

Billed Entity Name Benavides ISD Contact Name Ernest Singleton

Billed Entity Number 141566 Contact Telephone Number (361) 256-3007

Block 2: Services Adjustment: Fill in one Block 2 for EACH Funding Request (FRN) affected. If you are submitting more than one Block 2, please number your pages 2A, 2B, 2C, etc. and write the number in the space provided here: Page 2 A

6. Provide the following information about each service cited in your Form 471 Block 5, Discount Funding Request, [FRN] for which you want to take one of the following actions:

Remember: The FRNs listed on this form must be for the same Funding Year as listed in Item 3, Block 1.

New Start Date: If you wish to change the Funding Year Service Start Date you listed on a previously filed Form 486 in this funding year. This action will NOT result in more funding.

Contract Expiration Date: If you wish to change the ending date for services. This action will not result in more funding but you could combine it with a reduction in funding.

Cancel: If you wish to cancel a Funding Request Number. Please note: This action is irrevocable and the FRN can NOT be reinstated later. This action would allow money to be put back into the Universal Service fund for possible commitment to other applicants.

Reduce: If you wish to reduce the amount of your funding commitment for a particular FRN. This action is irrevocable and the FRN can NOT be increased later. This action would allow money to be put back into the Universal Service fund for possible commitment to other applicants.

The information required can be found in your Funding Commitment Decision Letter (FCDL) pertaining to the Funding Request (FRN) being affected.

To launch the submission of invoices for payment, please file Form 486.

IDENTIFICATION OF THE FRN TO BE ADJUSTED

(A) Form 471 Application Number (required): 348268
(B) Funding Request Number (required): 937729
(C) Billing Account Number (required, if contained in your FCDL): N/A
(D) Service Provider Name (required): AVNET, Inc.
(E) Service Provider SPIN (required): 143007906

ADJUSTMENT TO FRN LISTED ABOVE:

(F) Service Start Date	Original Date (mm/dd/yyyy):	New Date (mm/dd/yyyy):
<input type="checkbox"/> Change Date		
(G) Contract Expiration Date	Original Date (mm/dd/yyyy):	New Date (mm/dd/yyyy):
<input checked="" type="checkbox"/> Change Date	<u>06-30-2004</u>	<u>09-30-2004</u>
(H) Cancel FRN	Original Commitment Amount:	New Commitment Amount:
<input type="checkbox"/> Please Cancel		<u>\$0.00</u>
(I) Reduce FRN	Original Commitment Amount from FCDL:	New Commitment Amount AFTER Reduction:
<input type="checkbox"/> Please Reduce		

Billed Entity Name Benavides ISD Contact Name Ernest Singleton

Billed Entity Number 141566 Contact Telephone Number (361) 256-3007

Block 2: Services Adjustment: Fill in one Block 2 for EACH Funding Request (FRN) affected. If you are submitting more than one Block 2, please number your pages 2A, 2B, 2C, etc. and write the number in the space provided here: Page 2 B

6. Provide the following information about each service cited in your Form 471 Block 5, Discount Funding Request, [FRN] for which you want to take one of the following actions:

Remember: The FRNs listed on this form must be for the same Funding Year as listed in Item 3, Block 1.

New Start Date: If you wish to change the Funding Year Service Start Date you listed on a previously filed Form 486 in this funding year. This action will NOT result in more funding.

Contract Expiration Date: If you wish to change the ending date for services. This action will not result in more funding but you could combine it with a reduction in funding.

Cancel: If you wish to cancel a Funding Request Number. Please note: This action is irrevocable and the FRN can NOT be reinstated later. This action would allow money to be put back into the Universal Service fund for possible commitment to other applicants.

Reduce: If you wish to reduce the amount of your funding commitment for a particular FRN. This action is irrevocable and the FRN can NOT be increased later. This action would allow money to be put back into the Universal Service fund for possible commitment to other applicants.

The information required can be found in your Funding Commitment Decision Letter (FCDL) pertaining to the Funding Request (FRN) being affected.

To launch the submission of invoices for payment, please file Form 486.

IDENTIFICATION OF THE FRN TO BE ADJUSTED

(A) Form 471 Application Number (required): 348268
(B) Funding Request Number (required): 937760
(C) Billing Account Number (required, if contained in your FCDL): N/A
(D) Service Provider Name (required): AVNET, Inc.
(E) Service Provider SPIN (required): 143007906

ADJUSTMENT TO FRN LISTED ABOVE:

(F) Service Start Date	Original Date (mm/dd/yyyy):	New Date (mm/dd/yyyy):
<input type="checkbox"/> Change Date		
(G) Contract Expiration Date	Original Date (mm/dd/yyyy):	New Date (mm/dd/yyyy):
<input checked="" type="checkbox"/> Change Date	<u>06-30-2004</u>	<u>09-30-2004</u>
(H) Cancel FRN	Original Commitment Amount:	New Commitment Amount:
<input type="checkbox"/> Please Cancel		<u>\$0.00</u>
(I) Reduce FRN	Original Commitment Amount from FCDL:	New Commitment Amount AFTER Reduction:
<input type="checkbox"/> Please Reduce		

Billed Entity Name Benavides ISD Contact Name Ernest Singleton

Billed Entity Number 141566 Contact Telephone Number (361) 256-3007

Block 2: Services Adjustment: Fill in one Block 2 for EACH Funding Request (FRN) affected. If you are submitting more than one Block 2, please number your pages 2A, 2B, 2C, etc. and write the number in the space provided here: Page 2 C

6. Provide the following information about each service cited in your Form 471 Block 5, Discount Funding Request, [FRN] for which you want to take one of the following actions:

Remember: The FRNs listed on this form must be for the same Funding Year as listed in Item 3, Block 1.

New Start Date: If you wish to change the Funding Year Service Start Date you listed on a previously filed Form 486 in this funding year. This action will NOT result in more funding.

Contract Expiration Date: If you wish to change the ending date for services. This action will not result in more funding but you could combine it with a reduction in funding.

Cancel: If you wish to cancel a Funding Request Number. Please note: This action is irrevocable and the FRN can NOT be reinstated later. This action would allow money to be put back into the Universal Service fund for possible commitment to other applicants.

Reduce: If you wish to reduce the amount of your funding commitment for a particular FRN. This action is irrevocable and the FRN can NOT be increased later. This action would allow money to be put back into the Universal Service fund for possible commitment to other applicants.

The information required can be found in your Funding Commitment Decision Letter (FCDL) pertaining to the Funding Request (FRN) being affected.

To launch the submission of invoices for payment, please file Form 486.

IDENTIFICATION OF THE FRN TO BE ADJUSTED

(A) Form 471 Application Number (required): 348268
(B) Funding Request Number (required): 937832
(C) Billing Account Number (required, if contained in your FCDL): N/A
(D) Service Provider Name (required): AVNET, Inc.
(E) Service Provider SPIN (required): 143007906

ADJUSTMENT TO FRN LISTED ABOVE:

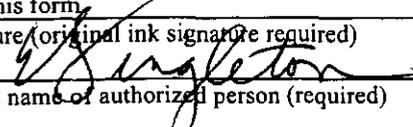
(F) Service Start Date	Original Date (mm/dd/yyyy):	New Date (mm/dd/yyyy):
<input type="checkbox"/> Change Date		
(G) Contract Expiration Date	Original Date (mm/dd/yyyy):	New Date (mm/dd/yyyy):
<input checked="" type="checkbox"/> Change Date	<u>06-30-2004</u>	<u>09-30-2004</u>
(H) Cancel FRN	Original Commitment Amount:	New Commitment Amount:
<input type="checkbox"/> Please Cancel		<u>\$0.00</u>
(I) Reduce FRN	Original Commitment Amount from FCDL:	New Commitment Amount AFTER Reduction:
<input type="checkbox"/> Please Reduce		

Do Not Write In This Area

Billed Entity Name Benavides ISD Contact Name Ernest Singleton
Billed Entity Number 141566 Contact Telephone Number (361) 256-3007

Block 3: Certification

7. I certify that I am authorized to submit this Form on behalf of the above-named billed entity applicant, that I have examined this request, and that, to the best of my knowledge, information, and belief, all statements of fact contained herein are true.
8. 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 services receive an appropriate share of benefits from those services.
9. I recognize that I may be audited pursuant to this application and will retain for five years any and all records that I rely upon to fill in this form.

10. Signature (original ink signature required)	11. Date (required)
	5/28/04
12. Printed name of authorized person (required) Ernest Singleton	
13. Title or position of authorized person (required) Director of Curriculum & Instruction	
14. Telephone number of authorized person (required) (361) 256-3007	
15. E-Mail address of authorized person (required, if available) esingleton@benavidesisd.nu	
16. Address of authorized person (required) P. O. Drawer P-Benavides, TX 78341	

A paper copy of this form, with an original signature in Block 3, Item 10 should be mailed to:

SLD-Form 500
P. O. Box 7026
Lawrence, Kansas 66044-7026

If sent by express delivery services or U.S. Postal Service, Return Receipt Requested, the form should be mailed to:

SLD-Form 500
c/o Ms. Smith
3833 Greenway Drive
Lawrence, Kansas 66046
888-203-8100



#15

8-12-04

Form 486 - Paper Certification

Entity Number: 141566

Form 486 Application Number: 272087

Applicant's Form Identifier: AVNET

You must have Adobe Acrobat Reader 5.0 or higher to view and print your paper certification. If you do not have this software installed on your computer, you may download it for free from the [Adobe web site](#).

Click on the "Continue>>" button below to print a copy of your Form 486 certification page. Item 12 must be signed by the person authorized to submit and certify to the accuracy of the information on this form.

Mail the signed Block 5 certification to:

SLD-Form 486
P.O. Box 7026
Lawrence, KS 66044-7026

If sent by express delivery services or U.S. Postal Service, Return Receipt Requested:

SLD-Form 486
c/o Ms. Smith
3833 Greenway Drive
Lawrence, KS 66046
(888) 203-8100

DO NOT submit Form 486 certification on paper if you have already certified your form online.

Note: If you are not currently connected to a printer, you can close your browser and print your certification page later using the "Certify Complete" button in the "Apply Online & View Forms" area.

SLD Home | Client Service Bureau: 1-888-203-8100

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1.0.1585.24072



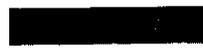
Form 486 - Application Number and Security Code

Billed Entity Number: 141566 **Billed Entity Name:** BENAVIDES INDEP SCH DISTRICT

Form 486 Application Number: 272087

Form 486 Security Code: 18310

IMPORTANT: PLEASE RECORD YOUR FORM 486 APPLICATION NUMBER AND SECURITY CODE. IF YOU EXIT BEFORE COMPLETING THIS INTERVIEW, YOU WILL NEED THESE TWO NUMBERS TO RETURN TO THIS INTERVIEW.



[SLD Home](#) | Client Service Bureau: 1-888-203-8100

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Schools and Libraries Universal Service Receipt of Service Confirmation Form

FCC Form 486: To be completed by the Billed Entity
Please read instructions before completing.

Estimated Average Burden Hours For First Submission: 15.0 hours
For Subsequent Submissions: 1.5 hours

Applicant's Form Identifier A V N E T (Create your own code to identify THIS Form 486.)	Form 486 Application # 272087 (To be inserted by Fund Administrator)
---	--

Block 1: Billed Entity Information

1. Name of Billed Entity

B E N A V I D E S I N D E P S C H D I S T R I C T

2. Billed Entity Number

1 4 1 5 6 6

3. Funding Year

2 0 0 3

4. Complete Mailing Address of Billed Entity

Street Address, P.O. Box or Route Number

1 0 6 W S C H O O L S T

City

B E N A V I D E S

State

Zip Code

T X 7 8 3 4 1

Telephone Number

Extension

Fax Number

3 6 1 2 5 6 3 0 0 0

3 6 1 2 5 6 3 0 0 5

Email Address



Entity Number	<u>141566</u>	Applicant's Form Identifier	<u>AVNET</u>
Contact Person	<u>Ernest Singleton</u>	Phone Number	<u>(361) 256-3000</u>

5. Contact Person Information

Contact Person Name

E R N E S T S I N G L E T O N

Street Address, P.O. Box or Route Number

1 0 6 W S C H O O L S T

City

B E N A V I D E S

State Zip Code

T X 7 8 3 4 1

Check the box next to the preferred mode of contact. (At least one box MUST be checked.)

Telephone Number

Extension

Fax Number

3 6 1 2 5 6 3 0 0 0

3 6 1 2 5 6 3 0 0 5

Email Address

e s i n g l e t o n @ b e n a v i d e s i s d . n u

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

NOTICE: 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 form will be used to inform the Schools and Libraries Division of the Universal Service Administrative Company that a billed entity, and/or the schools and libraries that it represents, has begun or has planned to begin to receive service after receiving a funding commitment approval pursuant to FCC Form 471.

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 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 an 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 in a proceeding before the body or has an interest in the proceeding. In addition, consistent with the Communications Act of 1934, FCC regulations and orders, the Freedom of Information Act, 5 U.S.C. § 552, or other applicable law, information provided in or submitted with this form or in response to subsequent inquiries may be disclosed to the public.

If you do not provide the information requested on the form, your application may be returned without action or your application may be delayed.

The foregoing Notice is required by 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 15.0 hours for the first submission and 1.5 hours for subsequent submissions, 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.



Entity Number 141566

Applicant's Form Identifier AVNET

Contact Person Ernest Singleton

Phone Number (361) 256-3000

Block 2: Early Filing Information and CIPA Waiver Requests

6a. Early Filing

CHECK THE BOX BELOW IF THE FRNS ON THIS FORM 486 ARE FOR SERVICES STARTING *ON OR BEFORE* JULY 31 OF THE FUNDING YEAR.

The Funding Requests listed in Block 3 have been approved by SLD as shown in my Funding Commitment Decision Letter (FCDL). I have confirmed with the service provider(s) featured in those Funding Requests that these services will start on or before July 31 of the Funding Year.

Remember: Early filing using Item 6a is an option if and ONLY if services will start within the month of July of the relevant Funding Year, all relevant certifications in Block 4 can be accurately made, and the Form 486 is postmarked on or before July 31 of the Funding Year.

6b. CIPA Waiver

CHECK THE BOX BELOW IF YOU ARE REQUESTING A WAIVER OF CIPA REQUIREMENTS FOR THE SECOND FUNDING YEAR AFTER APRIL 20, 2001 IN WHICH YOU HAVE APPLIED FOR DISCOUNTS IF YOU AS THE BILLED ENTITY ARE THE ADMINISTRATIVE AUTHORITY.



I am providing notification that, as of the date of the start of discounted services, I am unable to make the certifications required by the Children's Internet Protection Act, as codified at 47 U.S.C. § 254(h) and (l), because my state or local procurement rules or regulations or competitive bidding requirements prevent the making of the certification(s) otherwise required. I certify that the schools or libraries represented in the Funding Request Number(s) on this Form 486 will be brought into compliance with the CIPA requirements before the start of the Third Funding Year after April 20, 2001 in which they apply for discounts.

6c. CIPA Waiver for Libraries for Funding Year 2004

CHECK THE BOX BELOW IF YOU ARE REQUESTING A WAIVER OF CIPA REQUIREMENTS FOR FUNDING YEAR 2004 IF YOU AS THE BILLED ENTITY ARE THE ADMINISTRATIVE AUTHORITY FOR THE LIBRARY(IES) REPRESENTED ON THIS FORM 486.

I am providing notification that, as of the date of the start of discounted services in Funding Year 2004, I am unable to make the certifications required by the Children's Internet Protection Act, as codified at 47 U.S.C. § 254(h) and (l), because my state or local procurement rules or regulations or competitive bidding requirements prevent the making of the certification(s) otherwise required. I certify that the libraries represented in the Funding Request Number(s) on this Form 486 will be brought into compliance with the CIPA requirements before the start of the Funding Year 2005.



Entity Number 141566

Applicant's Form Identifier AVNET

Contact Person Ernest Singleton

Phone Number (361) 256-3000

Block 3: Service Information

7. Please provide the following information for each Form 471 Block 5 (Discount Funding Request) item for which the Billed Entity is indicating that the named service provider may begin submitting invoices to SLD. You will need your FCDL for some of the information required below.

Remember: The FRNs listed below must be from the same Funding Year as is listed in Block 1, Item 3.

If you need additional pages, please label them 4A, 4B, 4C, etc. and indicate the number in the space provided here: Page 4 ^A

	(A) 471 Application Number From FCDL	(B) Funding Request Number (FRN) From FCDL	(C) Billing Account Number (if contained on your FCDL)	(D) Service Provider Name From FCDL	(E) Service Provider Identification Number (SPIN) From FCDL	(F) Funding Year Service Start Date* (Earliest Date that Discounts Will Begin) (*Cannot be before July 1 of the Funding Year for which you are requesting discounts.)
1	3 4 8 2 6 8	9 3 7 7 2 9		Avnet, Inc.	1 4 3 0 0 7 9 0 6	0 7 0 1 2 0 0 4
2	3 4 8 2 6 8	9 3 7 7 6 0		Avnet, Inc.	1 4 3 0 0 7 9 0 6	0 7 0 1 2 0 0 4
3	3 4 8 2 6 8	9 3 7 8 3 2		Avnet, Inc.	1 4 3 0 0 7 9 0 6	0 7 0 1 2 0 0 4
4						
5						
6						
7						
8						



Entity Number	141566	Applicant's Form Identifier	AVNET
Contact Person	Ernest Singleton	Phone Number	(361) 256-3000

Block 4: Certifications and Signature

8. I certify that the technology plan(s) for the services received as indicated on this Form 486 have been approved as necessary. Fill in the name(s) of the organization(s) that reviewed and approved a technology plan for any eligible entity that is receiving services covered under this form; attach an additional list if necessary. If ALL of the FRNs listed herein are for basic telephone service only, write in "none" here.

E d u c a t i o n S e r v i c e C e n t e r R e g i o
n 2

9. I certify that the services listed on this Form 486 have been, are planned to be, or are being provided to all or some of the eligible entities identified in the Form 471 application(s) cited above. I certify that there are signed contracts covering all of the services listed on this Form 486 except for those services provided under tariff or month-to-month arrangements. I certify that I am authorized to submit this receipt of service confirmation on behalf of the above-named Billed Entity, that I have examined this request, and that, to the best of my knowledge, information, and belief, all statements of fact contained herein are true.

10. 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 services receive an appropriate share of benefits from those services. I recognize that I may be audited pursuant to this application and will retain for five years any and all records, including Forms 479 where required, that I rely upon to complete this form and, if audited, will make available to the Administrator such records.

NOTES FOR COMPLETING THE CERTIFICATIONS IN ITEM 11

A Billed Entity who is the Administrative Authority must check Item 11a or 11b or 11c. Check only ONE item. If the Billed Entity is not the Administrative Authority, skip to Item 11d.

A Billed Entity who represents one or more Administrative Authorities must check Item 11d or 11e. (See the Form 486 Instructions for Item 11, "Special Notes for Billed Entities Who Represent One or More Administrative Authorities.")

A Billed Entity who represents one or more Administrative Authorities in Funding Years after Funding Year 2001 and who checks Item 11d must check Item 11f or 11g. (See the Form 486 Instructions for Item 11, "Special Notes for Billed Entities Who Represent One or More Administrative Authorities.")

IF THIS FORM PERTAINS TO A FUNDING YEAR PRIOR TO FUNDING YEAR 2001 (THE FUNDING YEAR BEGINNING JULY 1, 2001), SKIP TO ITEM 12.



Entity Number	141566	Applicant's Form Identifier	AVNET
Contact Person	Ernest Singleton	Phone Number	(361) 256-3000

11. FOR A BILLED ENTITY WHO IS THE ADMINISTRATIVE AUTHORITY:

I certify that as of the date of the start of discounted services:

- a. the recipient(s) of service represented in the Funding Request Number(s) on this Form 486 has (have) complied with the requirements of the Children's Internet Protection Act, as codified at 47 U.S.C. § 254(h) and (l).
- b. pursuant to the Children's Internet Protection Act, as codified at 47 U.S.C. § 254(h) and (l), the recipient(s) of service represented in the Funding Request Number(s) on this Form 486:

(FOR SCHOOLS and FOR LIBRARIES IN THE FIRST FUNDING YEAR FOR PURPOSES OF CIPA) is (are) undertaking such actions, including any necessary procurement procedures, to comply with the requirements of CIPA for the next funding year, but has (have) not completed all requirements of CIPA for this funding year.

(FOR FUNDING YEAR 2003 ONLY: FOR LIBRARIES IN THE SECOND OR THIRD FUNDING YEAR FOR PURPOSES OF CIPA) is (are) in compliance with the requirements of CIPA under 47 U.S.C. § 254(l) and undertaking such actions, including any necessary procurement procedures, to comply with the requirements of CIPA under 47 U.S.C. § 254(h) for the next funding year.

- c. the Children's Internet Protection Act, as codified at 47 U.S.C. § 254(h) and (l), does not apply because the recipient(s) of service represented in the Funding Request Number(s) on this Form 486 is (are) receiving discount services only for telecommunications services.

FOR A BILLED ENTITY WHO REPRESENTS ONE OR MORE ADMINISTRATIVE AUTHORITIES ¹:

- d. I certify as the Billed Entity for the consortium that I have collected duly completed and signed Forms 479 from all eligible members of the consortium.
- e. I certify as the Billed Entity for the consortium that the only services that have been approved for discounts under the universal service support mechanism on behalf of eligible members of the consortium are telecommunications services, and therefore the requirements of the Children's Internet Protection Act, as codified at 47 U.S.C. § 254(h) and (l), do not apply.

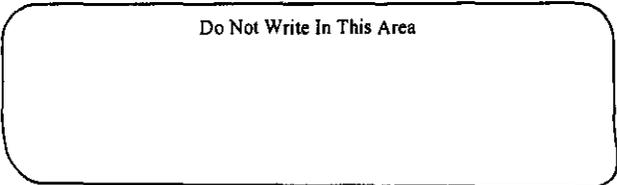
For Funding Years after Funding Year 2001: If you checked Item 11d above, check ONE of the boxes below:

- f. I certify that some or all of the eligible consortium members checked Form 479 Item 6d or Item 6e to seek a CIPA Waiver, and upon request from the Administrator I can provide this information; OR
- g. I certify that no eligible consortium members checked Form 479 Item 6d or Item 6e to seek a CIPA Waiver.

The certification language above is not intended to fully set forth or explain all the requirements of the statute.

¹ See the Form 486 Instructions for Item 11, "Special Notes for Billed Entities Who Represent One or More Administrative Authorities."





Entity Number	141566	Applicant's Form Identifier	AVNET
Contact Person	Ernest Singleton	Phone Number	(361) 256-3000

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

12. Signature of authorized person		13. Date

14. Printed name of authorized person		
E r n e s t S i n g l e t o n		
15. Title or position of authorized person		
D i r e c t o r o f C u r r i c u l u m		
16a. Street Address, P.O. Box, or Route Number		
P O D r a w e r P		
City		
B e n a v i d e s		
State Zip Code		
T X 7 8 3 4 1		
16b. Telephone number of authorized person	Extension	16c. Fax number of authorized person
3 6 1 2 5 6 3 0 0 0		3 6 1 2 5 6 3 0 0 5
16d. Email address of authorized person		
e s i n g l e t o n @ b e n a v i d e s i s d . n u		

Please submit this form to:
 SLD-Form 486
 P. O. Box 7026
 Lawrence, Kansas 66044-7026

For express delivery services or U.S. Postal Service, Return Receipt Requested, send this form to:
 SLD-Form 486
 c/o Ms. Smith
 3833 Greenway Drive
 Lawrence, Kansas 66046
 888-203-8100



Application ID : 272087

Entity Number	<u>141566</u>	Applicant's Form Identifier	<u>AVNET</u>
Contact Person	<u>Ernest Singleton</u>	Phone Number	<u>(361) 256-3000</u>

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

12. Signature of authorized person

13. Date

Ernest Singleton

08 23 2004

14. Printed name of authorized person

E r n e s t S i n g l e t o n

15. Title or position of authorized person

D i r e c t o r o f C u r r i c u l u m

16a. Street Address, P.O. Box, or Route Number

P O D r a w e r P

City

B e n a v i d e s

State

Zip Code

T X

7 8 3 4 1

16b. Telephone number of authorized person

Extension

16c. Fax number of authorized person

3 6 1 2 5 6 3 0 0 0

3 6 1 2 5 6 3 0 0 5

16d. Email address of authorized person

e s i n g l e t o n @ b e n a v i d e s i s d . n u

Please submit this form to:

SLD-Form 486
P. O. Box 7026
Lawrence, Kansas 66044-7026

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

SLD-Form 486
c/o Ms. Smith
3833 Greenway Drive
Lawrence, Kansas 66046
888-203-8100



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

9.22.04

TIME SENSITIVE MATERIAL

00014
BENAVIDES INDEP SCH DISTRICT
Ernest Singleton
106 W SCHOOL ST
BENAVIDES, TX 78341



Yvan b
AVNET

19

9/22/04



Universal Service Administrative Company
Schools & Libraries Division

FORM 486 NOTIFICATION LETTER
(Funding Year 2003: 07/01/2003 - 06/30/2004)

September 22, 2004

BENAVIDES INDEP SCH DISTRICT
Ernest Singleton
106 W SCHOOL ST
BENAVIDES, TX 78341

Re: Form 486 Application Number: 272087
Applicant's Form 486 Identifier: AVNET

This letter is to notify you that the Schools and Libraries Division (SLD) has received and accepted an FCC Form 486, Receipt of Service Confirmation Form, from you. This notification is to confirm the information that you provided. This information is being shared with the service provider whose SPIN you identified on the affected Funding Request Number(s) (FRN).

NEXT STEPS

- Work with your service provider to establish discounts (SPI) or reimbursements (BEAR)
- Invoice the SLD -
 - applicant invoice is BEAR Form for reimbursements
 - service provider invoice is SPI Form for discounts
- Pay non-discount portion, as stated in program rules
- Maintain ALL documentation, as stated in program rules

You may be receiving this letter to revise or correct a previous Form 486 Notification Letter. The information contained in this letter supersedes any previous notification you may have received, including, but not limited to, a previously adjusted Service Start Date or previously reduced funding commitment.

NOTICE ON SERVICE START DATE

There may be some situations where one or more Service Start Dates as reflected on this letter have been changed from what you indicated on the Form 486. Such changes are made by the SLD to be in compliance with program rules. You will know that a change has been made if there is an asterisk next to the Service Start Date. If the SLD changed the Service Start Date, this change may have triggered a reduction in the funding commitment. It is important that you and the service provider both recognize that the SLD should be invoiced and the SLD may direct disbursement of the discounts only on eligible, approved products and/or services actually delivered and installed on or after the Service Start Date indicated on this letter.

TO APPEAL THE SERVICE START DATE/FUNDING COMMITMENT CHANGE DECISION

If you wish to appeal the Service Start Date change(s) and/or funding commitment adjustment(s) indicated in this letter, your appeal must be **POSTMARKED** within 60 days of the above date on this letter. Failure to meet this requirement will result in automatic dismissal of your appeal. In your letter of appeal:

1. Include the name, address, telephone number, fax number, and e-mail address (if available) for the person who can most readily discuss this appeal with us.
2. State outright that your letter is an appeal. Identify which ERN Service Start Date change or Funding Commitment adjustment you are appealing. Indicate the relevant funding year and the date of this Form 486 Notification Letter. Your letter of appeal must also include the relevant Funding Request Number(s), the Billed Entity Name, the Form 471 Application Number, and the Billed Entity Number from your Form 486.
3. Please keep your letter to the point, and provide documentation to support your appeal. Be sure to keep copies of your correspondence and documentation.
4. Provide an authorized signature on your letter of appeal.

If you are submitting your appeal on paper, please send your appeal to: Letter of Appeal, Schools and Libraries Division, Box 125 - Correspondence Unit, 80 South Jefferson Road, Whippany, NJ 07981. Additional options for filing an appeal can be found in the "Appeals Procedure" posted in the Reference Area of the SLD web site or by contacting the Client Service Bureau. We encourage the use of either the e-mail or fax filing options.

While we encourage you to resolve your appeal with the SLD first, you have the option of filing an appeal directly with the Federal Communications Commission (FCC). You should refer to CC Docket No. 02-6 on the first page of your appeal to the FCC. Your appeal must be **POSTMARKED** within 60 days of the above date on this letter. Failure to meet this requirement will result in automatic dismissal of your appeal. If you are submitting your appeal via United States Postal Service, send to: FCC, Office of the Secretary, 445 12th Street SW, Washington, DC 20554. Further information and 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 or by contacting the Client Service Bureau. We strongly recommend that you use either the e-mail or fax filing options.

NOTICE ON RULES AND FUNDS AVAILABILITY

Applicants' receipt of funding commitments is contingent on their compliance with all statutory, regulatory, and procedural requirements of the Schools and Libraries Universal Service Support Mechanism. Applicants who have received funding commitments continue to be subject to audits and other reviews that the SLD and/or the FCC may undertake periodically to assure that funds that have been committed are being used in accordance with all such requirements. The SLD may be required to reduce or cancel funding commitments that were not issued in accordance with such requirements, whether due to action or inaction, including but not limited to that by the SLD, the applicant, or the service provider. The SLD, and other appropriate authorities (including but not limited to USAC and the FCC), may pursue enforcement actions and other means of recourse to collect erroneously disbursed funds. The timing of payment of invoices may also be affected by the availability of funds based on the amount of funds collected from contributing telecommunications companies.

A GUIDE TO THE FORM 486 NOTIFICATION LETTER FUNDING COMMITMENT REPORT

A report for each FRN for which you have notified us of a Service Start Date is attached to this letter. We are providing the following definitions for the items in that report.

Funding Request Number (FRN): A Funding Request Number is assigned by the SLD to each Block 5 of your Form 471 once an application has been processed. This number is used to report to applicants and service providers the status of individual discount funding requests submitted on a Form 471.

Form 471 Application Number: A unique identifier assigned to a Form 471 application by the SLD.

Service Provider Name: The name of the service provider that you identified as providing the service included in this FRN.

Service Provider Identification Number: The unique number assigned by USAC to the service provider you identified as providing the service included in this FRN.

Billing Account Number: The account number that you have established with your service provider for billing purposes. This will be present only if a Billing Account Number was provided on the Form 471.

Service Start Date: The Service Start Date (SSD) as indicated on the Form 486. If this date is marked with an asterisk, it was changed by the SLD to be in compliance with program rules and an explanation for the change has been provided. This date as shown is controlling and USAC will not reimburse discounts on products and/or services delivered or installed prior to this date.

Service Start Date Change Explanation (SHOWN ONLY IF RELEVANT): If the Service Start Date is marked with an asterisk, this field will explain why the SLD changed the date. One of the following explanations may appear:

AVSCD: The Service Start Date may not be before the Allowable Vendor Selection/Contract Date (AVSCD) from the Form 470 cited for this FRN on the Form 471. If you indicated an earlier SSD on the Form 486, the SLD changed the SSD to the AVSCD.

120-DAY 486 DEADLINE: Forms 486 must be postmarked no later than 120 days after the start of services or no later than 120 days after the date of the FCDL, whichever is later. If the Form 486 is postmarked after the later of those two dates, the SLD changed the SSD to the date 120 days before the Form 486 postmark date. That date will become the start date for discounted services. You are advised to keep proof of the date of mailing of your form(s).

Adjusted Funding Commitment (SHOWN ONLY IF RELEVANT): If the SLD changed the Service Start Date, this change may have triggered a reduction in the funding commitment. This field will only appear if there is a reduction to the funding commitment amount.

FORM 486 NOTIFICATION LETTER
FUNDING COMMITMENT REPORT
(Funding Year 2003)

Funding Request Number: 937729
Form 471 Application Number: 348268
Service Provider Name: Avnet, Inc.
Service Provider Identification Number: 143007906
Billing Account Number: N/A
Service Start Date: 07/01/2004

Funding Request Number: 937760
Form 471 Application Number: 348268
Service Provider Name: Avnet, Inc.
Service Provider Identification Number: 143007906
Billing Account Number: N/A
Service Start Date: 07/01/2004

Funding Request Number: 937832
Form 471 Application Number: 348268
Service Provider Name: Avnet, Inc.
Service Provider Identification Number: 143007906
Billing Account Number: N/A
Service Start Date: 07/01/2004

IMPORTANT REMINDERS & DEADLINES

Date: September 22, 2004
Form 486 App No: 272087
Form 486 App ID: AVNET

The following information is provided to assist you throughout the application process. We recommend that you keep it in an easily accessible location and that you share it with the appropriate members of your organization.

PROGRAM COMPLIANCE - Although this Form 486 has been fully data entered, the SLD will continue to review the compliance status of this Form 486, of each entity represented, and of each FRN listed. If the SLD discovers that the reported CIPA compliance status for an entity is not valid or that a required technology plan has not been approved by an SLD certified Technology Plan Approver, invoices featuring the affected FRNs will not be processed. Please refer to the SLD web site for complete information.

FORM 473 - Invoices received by the SLD will not be paid unless the SLD has an FCC Form 473, Service Provider Annual Certification (SPAC), on file for the funding year associated with the invoice.

INVOICE DEADLINE - Invoices must be postmarked no later than 120 days after the last date to receive service - including extensions - or 120 days after the date of the Form 486 Notification Letter, whichever is later. Invoices should not be submitted until the invoiced products and/or services have been delivered and billed, and (for BEAR Forms) the provider has been paid. Once established, the selected invoicing method - Forms 474 (SPIs) or Forms 472 (BEARs) - must be used for the entire Funding Year.

REVIEW OF INVOICES FOR COMPLIANCE WITH PROGRAM RULES - Once an invoice is in the SLD system, it is reviewed - electronically and, in some cases, manually - for compliance with program rules. This review may include requests from our Program Integrity Assurance team to provide information in support of the invoice. Processing of invoices can take up to 90 days, although usually less.

OBLIGATION TO PAY NON-DISCOUNT PORTION - Applicants are required to pay the non-discount portion of the cost of the products and/or services. Service providers are required to bill applicants for the non-discount portion. The FCC has stated that requiring applicants to pay their share ensures efficiency and accountability in the program. If you are using a trade-in as part of your non-discount portion, please refer to the SLD web site.

"FREE" INELIGIBLE SERVICES - Applicants and service providers are prohibited from using approved discounts to subsidize ineligible or unrequested products and services. Please see the "Free Services Advisory" posted in the Reference Area of the SLD web site.

RETAIN DOCUMENTATION - Applicants and service providers must retain documentation including, but not limited to, documents showing:

- compliance with all applicable competitive bidding requirements,
- products and/or services delivered (e.g., customer bills detailing make, model and serial number),
- resources necessary to make effective use of E-rate discounts, including the purchase of equipment such as workstations not eligible for support,
- the specific location of each item of E-rate funded equipment, and
- the applicant has paid the non-discount portion.

These documents must be retained and available for review for five years.

Complete program information is posted to the Schools and Libraries Division (SLD) web site at www.sl.universalservice.org. Information is also available by contacting the SLD Client Service Bureau by e-mail at question@universalservice.org, by fax at 1-888-276-8736, or by phone at 1-888-203-8100.

Confirmation Report - Memory Send

Time : Dec-09-04 11:40am
Tel line :
Name :

#17

Job number : 473
Date : Dec-09 11:35am
To : 918882768736
Document pages : 17
Start time : Dec-09 11:35am
End time : Dec-09 11:40am
Pages sent : 17
Status : OK

12-9-04

Job number : 473

*** SEND SUCCESSFUL ***

		A facsimile from	
To: <u>Schools Librarian Division</u>		BENAVIDES ISD P. O. Drawer P Benavides, TX 78341 Phone (361) 256-3000 Fax (361) 256-3005	
Company: _____			
Fax Number: <u>1 888 276 8736</u>			
Date: <u>12-9-04</u>			
From: <u>Ernest Singleton</u>			
Regarding: <u>Requested documents</u>			
<input checked="" type="checkbox"/> Urgent <input type="checkbox"/> For Review <input type="checkbox"/> Please Reply <input type="checkbox"/> For your information			
# of Pages (including cover page) <u>17</u>			
Comments: <u>Attention Debbie</u> <u>on this fax, please find a cover letter, copy</u> <u>of certified mail receipt, copy of return receipt</u> <u>original substitution request, vendor</u> <u>substitution request, and modified form</u> <u>471</u> <u>Thanks for your attention to this urgent</u> <u>matter.</u>			
<u>Ernest Singleton</u> <u>B-1515 - Director of Curriculum</u>			



A facsimile from

To: Schools Ed. Libraries
Division

BENAVIDES ISD

Company: _____

P. O. Drawer P
Benavides, TX 78341
Phone (361) 256-3000
Fax (361) 256-3005

Fax Number: 1888 276 8736

Date: 12-9-04

From: Ernest Singleton

Regarding: Requested Documents

Urgent For Review Please Reply For your Information

of Pages (including cover page) 17

Comments: Attention Debbie

In this fax, please find a cover letter, copy
of certified mail receipt, copy of return receipt,
original substitution request, Vendor
substitution request, and modified form
471.

Thank you for your attention to this urgent
matter.

Ernest Singleton
B-1515 - Director of Curriculum



BENAVIDES INDEPENDENT SCHOOL DISTRICT

106 West School St. P.O. Drawer P Benavides, TX 78341-0916 Phone: 361/256-3000 Fax: 361/256-3005

December 9, 2004

Schools and Libraries Universal Service
Service Substitutions
Box 125 – Correspondence Unit
80 South Jefferson Road
Whippany, NJ 07981

Attention: Debbie

Good Morning,

Per our conversation today, December 09, 2004, you shared with me that a Product Substitution Request from Benavides Independent School District dated May 27, 2004, has been misplaced. As requested, I am faxing in a copy of the original request which includes a cover letter, modified form 471, and a detailed substitution request supplied by our approved vendor, AVNET Solutions.

Also included in the fax is a copy of the certified mail receipt (dated May 28, 2004) and a copy of the return receipt (dated June 1, 2004).

While BISD certainly understands the large volume of documents that the Schools and Libraries Division receives, the misplacement of our documents has resulted in considerable delays in our telecommunication upgrades. We are requesting that priority consideration be given to today's documents and that a decision concerning our substitution request be made as soon as possible.

Thank you for your assistance to this matter and indicating that you will place our request on top of the priority documents as soon as you receive this fax. If additional information is needed, please let me know.

Sincerely,

Ernest Singleton
Director of Curriculum and Special Programs

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

7000 0520 0023 3699 3788

Postage	\$ 1.06
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.11



Recipient's Name (Please Print Clearly) (To be completed by mailer)
SLD Form 471-c/o MS SMITH
Street, Apt. No., or PO Box No.
3833 Greenway dr.
City, State, ZIP+ 4
Lawrence, KS 66046

PS Form 3800, February 2000 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
SLD FORM-471
c/o Ms. Smith
3833 Greenway Drive
Lawrence, KS 66046

COMPLETE THIS SECTION ON DELIVERY

Signature
PEARSON GOVT SOLUTIONS
X MAIL AGENT Agent Addressee

B. Received by (Printed Name) C. Date of Delivery
JUN 01 2004

D. Is delivery address different from item 1? Yes
 if YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number **7000 0520 0023 3699 3788**
(Transfer from service label)

2004