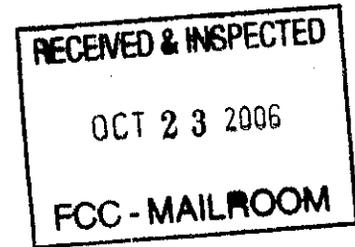




October 17, 2006

DOCKET FILE COPY ORIGINAL



Letter of Appeal
 FCC
 Office of the Secretary
 445 12th Street SW
 Washington, DC 20554

Re: Appeal the BEAR Notification Letter of \$0 payment of July 25, 2006 for FRN 1317209
 471 Application # 467256
 SPIN 143 00 5695

To Whom It May Concern:

Based on the SLD's denial of our appeal, our district hereby files notice of appeal with the FCC. We would like to file notice of appeal concerning the deadline for receipt of the FCC Form 486 for the above stated FRN. We believe this to be a procedural deadline created by USAC in FY2004 and we believe that the procedure is being implemented incorrectly by USAC and not in our best interest. The deadline for receipt of the FCC Form 486 has varied over the years. The procedural deadline states that the form should be postmarked no later than 120 days after the date service began or no later than 120 days after the date of the FCDL, whichever is later, to receive discounts retroactively to the service start date.

Our FRN 1317209 was for long distance service, which began on 7/1/05. Our Funding Decision Commitment Letter was delayed and it was mailed 9/1/05. The 486 should have been submitted 120 days later or 12/29/05 but our school district was on winter break on 12/29/06. When we returned from break, we submitted the form on 1/17/06. This was completed online with a time stamp. Attached you will find **Exhibit A** which is the online form completed on 1/17/06. **Exhibit B**, attached, is the proof that the hard copies were mailed on January 17, 2006 and proof that the SLD signed receipt on January 20, 2006. The SLD, we believe incorrectly shows a receipt date of 1/28/06.

Our first BEAR was submitted for the entire amount with a 7/1 start date and we received a \$0 payment because the Service Start Date was before the 486 date. We have re-filed our BEAR showing the monthly rate and expect to receive funding for September 2005 through June, 2006. We believe that we should not be penalized at all due to the holiday falling near the 120-day window, but if we are penalized, that the penalty should be only 30 days for the late 486 and not the 75 day penalty that we received. We see no precedent for the SLD charging a two-month penalty for a form that was only 19 days late with the original due date falling during a school-district holiday.

We can find no reference in the published rules that would indicate a 75-day penalty for missing a deadline by only 19 days. We respectfully ask that the deadline be waived due to Winter break holiday or that the penalty be decreased to one month of funding loss.

Respectfully submitted,

Rejeanor Scott

Exhibit A
See highlighted Section

Schools and Libraries Universal Service Receipt of Service Confirmation Form

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

Estimated Average Burden Hours: 15 hours
For Subsequent Submissions: 1.5 hours

Applicant's Form Identifier Y 8 / 4 8 6 / T 2

(Create your own code to identify THIS Form 486.)

Form 486 Application

(To be inserted by Fund Administrator)

Block 1: Billed Entity Information

1. Name of Billed Entity

P I T T C O U N T Y S C H O O L D I S T R I C T

2. Billed Entity Number

1 2 6 8 8 8

3. Funding Year

2 0 0 5

4. Complete Mailing Address of Billed Entity

Street Address, P.O. Box or Route Number

1 7 1 7 W 5 T H S T

City

G R E E N V I L L E

State Zip Code

N C 2 7 8 3 4 1 6 0 1

Telephone Number

Extension

Fax Number

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

Email Address



0 4 8 6 0 1 0 1 0 3

Entity Number	126888	Applicant's Form Identifier	Y8/486/T2
Contact Person	Rejeanor Scott	Phone Number	(252) 830-4210

5. Contact Person Information

Contact Person Name

R e j e a n o r S c o t t

Street Address, P.O. Box or Route Number

1 7 1 7 W 5 T H S T

City

G R E E N V I L L E

State Zip Code

N C 2 7 8 3 4 1 6 0 1

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

Telephone Number

Extension

Fax Number

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

Email Address

r s c o t t @ p i t t . k 1 2 . n c . u s

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 any applicable 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	126888	Applicant's Form Identifier	Y8/486/T2
Contact Person	Rejeanor Scott	Phone Number	(252) 830-4210

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 20000

Applicant's Form Identifier 10740012

Contact Person Rejeanor Scott

Phone Number (252) 830-4210

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	4 6 7 2 5 6	1 3 1 7 2 0 9	910659650	Sprint Communicati	1 4 3 0 0 5 6 9 5	0 7 0 1 2 0 0 5
2						
3						
4						
5						
6						
7						
8						



Entity Number	126888	Applicant's Form Identifier	Y8/486/T2
Contact Person	Rejeanor Scott	Phone Number	(252) 830-4210

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.

N o r t h C a r o l i n a D e p a r t m e n t o f P
u b l i c I n s t r u c t i o n

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.

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	126888	Applicant's Form Identifier	Y8/486/T2
Contact Person	Rejeanor Scott	Phone Number	(252) 830-4210

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:

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	126888	Applicant's Form Identifier	Y8/486/T2
Contact Person	Rejeanor Scott	Phone Number	(252) 830-4210

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

Rejeanor N. Scott

01/17/2006

14. Printed name of authorized person

R e j e a n o r S c o t t

15. Title or position of authorized person

D i r e c t o r o f M e d i a a n d T e c h n o l o

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

1 7 1 7 W e s t 5 t h S t r e e t

City

G r e e n v i l l e

State

Zip Code

N C

2 7 8 3 4

16b. Telephone number of authorized person

Extension

16c. Fax number of authorized person

2 5 2 8 3 0 4 2 1 0

2 5 2 8 3 0 1 2 7 7

16d. Email address of authorized person

r s c o t t @ p i t t . k 1 2 . n c . u s

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

ATTN: SLD Forms

3833 Greenway Drive

Lawrence, Kansas 66046

888-203-8100



Form 486 - Paper Certification

Entity Number: 126888

Form 486 Application Number: 330654

Applicant's Form Identifier: Y8/486/T2

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

[Continue>>](#)

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.

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e highlight section"



Pitt County Schools
Media & Technology Department
830-4221 830-1277 fax
1/17/2006

Please note that this package contains the Form 486 for:

486 Application#	Identifier
330627	Y8486T11
330620	Y8486T10
330602	Y8486T9
330647	Y8/486/T1
330640	Y8486IA
330654	Y8/486/T2
330663	Y8/486/T3
330676	Y8/486/T5B
330669	Y8/486/T6B
330681	Y8/486/M2

Rejeanor Scott
Director of Media and Technology
252-830-4210
Pitt County Schools, Entity #126888
rscott@pitt.k12.nc.us

COMPLETE THIS SECTION ON DELIVERY	
A. Signature MAIL AGENT <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	C. Date of Delivery
B. Received by (Printed Name) JAN 17 2006	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

SENDER: COMPLETE THIS SECTION	2. Article Number (Transfer from service label) 7005 1160 0004 3839 3455
<ul style="list-style-type: none"> 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 486 c/o Ms. Smith 3833 Greenway Drive Lawrence KS 66046

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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For delivery information visit our website at www.usps.com

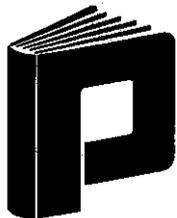
7005 1160 0004 3839 3455

Postage	\$ 6.00
Contract Fee	
Return Receipt Fee (Attachment Required)	
Restricted Delivery Fee (Attachment Required)	
Total Postage & Fees	\$ 16.00

Postmark Here
JAN 17 2006

Sum To: SLD - Form 486 c/o Ms Smith
Street, Apt. No. or PO Box No. 3833 Greenway Dr

1/17/2006



Pitt County Schools

1717 West Fifth Street
Greenville, North Carolina 27834



7005 1820 0002 8997 7885

RECEIVED & INSPECTED
OCT 23 2006
FCC - MAILROOM

Federal Communications Commission
Office of the Secretary
445 - 12th Street, SW
Washington, DC 20554

CERTIFIED
RETURN RECEIPT

Route
TENIQUE
Delivery Point
5-B442

10/23/06
11:09:51

LCB
PO#
Sdr PITT COUNTY SCHOOLS
7005182000289977885



W102004WSC

CERTIFIED
RETURN RECEIPT