Schools and Libraries Universal Service Program
Services Ordered and Certification Form 471
Application Display

Block 1: Billed Entity Information

Applicant's Form Identifier: internet
471 Application Number: 321280 **Funding Year:** 07/01/2002 - 06/30/2003 **Billed Entity Number:** 122994

Name: MONMOUTH OCEAN EDUCATIONAL SERVICE COMMISSION
Address: 100 Tornillo Way
City: Tinton Falls **State:** NJ **Zip:** 07712

Contact Name: Elizabeth Dalessio
Address: 100 Tornillo Way
City: Tinton Falls **State:** NJ **Zip:** 07712

Type of Application: SCHOOL DISTRICT **Ineligible Orgs:** N

Block 3: Impact of Services Ordered in THIS Application

Number of students to be served: 200 **Number of library patrons to be served:**

SERVICE DESCRIPTION	BEFORE ORDER	AFTE ORDE
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?	ATM	ATM
h. Internet access(for schools): How many rooms have Internet access before and after your order?	30	30
j. Internet Access: How many computers (or other devices) with Internet access before and after your order?	100	100

Block 4: Worksheets

Worksheet A No: 395064 **Student Count:** 85

Weighted Product (Sum. Column 8): 72.1 **Shared Discount:** 85%

1. School Name: MAMMOTH OCEAN EDUCATIONAL SERVICES
2. Entity Number: 207420 **3. Rural/Urban:** Urban
4. Student Count: 35 **5. NSLP Students:** 30 **6. NSLP Students/Students:** 85.714%
7. Discount: 90% **8. Weighted Product:** 31.5

1. School Name: MERIDIAN ACADEMY LAKEWOOD
2. Entity Number: 9387 **3. Rural/Urban:** Urban
4. Student Count: 44 **5. NSLP Students:** 30 **6. NSLP Students/Students:** 68.181%
7. Discount: 80% **8. Weighted Product:** 35.2

1. School Name: MONMOUTH OCEAN ESC
2. Entity Number: 228623 **3. Rural/Urban:** Urban
4. Student Count: 6 **5. NSLP Students:** 5 **6. NSLP Students/Students:** 83.333%
7. Discount: 90% **8. Weighted Product:** 5.4

Block 5: Discount Funding Request(s)

FRN: 853627 **FCDL Date:**	
11. Category of Service: Telecommunications Service	**12. 470 Application Number:** 963410000330216
13. SPIN: 143004333	**14. Service Provider Name:** Bell Atlantic Internet Solutions, Inc.
15. Contract Number: MTM	**16. Billing Account Number:** MOESC
17. Allowable Contract Date: 01/10/2001	**18. Contract Award Date:**
19a. Service Start Date: 07/01/2002	**19b. Service End Date:** 06/30/2003
20. Contract Expiration Date:	
21. Attachment #: one	**22. Block 4 Worksheet No.:** 395064
23a. Monthly Charges: $758.00	**23b. Ineligible monthly amt.:** $.00
23c. Eligible monthly amt.: $758.00	**23d. Number of months of service:** 12
23e. Annual pre-discount amount for eligible recurring charges (23c x 23d): $9,096.00	
23f. Annual non-recurring (one-time) charges: $.00	**23g. Ineligible non-recurring amt.:** $.00
23h. Annual pre-discount amount for eligible non-recurring charges (23f - 23g): $0.00	
23i. Total program year pre-discount amount (23e + 23h): $9,096.00	
23j. % discount (from Block 4): 85	
23k. Funding Commitment Request (23i x 23j): $7,731.60	

323
561
INT

HOME CANCEL HELP

FCC Form 471

Services Ordered and Certification Form

Applicant's Form Identifier: internet **Entity Number: 122994**

Contact Person: Elizabeth Dalessio **Phone Number: (732) 389-5555 Ext. 1045**

Block 6: Certifications and Signature

Do not write in this area

471 Application Number: 321280

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 school (including, but not limited to) elementary and secondary schools, colleges and universities

25. The eligible schools and libraries listed in Block 4 of this application have secured access to all of the resources, including computers, training, software, maintenance, and electrical connections necessary to make effective use of the services purchased as well as to pay the discounted charges for eligible services.

26. All of the schools and libraries or library consortia listed in Block 4 of this application are covered by:

a. ☑ an individual technology plan for using the services requested in this application; and/or

b. ☐ higher-level technology plan(s) for using the services requested in this application; or

c. ☐ no technology plan needed; applying for basic local distance telephone service only.

27. Status of technology plans (if representing multiple entities with mixed technology plan status, check both a and b):

a. ☑ technology plan(s) has/have been approved; and/or

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

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

28. I certify that the entities eligible for support that I am representing have complied with all applicable state and local laws regarding procurements 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.

N.B. 1/16/2002

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 ths 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 institution, 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 1/17/02
36. Printed name of authorized person **Timothy Nogueira**	
37. Title or position of authorized person **Superintendent**	
38. Telephone number of authorized person **(732) 389- 5555 x 1021**	

471 Application Number: 321280

MONMOUTH OCEAN EDUCATIONAL SERVICE COMMISSION

100 Tornillo Way

Tinton Falls, NJ 07712

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 Communication 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 services 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 of 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 this information to these agencies through the matching of computer records when authorized.

With the exception of your social security number, 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 6 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, D.C. 20554.*

Please submit this form to:

SLD - Form 471
P.O. Box 7026
Lawrence, KS 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, KS 66046
(888) 203-8100

Return to SLD Home Page

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Schools and Libraries Division

Entity Number 122994 Applicant's Form Identifier Telecommunications
Contact Person Elizabeth Dalessio Phone Number 732-389-5555 X1042

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: M-OESC School District Entity Number: 122994 (District Code 3255)

1 Name of Eligible 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)
Huntowski Academy	122994	U	35	30	86	90	3150
Lakewood Meridian	122994	U	44	30	68	80	3520
Academy at Tinton Falls	122994	U	6	5	83	90	540
Totals for calculating Weighted Average Discount							7210

10c Weighted Average Discount % for Shared Services (Col. 8 total divided by Col. 4 total. Round to nearest %) → 85

12/05/2001 WED 10:10 FAX 732 364 6768 MERIDIAN LAKEWOOD +++ TINTON FALLS 002

EDIT CHECK WORKSHEET

The fo[illegible] [illegible]orksheet must be used by schools and school food authorities as part of the claims review process.

BN AEB

1. School Meridian / Tip Lakewood Breakfast
2. Month: NOV, 2001
3. Attendance Factor (AF) = ADA/Enrollment = % .72
4. Average Daily Attendance = Total Days Present/Days Open 46.8
Enrollment = 65

5	6	7	8	9	10	11	12	13	14		15
Day of Month	Free Served	Free Eligible	Free Eligible x AF	Reduced Served	Reduced Eligible	Reduced Eligible x AF	Paid Served P E	Paid Eligible x AF	Total Served (6 + 9 + 12)	Present	Comments
1	6	27	19.4	0	7	5.04	31	22.3	6	49	
2	6								6	46	
5	11								11	44	
6	5								5	47	
7	11								11	45	
12	4								4	54	
13	8								8	45	
14	10								10	46	
15	7								7	54	
16	10								10	50	
19	8								8	46	
20	10								10	43	
21	6								6	49	
26	12								12	46	
27	8								8	47	
28	11								11	42	
29	4								4	47	
30	4								4	43	
										843	
TOTAL	141			0			0		141		

Note: If Column 6 is greater than Column 7 and/or Column 9 is greater than Column 10, immediate corrective action is required.

... the program information must be kept by schools and school food authorities as part of the claims review process.

1. School: HUNTKOWSKI ACADEMY

2. Month: November 2001

LUNCH

3. Attendance Factor (AF) = ADA/Enrollment = % 62%

4. Average Daily Attendance = Total Days Present/Days Open ~~28~~ 26.5

Enrollment = 43

5	6	7	8	9	10	11	12	13	14	15		16
Day of Month	Free Served	Free Eligible	Free Eligible x AF	Reduced Served	Reduced Eligible	Reduced Eligible x AF	Paid Served	Paid Eligible	Paid Eligible x AF	Total Served (6+9+12)	Present	Comments
1	17	26	16	1	3	2	1	9	6	19	21	
2	19	26	16	2	3	2	2	9	6	23	25	
5	16	26	16	2	3	2	3	9	6	21	24	
6	17	26	16	1	3	2	4	9	6	22	25	
7	17	26	16	2	3	2	3	10	6	22	27	
12	15	26	16	2	3	2	1	10	6	18	21	
13	19	26	16	2	3	2	3	10	6	24	28	
14	18	26	16	1	3	2	2	10	6	21	23	
15	15	26	16	2	3	2	3	10	6	20	22	
16	23	26	16	1	3	2	4	11	6	28	26	
19	25	27	17	1	3	2	3	11	6	29	32	
20	21	27	17	1	3	2	3	11	6	25	27	
21	23	27	17	1	3	2	3	11	6	27	32	
26	20	27	17	1	3	2	6	11	6	27	30	
27	21	27	17	1	3	2	6	13	6	28	29	
28	21	27	17	1	3	2	6	13	6	28	30	
29	20	27	17	2	3	2	6	13	6	28	32	
30	18	27	17	2	3	2	3	13	6	23	25	
											478	
TOTAL	345			26			62			433		

Note: If Column 6 is greater than Column 7 and/or Column 9 is greater than Column 10, immediate corrective action is required

Based on week month Lunch

EDIT CHECK WORKSHEET

(BN) (ACD)

The following worksheet must be used by schools and school food authorities as part of the claims review process.

1. School Academy At Tinton FALLS
2. Month: November 2001
3. Attendance Factor (AF) = ADA/Enrollment = % ① 92%
4. Average Daily Attendance = Total Days Present/Days Open ② 5.5
Enrollment = ③ 6

5	6	7	8	9	10	11	12	13	14	15		16
Day of Month	Free Served	Free Eligible	Free Eligible x AF	Reduced Served	Reduced Eligible	Reduced Eligible x AF	Paid Served	]Paid Eligible	Paid Eligible x AF	Total Served (6 + 9 +12)	Present	Comments
11/1	3	4	4	0	0	0	0	2	2	3	5	
11/2	4	4	4	0	0	0	0	2	2	4	6	
11/5	3	4	4	0	0	0	0	2	2	3	5	
11/6	3	4	4	0	0	0	0	2	2	3	5	
11/7	3	4	4	0	0	0	0	2	2	3	5	
11/12	2	4	4	0	0	0	0	2	2	2	4	
11/13	3	4	4	0	0	0	0	2	2	3	5	
11/14	3	4	4	0	0	0	0	2	2	3	5	
11/15	4	4	4	0	0	0	0	2	2	4	6	
11/16	4	4	4	0	0	0	0	2	2	4	6	
11/19	4	4	4	0	0	0	0	2	2	4	6	
11/20	4	4	4	0	0	0	0	2	2	4	6	
11/21	4	4	4	0	0	0	0	2	1	4	6	
11/26	4	5	6	0	0	0	0	1	1	4	5	
11/27	5	5	6	0	0	0	0	1	1	5	6	
11/28	5	5	6	0	0	0	0	1	1	5	6	
11/29	5	5	6	0	0	0	0	1	1	5	6	
11/30	5	5	6	0	0	0	0	1	1	5	6	
											99	
TOTAL	68			0			0			68		

Note: If Column 6 is greater than Column 7 and/or Column 9 is greater than Column 10, immediate corrective action is required

SCHOOL NUTRITION PROGRAM

Reimbursement Voucher

FY 2002
(Oct. 2001 To Sept. 2002)

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

Name and Address of Sponsor
MON-OCEAN ESC
100 TORNILLO WAY SUITE 1
TINTON FALLS NJ 07712

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. Agreement Number: 0 2 5 0 3 2 5 5

2. Month of Claim
- ○ Oct 2001
- ● Nov 2001
- ○ Dec 2001
- ○ Jan 2002
- ○ Feb 2002
- ○ Mar 2002
- ○ Apr 2002
- ○ May 2002
- ○ June 2002
- ○ July 2002
- ○ Aug 2002
- ○ Sept 2002

3. Fill in if Resubmission of a Voucher: ○

4. Schools Approved: 0 3

# of Operating Days For Each Meal Type

5. Lunch	6. Brkfst.	7. Snacks	8. Milk
1 8	1 8		

Number of Students Currently Approved for

9. Free Meals	10. Reduced Meals	11. Free Milk
0 0 0 5 9	0 0 0 1 0	

12. Total # ½ Pints Milk Purchased

13. Total Cost of Milk Purchased
Report Whole Dollar-No Cents

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

REPORT MONTHLY

Average Daily Attendance — Report Enrollment with access to each program below:

15. ADA Lunch	16. ADA Breakfast	17. School Lunch	18. Regular School Breakfast	19. Severe Need Breakfast	20. After School Snack	21. Area Eligible Snack
0 0 0 6 2	0 0 0 7 7	0 0 0 9 8	0 0 1 1 4			

CP21-0768 (C1,F3) Printed in the U.S.A.

517

School Nutrition Program - Meals Claimed

	National School Lunch	Regular School Breakfast	Severe Need School Breakfast	After School Snacks: Regular	After School Snacks: Area Eligible
FREE	22. FREE School Lunch: 000563	25. FREE Regular Breakfast: 000554	28. FREE SNB:	31. FREE Snacks:	34. FREE Snacks Area Eligible:
REDUCED	23. REDUCED School Lunch: 000062	26. REDUCED Regular Breakfast: 000013	29. REDUCED SNB:	32. REDUCED Snacks:	35. FREE Special Milk:
PAID	24. PAID School Lunch: 000116	27. PAID Regular Breakfast: 000033	30. PAID SNB:	33. PAID Snacks:	36. PAID Special Milk:

IMPORTANT: All vouchers must be mailed by the 10th of the month following the month being covered by this claim for reimbursement. A copy of this voucher must also be kept by the sponsor. All receipts, invoices and other evidence of purchase must be retained and available for future audit for a period of 7 years after the end of the agreement year. Federal Regulations require that final claims for reimbursement be submitted no later than 60 days following the month of operation; vouchers received after the deadline will not be paid.

I certify that to the best of my knowledge and belief, that this voucher is true and correct in all respects, that records are available to support this voucher, that it is in accordance with existing agreement(s); and that payment thereof has not been received. I recognize that I will be fully responsible for any excess amounts which may result from erroneous or neglectful reporting herein.

DATE OF PREPARATION			NAME OF PERSON PREPARING THIS VOUCHER	PHONE NUMBER
MONTH	DAY	YEAR	Dori Swierz	732-389-5555
12	6	01	SIGNATURE OF BOARD SECRETARY / ADMINISTRATOR	

SUBMIT THIS FORM ONLY - DO NOT SUBMIT PHOTOCOPY

7 LUNCHF_2002 (052101)

Contact Name Sr. Elizabeth Dalessio

Contact Telephone Number 732-389-5555 X1042

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

Please read instructions before completing

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

Block A: General Information

1. Name of Applicant Monmouth Ocean Educational Services Commission	2. Universal Service Control Number (from 470 Application) 963410000330216
3a. SLC Service Provider Number (SPIN) if known, and Full Legal Name of your Service Provider 14300433 Bell Atlantic Internet	3b. Contract or Tariff Number (If Applicable -- from Item 15-16) MTM MOESC
4. Shared Services: Telecommunications Services [ ] Internal Connections [ ] Internet Access [X] Site Specific Services: Internal Connections [ ] Dedicated Services [ ]	5. Average Discount Rate for Entities Receiving Services Listed Below in Block B (Per Column 11 of Items 15 or 16) 85%

Block B: Services Ordered Information

6. Services & Products Ordered Details

	1	2	3	4	5	6	7	8	9	10	11	12	13	14
	Account Information	Service Description	Quantity	One-Time Charges	One-Time Taxes and Surcharges	Unit Monthly Charges	Unit Monthly Taxes and Surcharges	Number of Months	Annual Amount of Monthly Charges	% Eligible Services and/or % Eligible Uses	% of Service/ Product Used w/ Eligible Entities	Estimated Eligible Pre-Discount One-Time Charges	Total Annual Amount of Estimated Eligible Pre-Discount Monthly Charges	Estimated Eligible Pre-Discount Total Charges
0.0.01	a. 582520	Internet	1				758.00	12	$9096.	100	100	0	$9096.00	$9096.00
	b.													
	c.													
	d.													
	e.													
	f.													
	g.													
	7. Total												$9096.00	$9096.00

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

ATTACHMENT ONE

Verizon Network Integration Corp.
1850 Centennial Park Drive
Suite 300
Reston, VA 20191

(formerly Bell Atlantic Internet Services)

will provide Internet Access through our ATM network at the following rate:

- **758.00/MONTH**

Verizon
Network Integration Corp.
1850 Centennial Park Drive
Suite 300
Reston, VA 20191

verizon

ATTACH 1

Account #	Invoice	Invoice Date	Billing Period	Payment Due on	PO #
0.0.0.1-582520	B-113124	12-01-2001	12-01-2001 To 12-31-2001	12-31-2001	M200139

Welcome to Verizon Network Integration Corp. If you have any questions about this invoice please call Customer Care at (800) 475-7840.

DEDICATED INTERNET ACCESS

ATM Service

Monthly/Annual Charges

12-01-2001 To 12-31-2001	DIAS-ATM	TR 1.5M Monthly Fee-Monthly fee for ATM Service	$758.00

SUBTOTAL -	**ATM Service**	**$758.00**
TOTAL -	**DEDICATED INTERNET ACCESS**	**$758.00**

Entity Number 122994
Contact Person Elizabeth Dalessio
Applicant's Form Identifier Telecommunications
Phone Number 732-389-5555 X1042

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: M-OESC

School District Entity Number: 122994 (District Code 3255)

1 Name of Eligible 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)
Huntowski Academy	122994	U	35	30	86	90	3150
Lakewood Meridian	122994	U	44	30	68	80	3520
Academy at Tinton Falls	122994	U	6	5	83	90	540
Totals for calculating Weighted Average Discount							7210

10c Weighted Average Discount % for Shared Services (Col. 8 total divided by Col. 4 total. Round to nearest %) → 85

DAILY CHECK WORKSHEET

The following worksheet must be used by schools and school food authorities as part of the claims review process.

BM AES

1. School Meridian / TIP Lakewood Breakfast
2. Month Nov, 2001
3. Attendance Factor (AF) = ADA/Enrollment = % .72
4. Average Daily Attendance = Total Days Present/Days Open 46.8
   Enrollment = 65

5	6	7	8	9	10	11	12	13	14	15
Day of Month	Free Served	Free Eligible	Free Eligible x AF	Reduced Served	Reduced Eligible	Reduced Eligible x AF	Paid Served	Paid Eligible x AF	Total Served (6 + 9 + 12)	Present	Comments
1	6	29	19.4	0	7	5.04	31	22.3	6	49	
2	6								6	46	
5	11								11	44	
6	5								5	47	
7	11								11	45	
12	4								4	54	
13	8								8	45	
14	10								10	46	
15	7								7	54	
16	10								10	50	
19	8								8	46	
20	10								10	43	
21	6								6	49	
26	12								12	46	
27	8								8	47	
28	11								11	42	
29	4								4	47	
30	4								4	43	
										843	
TOTAL	141			0			0		141		

Note: If Column 6 is greater than Column 7 and/or Column 9 is greater than Column 10, immediate corrective action is required.

1. School HUNTKOWSKI ACADEMY

Month: November 2001

LUNCH

3. Attendance Factor (AF) = ADA/Enrollment = % 62%

4. Average Daily Attendance = Total Days Present/Days Open 26.5

Enrollment = 43

5	6	7	8	9	10	11	12	13	14	15		16
Day of Month	Free Served	Free Eligible	Free Eligible x AF	Reduced Served	Reduced Eligible	Reduced Eligible x AF	Paid Served	Paid Eligible	Paid Eligible x AF	Total Served (6+9+12)	Present	Comments
1	17	26	16	1	3	2	1	9	6	19	21	
2	19	26	16	2	3	2	2	9	6	23	25	
5	16	26	16	2	3	2	3	9	6	21	24	
6	17	26	16	1	3	2	4	9	6	22	23	
7	17	26	16	2	3	2	3	10	6	22	27	
12	15	26	16	2	3	2	1	10	6	18	21	
13	19	26	16	2	3	2	3	10	6	24	28	
14	18	26	16	1	3	2	2	10	6	21	23	
15	15	26	16	2	3	2	3	10	6	20	22	
16	23	26	16	1	3	2	4	11	6	28	26	
19	25	27	17	1	3	2	3	11	6	29	32	
20	21	27	17	1	3	2	3	11	6	25	27	
21	23	27	17	1	3	2	3	11	6	27	32	
26	20	27	17	1	3	2	6	11	6	27	30	
27	21	27	17	1	3	2	6	13	6	28	29	
28	21	27	17	1	3	2	6	13	6	28	30	
29	20	27	17	2	3	2	6	13	6	28	32	
30	18	27	17	2	3	2	3	13	6	23	25	
											478	
TOTAL	345			26			62			433		

Note: If Column 6 is greater than Column 7 and/or Column 9 is greater than Column 10, immediate corrective action is required

Based on week month Lunch

EDIT CHECK WORKSHEET

BN

ACD

The following worksheet must be used by schools and school food authorities as part of the claims review process.

1. School Academy At Tinton FALLS

2. Month: November 2001

3. Attendance Factor (AF) = ADA/Enrollment = % (1) 92%

4. Average Daily Attendance = Total Days Present/Days Open (2) 65.5

Enrollment = (3) 6

5	6	7	8	9	10	11	12	13	14	15		16
Day of Month	Free Served	Free Eligible	Free Eligible x AF	Reduced Served	Reduced Eligible	Reduced Eligible x AF	Paid Served	]Paid Eligible	Paid Eligible x AF	Total Served (6 + 9 +12)	Present	Comments
11/1	3	4	4	0	0	0	0	2	2	3	5	
11/2	4	4	4	0	0	0	0	2	2	4	6	
11/5	3	4	4	0	0	0	0	2	2	3	5	
11/6	3	4	4	0	0	0	0	2	2	3	5	
11/7	3	4	4	0	0	0	0	2	2	3	5	
11/12	2	4	4	0	0	0	0	2	2	2	4	
11/13	3	4	4	0	0	0	0	2	2	3	5	
11/14	3	4	4	0	0	0	0	2	2	3	5	
11/15	4	4	4	0	0	0	0	2	2	4	6	
11/16	4	4	4	0	0	0	0	2	2	4	6	
11/19	4	4	4	0	0	0	0	2	2	4	6	
11/20	4	4	4	0	0	0	0	2	2	4	6	
11/21	4	4	4	0	0	0	0	2	1	4	6	
11/26	4	5	6	0	0	0	0	1	1	4	5	
11/27	5	5	6	0	0	0	0	1	1	5	6	
11/28	5	5	6	0	0	0	0	1	1	5	6	
11/29	5	5	6	0	0	0	0	1	1	5	6	
11/30	5	5	6	0	0	0	0	1	1	5	6	
											99	
TOTAL	68			0			0			68		

Note: If Column 6 is greater than Column 7 and/or Column 9 is greater than Column 10, immediate corrective action is required

SCHOOL NUTRITION PROGRAM

Reimbursement Voucher

FY 2002
(Oct. 2001 To Sept. 2002)

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

Name and Address of Sponsor

MON-OCEAN ESC
100 TORNILLO WAY SUITE 1
TINTON FALLS NJ 07712

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. Agreement Number: 0 2 5 0 3 2 5 5

2. Month of Claim:
- ○ Oct 2001
- ● Nov 2001
- ○ Dec 2001
- ○ Jan 2002
- ○ Feb 2002
- ○ Mar 2002
- ○ Apr 2002
- ○ May 2002
- ○ June 2002
- ○ July 2002
- ○ Aug 2002
- ○ Sept 2002

3. Fill in if Resubmission of a Voucher: ○

4. Schools Approved: 0 3

# of Operating Days For Each Meal Type

5. Lunch	6. Brkfst.	7. Snacks	8. Milk
18	18		

Number of Students Currently Approved for

9. Free Meals	10. Reduced Meals	11. Free Milk
00059	00010	

12. Total # ½ Pints Milk Purchased:

13. Total Cost of Milk Purchased (Report Whole Dollar-No Cents):

14. Number of Half Pints of Carry Over Milk from Prior Month: _____

REPORT MONTHLY

Average Daily Attendance — Report Enrollment with access to each program below.

15. ADA Lunch	16. ADA Breakfast	17. School Lunch	18. Regular School Breakfast	19. Severe Need Breakfast	20. After School Snack	21. Area Eligible Snack
00062	00077	00098	00114			

GP21-0768 (C1-F3) Printed in the U.S.A.

517

School Nutrition Program - Meals Claimed

	National School Lunch	Regular School Breakfast	Severe Need School Breakfast	After School Snacks: Regular	After School Snacks: Area Eligible
FREE	22. FREE School Lunch: 000563	25. FREE Regular Breakfast: 000554	28. FREE SNB:	31. FREE Snacks:	34. FREE Snacks Area Eligible:
REDUCED	23. REDUCED School Lunch: 000062	26. REDUCED Regular Breakfast: 000013	29. REDUCED SNB:	32. REDUCED Snacks:	35. FREE Special Milk:
PAID	24. PAID School Lunch: 000115	27. PAID Regular Breakfast: 000033	30. PAID SNB:	33. PAID Snacks:	36. PAID Special Milk:

IMPORTANT - All vouchers must be mailed by the 10th of the month following the month being covered by this claim for reimbursement. A copy of this voucher must also be kept by the sponsor. All receipts, invoices and other evidence of purchase must be retained and available for future audit for a period of 7 years after the end of the agreement year. Federal Regulations require that final claims for reimbursement be submitted no later than 60 days following the month of operation; vouchers received after the deadline will not be paid.

I certify that to the best of my knowledge and belief, that this voucher is true and correct in all respects, that records are available to support this voucher, that it is in accordance with existing agreement(s); and that payment thereof has not been received. I recognize that I will be fully responsible for any excess amounts which may result from erroneous or neglectful reporting herein.

DATE OF PREPARATION			NAME OF PERSON PREPARING THIS VOUCHER	PHONE NUMBER
MONTH	DAY	YEAR	Debi Swierz	732-389-5555
12	6	01	SIGNATURE OF BOARD SECRETARY / ADMINISTRATOR	

SUBMIT THIS FORM ONLY - DO NOT SUBMIT PHOTOCOPY

/ LUNCHF_2002 (052101)

Contact Name Sr. Elizabeth Dalessio
Contact Telephone Number 732-389-5555 X1042

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

Please read instructions before completing

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

Block A: General Information

1. Name of Applicant: Monmouth Ocean Educational Services Commission	2. Universal Service Control Number (from 470 Application): 470090000040713
3a. SLC Service Provider Number (SPIN) if known, and Full Legal Name of your Service Provider: Verizon - NJ 143001362	3b. Contract or Tariff Number (If Applicable – from Item 15-16): MTM
4. Shared Services: Telecommunications Services [ ] Internal Connections [ ] Internet Access [ ] Site Specific Services: Internal Connections [ ] Dedicated Services [X] ATM/ISDN	5. Average Discount Rate for Entities Receiving Services Listed Below in Block B (Per Column 11 of Items 15 or 16): 85%

Block B: Services Ordered Information

6. Services & Products Ordered Details

1	2	3	4	5	6	7	8	9	10	11	12	13	14
Account Information	Service Description	Quantity	One-Time Charges	One-Time Taxes and Surcharges	Unit Monthly Charges	Unit Monthly Taxes and Surcharges	Number of Months	Annual Amount of Monthly Charges	% Eligible Services and/or % Eligible Uses	% of Service/ Product Used w/ Eligible Entities	Estimated Eligible Pre-Discount One-Time Charges	Total Annual Amount of Estimated Eligible Pre-Discount Monthly Charges	Estimated Eligible Pre-Discount Total Charges
a. Verizon	ATM	3	0	0	3,104	0	12	37,248	100%	100%	$37,248.00	0	$37,248.00
b. Verizon	ISDN	12	0	0	1967.96	0	12	23,615.52	100	100	$23,615.00	0	$23,615.00
c.													
d.													
e.													
f.													
g.													
7. Total											60,863.52		60,863.52

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

ATTACHMENT (1A)

verizon

201 Z03-1735-500 15Y

MONMTH OCN EDUC SVC COM
C-O ELIZ DALESSIO
100 TORNILLO WAY
TINTON FALLS NJ 07712

November 16, 2001
Voucher No. Date
Form approved by local Finance Board and Division of Finance and Regulatory Services Dept. of Education

Curr amt due for telephone service $3,104.00 From 10-16-01 To 11-15-01

CERT. BY RECEIVING AGENCY	CERT. BY APPROVAL OFFICER
I certify and declare that the above articles have been received or services rendered as stated herein.	I certify and declare that this invoice is correct and just payment is approved.
Signature	Authorized signature
Title Date	Title Date

Payee Declaration

I certify and declare that the within invoice is correct in all its particulars, that the described goods have been furnished or rendered, and that no bonus has been given or received on account of said invoice.

BY CLAIMANT James H Cole, Jr. DIRECTOR-COMPUTERIZED BILLING SERVICES

verizon

201 Z03-1735-500 15Y

Monthly charges
These monthly charges are for your service from Nov 16 to Dec 15

November 16, 2001

Monthly charges

2 SPL ASSEMBLY-BOC(BRE) PARTIAL	$800.00
SPL ASSEMBLY-BOC(BRE) PARTIAL	+404.00
SPL ASSEMBLY-BOC(BRE) PARTIAL	+1,800.00
SPL ASSEMBLY-BOC (BRE)	+100.00

You will receive this list of services four times a year.
Please keep this list for your records.

Total for monthly charges $3,104.00

MONTHLY

ATTACHMENT 1B

verizon

201 Z43-0246-999 18Y

Return this page with your payment. November 1, 2001

Due Immediately	$2,700.00
Please pay by November 26, 2001	+1,967.96
Total Due	$4,667.96

MONTHLY

Please make your payment to Verizon

AMOUNT PAID

$ ☐☐☐☐.☐☐

MONMOUTH ADULT ED COMM
C-O ELIZ DALESSIO
100 TORNILLO WAY
TINTON FALLS NJ 07712-7520

PO Box 4833
Trenton NJ 08650-4833

10920136430246999110110092000005000027000030000466796000000

B00 101

ATM/ISDN

HOME CANCEL HELP

FCC Form 471

Services Ordered and Certification Form

Applicant's Form Identifier: atm/isdn

Entity Number: 122994

Contact Person: Sr. Elizabeth Dalessio

Phone Number: (732) 389-5555 Ext. 1045

Block 6: Certifications and Signature

Do not write in this area

471 Application Number: 321541

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 school (including, but not limited to) elementary and secondary schools, colleges and universities

25. The eligible schools and libraries listed in Block 4 of this application have secured access to all of the resources, including computers, training, software, maintenance, and electrical connections necessary to make effective use of the services purchased as well as to pay the discounted charges for eligible services.

26. All of the schools and libraries or library consortia listed in Block 4 of this application are covered by:

a. ☑ an individual technology plan for using the services requested in this application; and/or

b. ☐ higher-level technology plan(s) for using the services requested in this application; or

c. ☐ no technology plan needed; applying for basic local distance telephone service only.

27. Status of technology plans (if representing multiple entities with mixed technology plan status, check both a and b):

a. ☑ technology plan(s) has/have been approved; and/or

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

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

28. I certify that the entities eligible for support that I am representing have complied with all applicable state and local laws regarding procurements 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 ths 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 institution, 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 1/17/02
36. Printed name of authorized person Timothy Nogueira	
37. Title or position of authorized person Superintendent	
38. Telephone number of authorized person (732) 389-5555 x 1021	

471 Application Number: 321541

MONMOUTH OCEAN EDUCATIONAL SERVICE COMMISSION

100Tornillo Way

Tinton Falls, NJ 07712

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 Communication 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 services 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 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 this information to these agencies through the matching of computer records when authorized.

With the exception of your social security number, 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.

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Please submit this form to:

SLD - Form 471
P.O. Box 7026
Lawrence, KS 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, KS 66046
(888) 203-8100

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