470 Application Number (15 digits) <b>587470000380085</b>	<b>17</b> Allowable Vendor Selection/Contract Date (mm/dd/yyyy) <span style="float: right;"><b>12/1212001</b></span> <small>(based on Form 470 filing)</small>
<b>13</b> SPIN - Service Provider Identification Number (9 digits) <b>143005732</b>	<b>18</b> Contract Award Date (mm/dd/yyyy) <span style="float: right;"><b>NIA</b></span> <b>19a</b> Service Start Date (mm/dd/yyyy) <span style="float: right;"><b>0710112002</b></span> <b>19b</b> Service End Date (mm/dd/yyyy) (use only "T" or "MTM" services) <span style="float: right;"><b>6/30/2003</b></span>
<b>14</b> Service Provider Name <b>Comcast Garden State Cable</b>	<b>20</b> Contract Expiration Date (mm/dd/yyyy) <span style="float: right;"><b>NIA</b></span>

**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 # **Com 1c-3c**

**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-0122**

**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 prediscount amount (A minus B)	# of months service provided in program year	Annual prediscount \$ 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 prediscount \$ amount for one-time charges (F minus G)	Total program year prediscount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (J x I)
<b>\$ 550.00</b>	<b>\$0.00</b>	<b>\$550.00</b>	<b>12</b>	<b>\$ 6,600.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$ 6,600.00</b>	<b>40%</b>	<b>\$ 2,640.00</b>

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

Block 5, page 4 of 5

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.

**RN #** \_\_\_\_\_ **(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)	<b>MTM</b>
	16 Billing Account Number (e.g., billed telephone number)	<b>270-B87461</b>
12 Form 470 Application Number (15 digits) <b>587470000380085</b>	17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing)	<b>12/12/2001</b>
13 SPIN - Service Provider Identification Number (9 digits) <b>143003033</b>	18 Contract Award Date (mm/dd/yyyy)	<b>N/A</b>
	19a Service Start Date (mm/dd/yyyy)	<b>07/01/2002</b>
14 Service Provider Name <b>Metrocall, Inc.</b>	20 Contract Expiration Date (mm/dd/yyyy)	<b>N/A</b>

21 Description of This Service: description with an Attachment #, and note number in space provided below.  
 Attachment # **Metro 1d-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-0122**

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 prediscout amount (A minus B)	months service provided in program	amount for eligible recurring charges (D x E)	recurring (one-time) \$ charges	the \$ amount in (F) is ineligible?	discount \$ amount for one-time charges (F minus G)	prediscout \$ amount (E + H)	(from Block 4 Worksheet)	Request (J x I)
\$ 26.26	\$0.00	\$26.26	12	\$ 315.12	\$0.00	\$0.00	\$0.00	\$ 315.12	40%	\$ 126.05

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

Block 5, page 5 of 5

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)

<b>11 Category of Service</b> (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections		<b>15 Contract Number</b> (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions)	<b>MTM</b>
		<b>16 Billing Account Number</b> (e.g., billed telephone number)	<b>0013190300-7</b>
<b>12 Form 470 Application Number</b> (15 digits)            587470000380085	<b>17 Allowable Vendor Selection/Contract Date</b> (mm/dd/yyyy) (based on Form 470 filing)		<b>12/12/2001</b>
<b>13 SPIN - Service Provider</b> Identification Number (9 digits)            143000890		<b>18 Contract Award Date</b> (mm/dd/yyyy)	<b>N/A</b>
		<b>19a Service Start Date</b> (mm/dd/yyyy)	<b>07/01/2002</b>
		<b>19b Service End Date</b> (mm/dd/yyyy) (use only "T" or "MTM" services)	<b>6/30/2003</b>
<b>14 Service Provider Name:</b> Nextel		<b>20 Contract Expiration Date</b> (mm/dd/yyyy)	<b>N/A</b>

**22**    Entity/Entities    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 :  
 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-0122**

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)
\$ 69.98	\$0.00	\$69.98	12	\$ 839.76	\$0.00	\$0.00	\$0.00	\$ 839.76	40%	\$ 335.90

# 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 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>1/10/2012</u>
36 Printed name of authorized person <b>Shari L. Dwyer</b>	
37 Title or position of authorized person <b>Director of Telecommunication Consulting Service</b>	
38 Telephone number of authorized person: <b>(315)426 - 8445</b>	

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 **123302** Applicant's Form Identifier **PY5Waterford-22**  
Contact Person **Shari L. Dwyer** Phone Number **315-426-8445**

**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**



Verizon charges

May 7, 2001

This month's charges	Monthly charges May 7 to Jun 6 ..	\$13.77
	FCC Subscriber Line Charge .....	+6.20
	Local Number Portability Surcharge.	+ .23
Federal	Universal Service Fund Surcharge ...	+ .45
	Toll charges.. .....See Page 5 ....	+4.54

Message Units

Local usage 49 units used for 48 calls

Total Verizon charges

**\$25.19**

Billing inquiries call 1 888-892-5200. From outside NJ call  
1 888-892-5200.

To order service call 1 888-892-5200. From outside NJ call.  
1 888-892-5200.

For repair call 1-800-275-2355

79.77

Ver laofa



Summary of your account

May 7, 2001

WATERFORD TWP  
BOARD OF ED  
1106 OLD WHITE HORSE PK  
WATERFORD NJ 08089-1852

Charges from last month

Amount of your last bill..... \$158.18  
Amount you paid through May 9 ..... - .00  
Amount you still owe ...Due Immediately., .....

Charges for this month

Our charges-See Page 3 ..... \$54.58  
Call 1 800-652-2646 if you have a question.  
Total for this month.....Please pay by Jun 1 .....

Total amount due

\$

A late payment charge of 1.5% applies to any  
balance carried forward to next month's bill.



Additional credits and charges

May 7, 2001

Late payment charge at 1.5% on 158.18 balance  
from last bill .....

TAX KEY: US=\* NJ=@ BOTH=&

Total for additional credits and charger

\$

Billing Inquiries call 1 800-652-2646 / Outside NJ call 1 201-761-5885

*Ver 2a of 3a*

STATEMENT OF ACCOUNT: WATERFORD TWP BOARD OF EDUCATION

PRIOR BALANCE 1,415.31  
 Payment on 04/30/01 (687.33)

BALANCE BEFORE NEW CHARGES: 728.00

PRODUCT CHARGES:	FR DATE	TO DATE	QUANTITY	EACH	AMOUNT
Basic Line Charge	04/14/01	05/13/01	24	14.50	348.00
Basic Line Charge	05/14/01	06/13/01	24	14.50	348.00
Total Product Charges					696.00

OTHER CHARGES:					
Service Call Fee NRC	1			50.00	50.00
Service Call Labor NRC	1			71.25	71.25
Total Other Charges					121.25

USAGE:	CALLS	MINUTES	AMOUNT
Local Area	2,578	5,501.9	126.44
Intra-State Long Distance	99	449.8	22.77
Inter-State Long Distance	90	302.1	15.35
Directory Assistance	4	4.2	2.20
Intralata	635	1,685.2	85.85
Total Usage Charges			252.61

CREDITS AND ADJUSTMENTS:			
Late Charge on Past Due Balance	1	10.92	10.92
Total Credits and Adjustments			10.92

FEDERAL SURCHARGES AND TAXES:		
Number Portability Charge		11.04
Long Distance Access Charge		132.00
Total Federal Surcharges and Taxes		143.04

TOTAL CURRENT CHARGES \$1,223.82

TOTAL AMOUNT DUE: \$1,951.82

2232.28

Xo 1bof46 X O™

STATEMENT OF ACCOUNT: WATERFORD TWP BOARD OF EDUCATION

PRIOR BALANCE 693.8  
 Payment on 04/30/01 (422.3)

BALANCE BEFORE NEW CHARGES: 271.41

PRODUCT CHARGES:	FR DATE	TO DATE	QUANTITY	EACH	AMOUNT
Basic Line Charge	04/14/01	05/13/01	8	14.50	116.00
Basic Line Charge	05/14/01	06/13/01	8	14.50	116.00
Total Product Charges					232.00

USAGE:	CALLS	MINUTES	AMOUNT
Local Area	1,240	2,274.6	61.79
Intra-State Long Distance	11	25.3	1.30
Inter-State Long Distance	33	67.8	3.48
Intralata	315	629.2	32.23
Total Usage Charges			98.81

CREDITS AND ADJUSTMENTS:	CALLS	MINUTES	AMOUNT
Late Charge on Past Due Balance	1	4.07	4.07
Total Credits and Adjustments			4.07

FEDERAL SURCHARGES AND TAXES:	AMOUNT
Number Portability Charge	3.68
Long Distance Access Charge	44.00
Total Federal Surcharges and Taxes	47.68

TOTAL CURRENT CHARGES **\$382.55**

TOTAL AMOUNT DUE: \$654.04

XO  
 X02bof4b<sup>TM</sup>

STATEMENT OF ACCOUNT: WATERFORD TWP BOARD OF EDUCATION

PRIOR BALANCE 262.2  
 Payment on 04/30/01 (124.1)

BALANCE BEFORE NEW CHARGES: 138.1

PRODUCT CHARGES:	FR DATE	TO DATE	QUANTITY	EACH	AMOUNT
Basic Line Charge	04/14/01	05/13/01	5	14.50	72.50
Basic Line Charge	05/14/01	06/13/01	5	14.50	72.50
Total Product Charges					145.01

USAGE :	CALLS	MINUTES	AMOUNT
Local Area	544	1,169.2	26.03
Intra-State Long Distance	6	7.8	0.41
Inter-State Long Distance	28	58.8	2.99
Intralata	215	204.0	10.89

Total Usage Charges 40.3:

CREDITS AND ADJUSTMENTS:	CALLS	MINUTES	AMOUNT
Late Charge on Past Due Balance	1	2.07	2.07
Total Credits and Adjustments			2.07

FEDERAL SURCHARGES AND TAXES:	AMOUNT
Number Portability Charge	2.30
Long Distance Access Charge	27.50

Total Federal Surcharges and Taxes 29.80

TOTAL CURRENT CHARGES \$217.19

TOTAL AMOUNT DUE: \$355.34

X03bof4b X O<sup>TM</sup>

STATEMENT OF ACCOUNT: WATERFORD TWP BOARD OF EDUCATION (ATCO SCHOOL)

PRIOR BALANCE 563.  
 Payment on 04/30/01 (253.)

BALANCE BEFORE NEW CHARGES: 310.

PRODUCT CHARGES:	FR DATE	TO DATE	QUANTITY	EACH	AMOUNT
Basic Line Charge	04/14/01	05/13/01	7	14.50	101.50
Basic Line Charge	05/14/01	06/13/01	7	14.50	101.50
Total Product Charges					203.

USAGE :	CALLS	MINUTES	AMOUNT
Local Area	1,541	3,126.2	75.31
Intra-State Long Oistance	25	55.9	2.84
Inter-State Long Distance	66	216.1	10.98
Directory Assistance	1	0.9	0.75
Intralata	403	916.9	46.60
Total Usage Charges			136.4

CREDITS AND ADJUSTMENTS:	CALLS	MINUTES	AMOUNT
Late Charge on Past Due Balance	1	4.65	4.65
Total Credits and Adjustments			4.f

FEDERAL SURCHARGES AND TAXES:	AMOUNT
Number Portability Charge	3.22
Long Oistance Access Charge	38.50
Total Federal Surcharges and Taxes	41.7

STATE AND LOCAL SURCHARGES AND TAXES:	AMOUNT
Sales Tax	22.87
Total State and Local Surcharges and Taxes	22.8

TOTAL CURRENT CHARGES \$408.7

TOTAL AMOUNT DUE: \$718.7

to™

Xo4bof4bXo



Comcast Cable Communications, Inc  
1250 Haddonfield-Berlin Road  
Cherry Hill, NJ 08034  
656 354 1880 Tel  
656 354 1459 Fax

INVOICE # 2642  
INVOICE DATE 7/18/00

SOLD TO:

Waterford Twp. BOE  
1106 Old White Horse Pike  
Waterford, NJ 08089  
Attn: Barb Ogle

QUANTITY	DESCRIPTION	RICE	AMOUNT
	Annual Carnnet Fee for Thomas Richard School 343335		<del>1,800.00</del> <u>- 660.00</u>
	<i>Credit 660.00</i>		
	Total Amount Due		\$ <u>1,140.00</u> <del>1,800.00</del>

Com/cof3c



Comcast Cable Communications, Inc.  
1250 Hadgonfield-Berlin Road  
PO. Box 5025  
Cherry Hill, NJ 08034  
856.354.1880 Tel  
856.354.1459 Fax

INVOICE # **2644**  
INVOICE DATE 7118/00

SOLD TO:

Waterford Twp. BOE  
1106 Old White Horse Pike  
Waterford, NJ 08089  
Attn: Barb Ogle

QUANTITY	DESCRIPTION	PRICE	AMOUNT
	Annual Camnet Fee for tco Elementary 343334		1.800.00 <u>- 660.00</u>
	<i>Credit 660.00</i>		
	Total Amount Due		\$ <u>1140.00</u> <u>- 1.800.00</u>

*Comdcof3c*



Comcast Cable Communications, Inc  
1250 Haddonfield-Berlin Road  
Cherry Hill, NJ 08034  
856.354.1880 Tel  
856.354.1459 Fax

INVOICE # 2643

INVOICE DATE 7/18/00

SOLD TO:

Waterford Twp. BOE  
1106 Old White Horse Pike  
Waterford, NJ 08089  
Attn: Barb Ogle

QUANTITY	DESCRIPTION	RICE	AMOUNT
	Annual Carnnet Fee for: Waterford Elementary School 338024		3,000.00
	<i>Credit 1,095.16</i>		<i>- 1,095.16</i>
	Total Amount Due		<i>1,904.84</i> <u>3,000.00</u>

*Com 3 of 3c*

INQUIRIES CALL: (800) 820-1416  
 INVOICE #: 23919556  
 YOUR OFFICE IS: Metrocall  
 523 Fellowship  
 Suite 290  
 Mt. Laurel, NJ  
 ACCOUNT NO.: 270-887461  
 CONTACT: EARL VASALLO  
 P.O. NUMBER:

Invoice date : 06/01 101

WATERFORD TOWNSHIP BOARD OF ED  
 DISTRICT OFFICES  
 1106 OLD WHITE HORSE PIKE  
 WATERFORD, NJ 06089

DATE	DESCRIPTION	PAGER NUMBER	AMOUNT
------	-------------	--------------	--------

PO#: 38737

JUNE/01	Numeric rental	(800)412-3925	10
JUNE/01	Loss protection	<i>Ast. Super</i>	2
JUNE/01	Federal Universal Service		0
JUNE/01	Numeric rental	(800)412-6282	10
JUNE/01	Loss protection	<i>Super.</i>	2
JUNE/01	Federal Universal Service		0
JUNE/01	Numeric rental	(800)412-8010	10
JUNE/01	Loss protection		2
JUNE/01	Federal Universal Service		0
JUNE/01	Numeric rental	(800)412-8441	10
JUNE/01	Loss protection		2
JUNE/01	Federal Universal Service		0
JUNE/01	Numeric rental	(800)412-8442	10
JUNE/01	Loss protection		2
JUNE/01	Federal Universal Service		0
JUNE/01	Numeric rental	(800)412-8443	10
JUNE/01	Loss protection		2
JUNE/01	Federal Universal Service		0
JUNE/01	Numeric rental	(800)412-8444	10
JUNE/01	Loss protection		2
JUNE/01	Federal Universal Service		0

TOTAL 38737

91.91

TOTAL CURRENT CHARGES

96.

PLEASE PAY THIS AMOUNT

96.

*26.26*

*met Id of Id*



Account name Waterford Twp Schools  
 Account number 0013031052.7  
 Statement date December 18, 2001  
 Billing period November 18 - December 17, 2001

### Your Nextel Account Summary

User Name/ Mobile Number	Access and Other Charges	Telecommunications Services	Voice Mail	Text and Numeric Paging	Nextel Online	Total Access and Usage	C	Nextel Direct ct Min:Sec
T R 609-929-4001	\$34.99	\$0.00	\$0.00	\$0.00		\$34.99		3:50
ATCO 609-929-4001	\$34.99	\$0.00	\$0.00	\$0.00		\$34.99		60:28
BUS 7 609-929-4013	\$34.91	\$0.00	\$6.00	\$0.00		\$34.91		312:58
BUS 6 609-929-4013	\$34.99	\$0.00	\$0.00	\$0.00		\$34.99		1:52
W E S 609-929-4012	\$34.99	\$0.00	\$0.00	\$0.00		\$34.99		38:44
SUPT 609-929-4014	\$34.99	\$0.00	\$0.00	\$0.00		\$34.99		9:32
ASST SUP1 609-929-4015	\$34.99	\$1.19	\$0.00	\$0.00		\$36.18		56:24
Individual wireless charges	\$244.93	\$1.19	\$0.00	\$0.00		\$246.12		
Nextel Direct Connect charges and minutes <sup>1</sup>						\$0.00		483:48
<b>Total Wireless Services</b>						<b>\$246.12</b>		
				Misc additional charges		\$0.00		
				Taxes, fees and assessments		\$3.16		
				Adjustments		-\$32.73		
				Equipment		\$0.00		
				<b>Total New Charges</b>		<b>\$216.55</b>		

<sup>1</sup> See Nextel Direct Connect on Page 19

Number of units in your account 7

Nextel 2

# SCHOOL NUTRITION PROGRAM

**RECEIVED**

## Reimbursement Voucher

FY 2001

NOV 26 2001

THE THOMAS GROUP  
Syracuse  
File No.

New Jersey Department of Agriculture  
Bureau of Child Nutrition  
P.O. Box 334, Trenton, NJ 08625-0334

Name and Address of Sponsor

WATERFORD TWP BD OF ED  
825 OLD WHITE HORSE PIKE  
WATERFORD NJ 08089

**MARKING INSTRUCTIONS**

- Use a No. 2 pencil only.
- Do not use ink, ballpoint, or felt tip pens.
- Make solid marks that fill the response completely.
- Erase cleanly any marks you wish to change.
- Make no stray marks on this form.
- Bubbles must agree with numbers written in boxes

CORRECT ● INCORRECT

1. Fill In If Resubmitter of a Voucher



0	0	7	0	5	5	6	0
3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9

3. Month Claimed

- Jan
- Feb
- Mar
- Apr
- May
- June
- July
- Aug
- Sept
- Oct
- Nov
- Dec

4. Calendar Year

- 1999
- 2000
- 2001
- 2002
- 2003
- 2004
- 2005
- 2006
- 2007
- 2008
- 2009
- 2010

5. # Meal Service Days

22

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9

6. # Schools Approved

43

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9

Number of Students Currently Approved for

7. Free Meals

00087

1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

8. Reduced Meals

00047

1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

9. Free Milk

00002

1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

10. Total # 1/2 Pints Milk Purchased

011050

1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

11. Total Cost or Milk Purchased (Report Whole Dollar-No Cents)

001976

1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

12. Number of Half Pints of Carry Over Milk from Prior Month

50

**R E P O R T M O N T H L Y**

Average Daily Attendance

Report Enrollment with access to each program below:

3. ADA Lunch

00837

1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

4. ADA Breakfast

0	0	0	0	0
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

5. School Lunch

00909

1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

16. Regular School Breakfast

0	0	0	0	0
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

17. Severe Need Breakfast

0	0	0	0	0
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

18. After School Snack

00109

1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

19. Area Eligible Snack

0	0	0	0	0
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

# Thomas Communications & Technologies

January 9, 2002

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

*The Thomas Group  
217 Montgomery Street  
6<sup>th</sup> Floor  
Syracuse, New York 13202  
Phone (315) 426 - 8445  
Fax (315) 426 - 8348  
sld@thomasamerica.com  
www.TheThomasGrp.com*

Re: Waterford Township Board of Education

To Whom It May Concern:

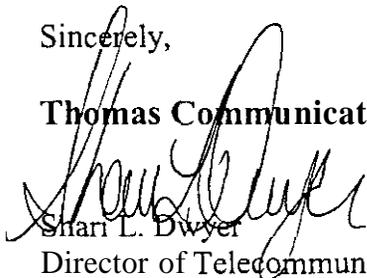
Thomas Communications & Technologies, LLC (TC&T) is an E-rate consulting **firm** with clients throughout the Northeast. I, Shari L. Dwyer, am the Director of this service and will be listed **as** the contact person on the application for Waterford Township Board of Education. However because of the high demands of this program many people are involved in the TC&T E-rate process.

I permit Michelle Chemotti and Gillian Shumway to work with the Schools and Libraries Division to coordinate and answer questions on my behalf. They have the power to authorize changes during all problem resolution, program integrity assurance and the BEAR process.

Thank you for your cooperation.

Sincerely,

**Thomas Communications & Technologies, LLC**



Shari L. Dwyer  
Director of Telecommunication Consulting Services

Gms

Enclosures