

these ERNs have been rejected, with an explanation of the reason for rejection. If you believe that there were ERNs included in your Form 471 which are not listed in this letter AND you have not received a letter informing you that those ERNs are rejected, please write to us at the address listed at the bottom of this letter. See also "QUESTIONS ABOUT THIS LETTER" below.

Please note that the SLD Client Service Bureau may not have the information necessary to respond to your inquiry; therefore, your letter should be sent to the New Jersey address featured below.

FUTURE CONTACTS WITH PIA

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

COMMUNICATIONS WITH YOUR SERVICE PROVIDERS

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

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

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

QUESTIONS ABOUT THIS LETTER

If you have any questions regarding the above information, please write to us at SLD, Box 125-Correspondence Unit, 80 South Jefferson Road, Whippany, NJ 07981.

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

Schools and Libraries Division
Universal Service Administrative Company

Funding Request Number: 800007
SPIN: 143001362 Service Provider Name: Verizon- New Jersey, Inc.
Category of Services: Telc Svc(s)
Pre-discount \$ Amount: \$9,768.00
Discount Percentage: 90%

Funding Request Number: 800019
SPIN: 143024755 Service Provider Name: Diversified Computer Solutions, Inc
Category of Services: Inet Acc(s)
Pre-discount \$ Amount: \$19,875.00
Discount Percentage: 90%

Funding Request Number: 800025
SPIN: 143024755 Service Provider Name: Diversified Computer Solutions, Inc
Category of Services: Inet Acc(s)
Pre-discount \$ Amount: \$6,360.00
Discount Percentage: 90%

Funding Request Number: 800036
SPIN: 143024755 Service Provider Name: Diversified Computer Solutions, Inc
Category of Services: Intr Con
Pre-discount \$ Amount: \$38,160.00
Discount Percentage: 90%

Funding Request Number: 800049
SPIN: 143024755 Service Provider Name: Diversified Computer Solutions, Inc
Category of Services: Intr Con
Pre-discount \$ Amount: \$209,880.00
Discount Percentage: 90%

Funding Request Number: 800060
SPIN: 143024755 Service Provider Name: Diversified Computer Solutions, Inc
Category of Services: Intr Con
Pre-discount \$ Amount: \$164,956.14
Discount Percentage: 90%

Funding Request Number: 800070
SPIN: 143024755 Service Provider Name: Diversified Computer Solutions, Inc
Category of Services: Intr Con
Pre-discount \$ Amount: \$62,540.00
Discount Percentage: 90%

23 Pennsylvania Avenue
Newark, New Jersey 07102
Phone: 973-623-9005
Fax: 973-623-4088

Lady Liberty Academy

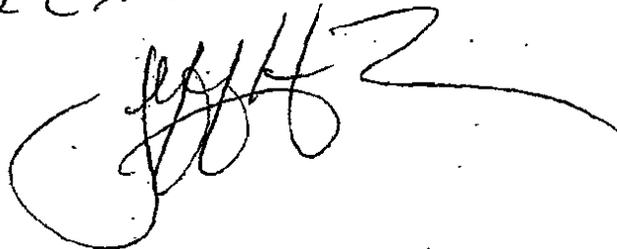
Fax

To: Dolores Kibbler From: Jeff Heike
Fax: 973. ~~751-6523~~ Pages: (3) inclusive
Phone: 599-6523 Date: 3/07/02
Re: documentation CC:

Urgent For Review Please Comment Please Reply Please Recycle

• Comments:

Enclosed please find
(1) letter certifying phone
bill
(2) free/reduced lunch application
If you need anything else,
please don't hesitate to call.





LADY LIBERTY ACADEMY CHARTER SCHOOL

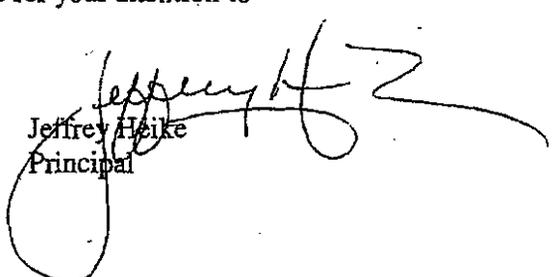
23 Pennsylvania Avenue • Newark, NJ 07114
Phone: 973-623-9005 • Fax: 973-623-4088

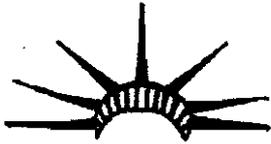
Jeffrey Heike
Principal

March 7, 2002

To Whom It May Concern:

I certify that there are no ineligible charges on our Verizon bill such as Voicemail, directory advertising or pay phones. Thank you for your attention to this matter.


Jeffrey Heike
Principal



LADY LIBERTY ACADEMY CHARTER SCHOOL

23 Pennsylvania Avenue • Newark, NJ 07114
Phone: 973-623-9005 • Fax: 973-623-4088

Jeffrey Heike
Principal

January 14, 2002

To Whom It May Concern:

The Lady Liberty Academy Charter School has an enrollment of 282 students. The parents of each student enrolled in the school were asked to complete a registration application and a free and reduced lunch survey. A total of 282 applications and surveys were sent out, and all 282 were completed by the parents and returned to the school. Based on the results of this survey, 250 students qualify for the free and reduced lunch program. All registration applications and surveys are kept on file.

Sincerely,


Jeffrey Heike
Principal/School Director

Lady Liberty Academy Charter School

Jeff Helke
School Director

25 Pennsylvania Avenue
Newark, New Jersey 07102
Tel: (973)
Fax: (973)

Dear Parent or Guardian:

Lady Liberty Academy offers the following Child Nutrition Programs(s) at the prices indicated:

NATIONAL SCHOOL LUNCH PROGRAM	Full Price:	\$2.00	Reduced Price:	\$1.40
SCHOOL BREAKFAST PROGRAM	Full Price:	\$1.10	Reduced Price:	\$0.30

If your total household income is at or below the amount on the income chart listed below, your child may qualify for free or reduced price meal or free milk benefits. If your child currently qualified for Food Stamps or Temporary Assistant for Needy Families (TANF) benefits he/she qualified for free meals or milk.

To apply for free or reduced price meals, please fill out this application as soon as possible, sign it and return it to the school. Please answer all questions on the form. An application that does not contain the required information cannot be processed.

If you do not wish to apply please complete Parts 1A and 1B and return the application.

- If you now get Food Stamps or TANF benefits are currently in a homeless situation your child can get free meals or free milk.
- If you have a foster child, that child may be eligible for benefits regardless of your income.
- If you believe your child needs a feed substitution because of a disability, please provide a medical not or get in touch with us for further information.

INCOME CHART Effective from 7/1/01 to 6/30/2002

HOW TO APPLY

Household Size	Annual	Month	Week
1	15,892	1,325	306
2	21,479	1,790	414
3	27,066	2,256	521
4	32,653	2,722	628
5	38,240	3,187	736
6	43,827	3,653	843
7	49,414	4,118	951
8	55,001	4,584	1,058
For each additional Family Member Add	+5,587	+466	+108

To get free or reduced-price meals or free milk for your child, carefully complete the application and return it to the school. If you now get food stamps or TANF benefits for your child, the application must have the child's name, your food stamp or TANF case number and the signature of an adult household member. If you do not list a food stamp or TANF case number, the application must have the child's name, the names of everyone in the household, the amount of income each household member got last month, where it came from, the social security number and signature of an adult household member. If the adult member does not have a social security number, put the word "none". If you are applying for a foster child, the application must have the child's name, the child's "personal use" income, and an adult household member's signature. An application that is not complete cannot be approved.

SUMMATION

IF YOU ARE ONE OF THE FOLLOWING

Food Stamp or TANF Household:

Fill in Only
Part 1A
Part 3A
Part 4 (Social Security Number is not needed)

Income Household:

Fill Only
Part 1A
Part 3B
Part 4 (Include your Social Security Number or the word "none" if you do not have one.)

If You Are Completing An Application For a Foster Child:

Fill in Only:
Part 1A
Part 2
Part 4 (Social Security Number (is not needed))

OTHER INFORMATION

- **VERIFICATION:** Your eligibility may be checked by school officials at any time during the school year. You may be asked to send information to prove that your child should get free or reduced-price meals.
- **FAIR HEARING:** You may talk to school officials if you do not agree with the school's decision on your application or the results of verification. You also may ask for a fair hearing. You may do this by calling or writing to Jeffrey Heike, Director of Lady Liberty School.
- **REPORTING CHANGES:** If your child gets free or reduced price meals or free milk based on income information, you must tell the school if your household size decreases or your income increases by more than \$50 per month or \$600 per year. If your child gets meals based on TANF or food stamp information, you must advise the school if you no longer get benefits under TANF or food stamps for your child. You may then fill out another application giving income information.
- **CONFIDENTIALITY:** The information you give on the application will be used only by school officials to decide if you should get free or reduced-price

APPLICATION INSTRUCTIONS

To apply for free and reduced price meals or free milk, complete this application using the instructions below, sign your name and return the application to the school by _____. If you need help, call the school at this number: _____
 Households who do not wish to apply for free or reduced price meals or free milk are asked to check the box "I do not wish to apply..." sign and complete Part 1A and 1B.

PART 1A - Write your child's name, grade and school in the spaces provided.

PART 1B - If you do not wish to apply for free or reduced price meals or free milk benefits place a check mark in the box provided and sign and date on the designated line.

PART 1C - A parent or guardian can elect to have his/her child considered for NJ FamilyCare health insurance benefits. A child's eligibility or participation in Child Nutrition Program will not be affected by interest or lack of interest in the NJ FamilyCare program. Place a check mark in the appropriate box provided and sign and date on the designated line. If neither box is checked, this application will not be sent to NJ FamilyCare.

PART 2 - FOSTER CHILD: A FOSTER CHILD who is the legal responsibility of the welfare agency or court may get free or reduced price meals regardless of your household income. COMPLETE THIS PART AND PART 4. DO NOT COMPLETE PART 3A OR PART 3B.

1. **FOSTER CHILD:** Put a checkmark (✓) in the box if you are applying for a foster child.
2. **INCOME:** Write the child's personal use income*. Write "0" if the child has no income.
 *Personal use income is (a) money given by the welfare office identified by category for the child's personal use, such as for clothing, school fees and allowances; and (b) all other money the child gets, such as money from his/her family and money from full-time or regular part-time jobs.
3. **SIGNATURE:** An adult household member must sign the application in Part 4.

PART 3A - HOUSEHOLDS NOW GETTING FOOD STAMPS OR TANF BENEFITS UNDER WORK FIRST NJ FOR THEIR CHILDREN: COMPLETE THIS PART AND PART 4 - DO NOT COMPLETE PART 3B.

PLEASE NOTE
 If you make less than the amounts listed on the Income Chart you may be eligible for TANF, Food Stamp or WIC benefits. Call WIC at 800-328-3838 or TANF/Food Stamps at 800-792-9773.

1. **CASE NUMBER:** Write your Food Stamp or TANF Case Number on the line provided.
2. **SIGNATURE:** An adult household member must sign the application in Part 4.

PART 3B - ALL OTHER HOUSEHOLDS: IF YOU DO NOT HAVE A FOOD STAMP/TANF CASE NUMBER, COMPLETE THIS PART AND PART 4.

1. **NAMES OF HOUSEHOLD MEMBERS:** Write the names of everyone in your household whether they get income or not. Include yourself and the child listed above, your spouse, all other children, grandparents, other relatives and unrelated people in your household. Use a separate sheet of paper if you do not have enough space.
2. **MONTHLY INCOME:** Write the amount of income each household member got last month on the same line as their name, and where it comes from, such as Earnings, Welfare, Pensions or Other. Income is all money before taxes or anything else is taken out. If the amount received most recently is higher or lower than usual, write instead that person's usual monthly income.
3. **SIGNATURE:** An adult household member must sign the application and give social security number in Part 4.
 To figure Monthly Income: Weekly x 4.33 Every 2 Weeks x 2.15 Twice a Month x 2

PART 4 - SIGNATURE AND SOCIAL SECURITY NUMBER: ALL HOUSEHOLDS COMPLETE THIS PART.

1. All applications must have the signature of an adult household member;
2. The application must have the social security number of the adult who signs. If the adult does not have a social security number, write "none" or something else to show that the adult does not have a social security number. If you list a food stamp or TANF number for your child or if you are applying for a foster child, a social security number is not needed.

PART 5 - RACIAL/ETHNIC IDENTITY: Put a checkmark (✓) next to the racial/ethnic group of your child. We need the information to be sure everyone gets the benefits on a fair basis. You do not have to answer this question to get free or reduced price meals or free milk.

MONTHLY INCOME TO REPORT

Earnings From Work	Pensions/Retirement/Social Security	Other Income
Wages/ Salaries/Tips	Pensions	Disability Benefits
Strike Benefits	Retirement Income	Interest/Dividends
Workman's Compensation	Social Security	Cash Withdrawn from Savings
Net Income From Self-Owned Business or Farm	Veteran Payments	Income from Estates/Trusts/Investments
	Supplemental Security Income	Regular Contributions from Persons Not Living in the Household
Welfare/Child Support/Alimony		Net Royalties/Annuities/Rental Income
Public Assistance Payments		Any Other Monies that may be Available to Pay for the Child's Meals
Welfare Payments		
Alimony Payments		
Child Support Payments		

APPLICATION FOR FREE AND REDUCED PRICE MEALS OR FREE MILK

FOR DEPARTMENT OF AGRICULTURE USE			
F to R		D to F	
F to D		D to R	
R to F		SS #	
R to D		INCOME	
S/B TEMP			
OTHER			

FISCAL YEAR 2002

____/____/____ Date of Transfer

FOR SCHOOL USE	
<input type="checkbox"/> Free	<input type="checkbox"/> Reduced Price
<input type="checkbox"/> Denied	<input type="checkbox"/> Not Applying
Signature _____	
Date of Determination _____	
<input type="checkbox"/> Check box if benefits are temporary:	
____/____/____	____/____/____

PART 1A: CHILD'S NAME:-

Last	First	M.I.	Grade/Room #	School
------	-------	------	--------------	--------

PART 1B:

I do not wish to apply for free or reduced price meals or free milk:

Signature of Parent/Guardian _____ Date _____

PART 1C: Federal regulations allow the information contained on this application form to be forwarded to NJ FamilyCare officials in order to identify and enroll eligible children in this health insurance program.

Check One Yes, I want the information sent to NJ FamilyCare
 No, I do not want the information sent to NJ FamilyCare
(If neither box is checked, this application will not be sent to NJ FamilyCare)

Signature of Parent/Guardian _____ Date _____

PART 2: FOSTER CHILD: Complete this part and sign the application in Part 4. DO NOT complete Parts JA and JB. If this is a foster child, check this box . Write the child's monthly personal use income. Write "0" if the child has no income \$ _____

PART 3A: HOUSEHOLDS NOW GETTING FOOD STAMPS OR TANF BENEFITS FOR THEIR CHILDREN - Complete this Part and sign the application in Part 4 - DO NOT complete Part 3B.

Food Stamp Case Number: _____ TANF Case Number: _____

PART 3B: ALL OTHER HOUSEHOLDS - If you did not write a Food Stamp/TANF case number or checked Foster Child, complete this Part and sign the application in Part 4.

NAMES List the Names of Everyone in Your Household	MONTHLY Gross Earnings from Work (Before Deductions)		MONTHLY INCOME		
	Job 1.	Job 2.	MONTHLY Welfare, Alimony, Child Support, Unemployment Benefits	MONTHLY Payments from Pensions, Retirement, Social Security	MONTHLY Any Other Income
1.	\$	\$	\$	\$	\$
2.	\$	\$	\$	\$	\$
3.	\$	\$	\$	\$	\$
4.	\$	\$	\$	\$	\$
5.	\$	\$	\$	\$	\$
6.	\$	\$	\$	\$	\$
7.	\$	\$	\$	\$	\$
8.	\$	\$	\$	\$	\$
9.	\$	\$	\$	\$	\$

PART 4: SIGNATURE AND SOCIAL SECURITY NUMBER: An adult household member must sign the application before it can be approved.

PENALTIES FOR MISREPRESENTATION: I certify that all of the above information is true and correct and that the Food Stamp number or TANF number is correct or that all income is reported. I understand that this information is being given for the receipt of Federal funds; that school officials may verify the information on the application and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

SIGNATURE: _____

Signature of Adult Household Member

Home Address

USAC

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

06131
LADY LIBERTY ACADEMY CHARTER SCHOOL
JEFFREY HEIKE
23 PENNSYLVANIA AVENUE
NEWARK, NJ 07114





Universal Service Administrative Company
Schools & Libraries Division

FUNDING COMMITMENT DECISION LETTER

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

May 7, 2002

LADY LIBERTY ACADEMY CHARTER SCHOOL
JEFFREY HEIKE
23 PENNSYLVANIA AVENUE
NEWARK, NJ 07114

Re: Form 471 Application Number: 307788
Funding Year 2002: 07/01/2002 - 06/30/2003
Billed Entity Number: 227364
Applicant's Form Identifier: 471-1

Thank you for your Funding Year 2002 E-rate application and for any assistance you provided throughout our review. We have completed review of your Form 471. This letter is to advise you of our decision(s).

FUNDING COMMITMENT REPORT

On the pages following this letter, we have provided a Funding Commitment Report for the Form 471 application cited above. We have reviewed each Discount Funding Request on your Form 471 application and have assigned a Funding Request Number (FRN) to each Block 5. The enclosed report includes a list of the FRNs from your application. The SLD is also sending this information to your service provider(s) so preparations can be made to begin implementing your E-rate discount(s) upon the filing of your Form 486. Immediately preceding the Funding Commitment Report, you will find a guide that defines each line of the Report.

NEXT STEPS

FILE FORM 486. Once you have reviewed this letter and have determined that some or all of your requests have been funded, your next step to facilitate receipt of discounts as featured in this letter will be to file an FCC Form 486 with the SLD. The Form 486 notifies the SLD to begin payment to your service provider and provides certified indication that your technology plan(s) has been approved by an SLD certified Technology Plan Approver. The Form 486 and instructions and the list of SLD certified Technology Plan Approvers can be found on the SLD web site at <www.sl.universalservice.org> or you can call the SLD Client Service Bureau at 1-888-203-8100 and ask that the form be sent to you. The Form 486 dated July, 2001 in the lower right corner MUST be used for Funding Year 2002 and for any previous funding years. Submissions of earlier versions of the Form 486 will be returned to you and will not be able to be processed. As you complete Form 486, you should also contact your service provider to verify they have received notice from the SLD of your funding commitments. After the SLD processes your Form 486, we can process invoices for services that have been provided to you.

DEADLINE FOR FORM 486. Form 486 must be postmarked within 120 days of the Service Start Date featured on the Form 486 or within 120 days of the date of the Funding Commitment Decision Letter, whichever is later. If the Form 486 is postmarked after the later of those two dates, the date 120 days before the Form 486 postmark date will become the start date for discounted services. If the service start date is moved, your funding commitment may be reduced. You are advised to keep proof of the date of mailing of your form(s).

REVIEW CIPA REQUIREMENTS. On December 21, 2000, the Children's Internet Protection Act (CIPA) was signed into law. That law requires schools and libraries that receive Universal Service discounts for certain services to adopt an Internet safety policy incorporating the use of filtering or blocking technology on computers with Internet access as a condition of receiving those discounts. Funding Year 2002 may be the Second Funding Year for purposes of CIPA for one or more schools and/or libraries represented on your Form 486. (Funding Year 2002 is the Second Funding Year for purposes of CIPA for a school or library if a Form 486 for internet access or internal connections was successfully data entered for Funding Year 2001. See the section of the Form 486 Instructions entitled "Impact of CIPA Requirements on Form 486" for more information on First, Second and Third Funding Years.) If Funding Year 2002 is the Second Funding Year for purposes of CIPA for one or more schools and/or libraries represented on your Form 486, those school(s) and/or library(ies) must certify that they are in compliance with CIPA unless state or local procurement rules or regulations or competitive bidding requirements prevent the making of the certification otherwise required. A school or library so prevented may request a waiver for Funding Year 2002. Certification(s) for purposes of CIPA and CIPA waiver request(s) must be made on the Form 486 or the Form 479, whichever is appropriate. See the Form 486 Instructions and the Form 479 Instructions for more information. You may also refer to the SLD web site at <www.sl.universalservice.org> or call the Client Service Bureau at 1-888-203-8100 for more information about Form 486, Form 479, and the requirements of CIPA.

FILE FORM 472 (APPLICANT) or FORM 474 (SERVICE PROVIDER). After a Form 486 has been properly filed, the SLD must receive an invoice from either the applicant or the service provider in order to make payments for approved discounts on eligible services. Form 472, Billed Entity Applicant Reimbursement (BEAR) Form, is filed by the applicant; Form 474, Service Provider Invoice Form, is filed by the service provider.

NEW DEADLINES FOR INVOICES. Invoices must be postmarked within 90 days of the last date to receive service or within 90 days of the date of the Form 486 Notification Letter, whichever is later. If an invoice is postmarked after the later of those two dates, payment will be denied.

TO APPEAL THESE FUNDING COMMITMENT DECISIONS

If you wish to appeal the Funding Commitment Decision(s) (FCD) indicated in this letter, your appeal must be RECEIVED BY THE SCHOOLS AND LIBRARIES DIVISION (SLD) 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 FCD Letter you are appealing. Indicate the relevant funding year and the date of the Funding Commitment Decision Letter. Your letter of appeal must also include the applicant name, the Form 471 Application Number, and the Billed Entity Number from the top of your FCD Letter.
3. Identify the particular Funding Request Number (ERN) that is the subject of your appeal. When explaining your appeal, include the precise language or text from the Funding Commitment Decision Letter that is at the heart of your appeal. By pointing us to the exact words that give rise to your appeal, the SLD 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.
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 calling the Client Service Bureau.

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 Nos. 96-45 and 97-21 on the first page of your appeal to the FCC. Your appeal must be RECEIVED BY THE FCC WITHIN 60 DAYS OF THE ABOVE DATE ON THIS LETTER. Failure to meet this requirement will result in automatic dismissal of your appeal. 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 calling the Client Service Bureau. We strongly recommend that you use either the e-mail or fax filing options because of continued substantial delays in mail delivery

to the FCC. 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.

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 universal service mechanisms for schools and libraries. FCC Form 471 Applicants who have received funding commitments continue to be subject to audits and other reviews that SLD or the Federal Communications Commission may undertake periodically to assure that funds have been committed and are being used in accordance with all such requirements. If the SLD subsequently determines that its commitment was erroneously issued due to action or inaction, including but not limited to that by SLD, the Applicant, or Service Provider, and that the action or inaction was not in accordance with such requirements, SLD may be required to cancel these funding commitments and seek repayment of any funds disbursed not in accordance with such requirements. 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.

We look forward to continuing our work with you on connecting our schools and libraries through advanced telecommunications services.

Sincerely,

Schools and Libraries Division
Universal Service Administrative Company

Enclosures

A GUIDE TO THE FUNDING COMMITMENT REPORT

Attached to this letter will be a report for each E-rate funding request from your application. We are providing the following definitions.

FUNDING REQUEST NUMBER (ERN): 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.

FUNDING STATUS: Each ERN will have one of three definitions: "Funded," "Not Funded," or "As Yet Unfunded."

1. An ERN that is "Funded" will be approved at the level that SLD determined is appropriate for that item. The funding level will generally be the level requested unless the SLD determines during the application review process that some adjustment is appropriate.
2. An ERN that is "Not Funded" is one for which no funds will be committed. The reason for the decision will be briefly explained in the "Funding Commitment Decision," and amplification of that explanation may be offered in the section, "Funding Commitment Decision Explanation." An ERN may be "Not Funded" because the request does not comply with program rules, or because the total amount of funding available for this Funding Year was insufficient to fund all requests.
3. An ERN that is "As Yet Unfunded" reflects a temporary status that is assigned to an ERN when the SLD is uncertain at the time the letter is generated whether there will be sufficient funds to make commitments for requests for internal connections at a particular discount level. For example, if your application included requests for discounts on both telecommunications services and internal connections, you might receive a letter with our funding commitment for your telecommunications funding requests and a message that your internal connections requests are "As Yet Unfunded." You would receive a subsequent letter(s) regarding the funding decision on your internal connections requests.

SERVICES ORDERED: The type of service ordered from the service provider, as shown on Form 471.

SPIN (Service Provider Identification Number): A unique number assigned by the Universal Service Administrative Company to service providers seeking payment from the Universal Service Fund for participating in the universal service support mechanisms. A SPIN is also used to verify delivery of services and to arrange for payment.

SERVICE PROVIDER NAME: The legal name of the service provider.

CONTRACT NUMBER: The number of the contract between the eligible party and the service provider. This will be present only if a contract number was provided on Form 471.

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

EARLIEST POSSIBLE EFFECTIVE DATE OF DISCOUNT: The first possible date of service for which the SLD will reimburse service providers for the discounts for the service.

CONTRACT EXPIRATION DATE: The date the contract expires. This will be present only if a contract expiration date was provided on Form 471.

SITE IDENTIFIER: The Entity Number listed in Form 471, Block 5, Item 22a will be listed. This will appear only for "site specific" ERNs.

ANNUAL PRE-DISCOUNT AMOUNT FOR ELIGIBLE RECURRING CHARGES: Eligible monthly pre-discount amount approved for recurring charges multiplied by number of months of recurring service provided in the funding year.

ANNUAL PRE-DISCOUNT AMOUNT FOR ELIGIBLE NON-RECURRING CHARGES: Annual eligible non-recurring charges approved for the funding year.

PRE-DISCOUNT AMOUNT: Amount in Form 471, Block 5, Item 23, Column I, as determined through the application review process.

FUNDING COMMITMENT REPORT

Form 471 Application Number: 307788
Funding Request Number: 800007 Funding Status: Funded
Services Ordered: Telecommunications Service
SPIN: 143001362 Service Provider Name: Verizon- New Jersey, Inc.
Contract Number: T
Billing Account Number: 973-623-9005
Earliest Possible Effective Date of Discount: 07/01/2002
Contract Expiration Date: 06/30/2003
Site Identifier: 227364
Annual Pre-discount Amount for Eligible Recurring Charges: \$9,768.00
Annual Pre-discount Amount for Eligible Non-recurring Charges: \$.00
Pre-Discount Amount: \$9,768.00
Discount Percentage Approved by the SLD: 90%
Funding Commitment Decision: \$8,791.20 - FRN approved as submitted

Funding Request Number: 800019 Funding Status: Funded
Services Ordered: Internet Access
SPIN: 143024755 Service Provider Name: Diversified Computer Solutions,
Contract Number: 10691
Billing Account Number: N/A
Earliest Possible Effective Date of Discount: 07/01/2002
Contract Expiration Date: 06/30/2003
Site Identifier: 227364
Annual Pre-discount Amount for Eligible Recurring Charges: \$.00
Annual Pre-discount Amount for Eligible Non-recurring Charges: \$19,875.00
Pre-Discount Amount: \$19,875.00
Discount Percentage Approved by the SLD: 90%
Funding Commitment Decision: \$17,887.50 - FRN approved as submitted

Funding Request Number: 800025 Funding Status: Funded
Services Ordered: Internet Access
SPIN: 143024755 Service Provider Name: Diversified Computer Solutions,
Contract Number: 10692
Billing Account Number: N/A
Earliest Possible Effective Date of Discount: 07/01/2002
Contract Expiration Date: 06/30/2003
Site Identifier: 227364
Annual Pre-discount Amount for Eligible Recurring Charges: \$.00
Annual Pre-discount Amount for Eligible Non-recurring Charges: \$6,360.00
Pre-Discount Amount: \$6,360.00
Discount Percentage Approved by the SLD: 90%
Funding Commitment Decision: \$5,724.00 - FRN approved as submitted

Funding Request Number: 800036 Funding Status: As Yet Unfunded
Services Ordered: Internal Connections
SPIN: 143024755 Service Provider Name: Diversified Computer Solutions,
Contract Number: 10693
Billing Account Number: N/A
Earliest Possible Effective Date of Discount: 07/01/2002
Contract Expiration Date: 06/30/2003
Site Identifier: 227364
Annual Pre-discount Amount for Eligible Recurring Charges:
Annual Pre-discount Amount for Eligible Non-recurring Charges:
Pre-Discount Amount:
Discount Percentage Approved by the SLD:
Funding Commitment Decision:

FUNDING COMMITMENT REPORT

Form 471 Application Number: 307788
Funding Request Number: 800049 Funding Status: As Yet Unfunded
Services Ordered: Internal Connections
SPIN: 143024755 Service Provider Name: Diversified Computer Solutions,
Contract Number: 10694
Billing Account Number: N/A
Earliest Possible Effective Date of Discount: 07/01/2002
Contract Expiration Date: 06/30/2003
Site Identifier: 227364
Annual Pre-discount Amount for Eligible Recurring Charges:
Annual Pre-discount Amount for Eligible Non-recurring Charges:
Pre-Discount Amount:
Discount Percentage Approved by the SLD:
Funding Commitment Decision:

Funding Request Number: 800060 Funding Status: As Yet Unfunded
Services Ordered: Internal Connections
SPIN: 143024755 Service Provider Name: Diversified Computer Solutions,
Contract Number: 10695
Billing Account Number: N/A
Earliest Possible Effective Date of Discount: 07/01/2002
Contract Expiration Date: 06/30/2003
Site Identifier: 227364
Annual Pre-discount Amount for Eligible Recurring Charges:
Annual Pre-discount Amount for Eligible Non-recurring Charges:
Pre-Discount Amount:
Discount Percentage Approved by the SLD:
Funding Commitment Decision:

Funding Request Number: 800070 Funding Status: As Yet Unfunded
Services Ordered: Internal Connections
SPIN: 143024755 Service Provider Name: Diversified Computer Solutions,
Contract Number: 10696
Billing Account Number: N/A
Earliest Possible Effective Date of Discount: 07/01/2002
Contract Expiration Date: 06/30/2003
Site Identifier: 227364
Annual Pre-discount Amount for Eligible Recurring Charges:
Annual Pre-discount Amount for Eligible Non-recurring Charges:
Pre-Discount Amount:
Discount Percentage Approved by the SLD:
Funding Commitment Decision:

Do Not Write In This Area

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	486-1	Form 486 Application # (To be inserted by Fund Administrator)
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Block 1: Billed Entity Information

1. Name of Billed Entity

LADY LIBERTY ACADEMY CHARTER
SCHOOL

2. Billed Entity Number

227364

3. Funding Year

2002

4. Complete Mailing Address of Billed Entity

Street Address, P.O. Box or Route Number

23 PENNSYLVANIA AVENUE

City

NEWARK

State

Zip Code

NJ 07114

Telephone Number

Extension

Fax Number

973 623 9005 973 623 4098

Email Address

reginaadesanya@msn.com



Entity Number	<u>227364</u>	Applicant's Form Identifier	<u>486-1</u>
Contact Person	<u>DR. ADESANYA</u>	Phone Number	<u>(973) 623-9005</u>

5. Contact Person Information

Contact Person Name
DR. REGINA M. ADESANYA

Street Address, P.O. Box or Route Number
23 PENNSYLVANIA AVE.

City
NEWARK

State
NJ

Zip Code
07114

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

Telephone Number Extension Fax Number

973 - 623 - 9005 976 - 623 - 4088

Email Address

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	<u>227364</u>	Applicant's Form Identifier	<u>486-1</u>
Contact Person	<u>DR. ADES ANJA</u>	Phone Number	<u>(973) 623-9005</u>

Block 2: Early Filing Information and CIPA Waiver Request

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/or (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.



City Number 227364

Applicant's Form Identifier 986-1

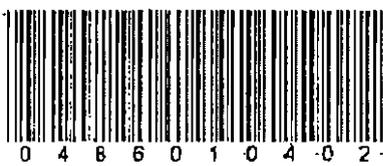
Contact Person DR AGESANJA

Phone Number (973) 623-9005

Block 3: Service Information

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 Item 3, Block 1.
If you need additional pages, please label them 4A, 4B, 4C, etc. and indicate the number in the space provided here: Page 4

(A) 471 Application Number (10 digits) From FCDL	(B) Funding Request Number (FRN) (10 digits) From FCDL	(C) Billing Account Number (required if contained on your FCDL)	(D) Service Provider Name From FCDL	(E) Service Provider Identification Number (SPIN) (9 digits) 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.)
307788	800007	-	VERIZON - New Jersey, Inc	143001362	07012002
307788	800019	-	DIVERSIA, INC Comp. Solution	143024755	07012002
307788	800025	-	DIVERSIA, INC Comp. Solution	143024755	07012002
307788	800036	-	DIVERSIA, INC Comp. Solution	143024755	07012002



Entity Number	<u>227364</u>	Applicant's Form Identifier	<u>486-1</u>
Contact Person	<u>DR. ADESAJA</u>	Phone Number	<u>(973) 623-9055</u>

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.

NEW JERSEY DEPARTMENT OF EDUCATION

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. Note that the certification in Items 11a and 11b are different for schools and for libraries. 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	<u>227367</u>	Applicant's Form Identifier	<u>486-1</u>
Contact Person	<u>DR. ANESANYA</u>	Phone Number	<u>(973) 623-9005</u>

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

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

- a. (FOR SCHOOLS) 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).
- a. (FOR LIBRARIES) 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(l).
- b. (FOR SCHOOLS) 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 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.
- b. (FOR LIBRARIES) pursuant to the Children's Internet Protection Act, as codified at 47 U.S.C. § 254(l), the recipient(s) of service represented in the Funding Request Number(s) on this Form 486 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.
- 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 :

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

- 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 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 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."



0 4 8 6 0 1 0 6 0 2

Do Not Write In This Area

Entity Number	<u>227 367</u>	Applicant's Form Identifier	<u>486-1</u>
Contact Person	<u>DR. ADESANYA</u>	Phone Number	<u>(973) 623-9005</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

Regina M Adesanya

10 10 2002

14. Printed name of authorized person

REGINA M ADESANYA

15. Title or position of authorized person

DIRECTOR

16. Telephone number of authorized person

Extension

973 623 9005

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



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

486-2

Form 486 Application #

(To be inserted by Fund Administrator)

Block 1: Billed Entity Information

1. Name of Billed Entity

LADY LIBERTY ACADEMY CHARTER
SCHOOL

2. Billed Entity Number

227364

3. Funding Year

2002

4. Complete Mailing Address of Billed Entity

Street Address, P.O. Box or Route Number

23 PENNSYLVANIA AVENUE

City

NEWARK

State

NJ

Zip Code

07114

Telephone Number

973 623 9005

Extension

Fax Number

973 623 4088

Email Address



Entity Number	227364	Applicant's Form Identifier	486-2
Contact Person		Phone Number	(973) 623-9005

5. Contact Person Information

Contact Person Name

Street Address, P.O. Box or Route Number
23 PENNSYLVANIA AVENUE

City
NEWARK

State
NJ

Zip Code
07114

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

Telephone Number Extension Fax Number

973 - 623 - 9005 973 - 623 - 4088

Email Address

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	<u>227864</u>	Applicant's Form Identifier	<u>486-2</u>
Contact Person		Phone Number	<u>(973)623-9005</u>

Block 2: Early Filing Information and CIPA Waiver Request

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/or (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.

