

FRN: 1450772 FCDL Date:	
10. Original FRN:	
11. Category of Service: Telecommunications Service	12. 470 Application Number: 344810000484911
13. SPIN: 143000074	14. Service Provider Name: McLeodUSA Telecommunications
15a. Non-Contracted tariffed/Month to Month Service:	15b. Contract Number: C
15c. Covered under State Master Contract:	15d. FRN from Previous Year: 1332805
16a. Billing Account Number: 810-591-4400	16b. Multiple Billing Account Numbers?:
17. Allowable Contract Date: 01/15/2004	18. Contract Award Date: 01/23/2004
19a. Service Start Date: 07/01/2006	19b. Service End Date:
20. Contract Expiration Date: 06/30/2007	
21. Attachment #: A	22. Block 4 Worksheet No.: 795055
23a. Monthly Charges: \$5,000.00	23b. Ineligible monthly amt.: \$0.00
23c. Eligible monthly amt.: \$5,000.00	23d. Number of months of service: 12
23e. Annual pre-discount amount for eligible recurring charges ( 23c x 23d): \$60,000.00	
23f. Annual non-recurring (one-time) charges: \$0.00	23g. Ineligible non-recurring amt.: \$0.00
23h. Annual pre-discount amount for eligible non-recurring charges ( 23f - 23g): \$0.00	
23i. Total program year pre-discount amount ( 23e + 23h): \$60,000.00	
23j. % discount (from Block 4): 88	
23k. Funding Commitment Request ( 23i x 23j): \$52,800.00	

FRN: 1450935 FCDL Date:	
10. Original FRN:	
11. Category of Service: Telecommunications Service	12. 470 Application Number: 163510000561729
13. SPIN: 143013194	14. Service Provider Name: Nextel Communications, Inc.
15a. Non-Contracted tariffed/Month to Month Service: Y	15b. Contract Number: MTM
15c. Covered under State Master Contract:	15d. FRN from Previous Year:
16a. Billing Account Number: 500775517	16b. Multiple Billing Account Numbers?:
17. Allowable Contract Date: 01/12/2006	18. Contract Award Date:
19a. Service Start Date: 07/01/2006	19b. Service End Date: 06/30/2007
20. Contract Expiration Date:	
21. Attachment #: A	22. Block 4 Worksheet No.: 795055
23a. Monthly Charges: \$1,000.00	23b. Ineligible monthly amt.: \$0.00
23c. Eligible monthly amt.: \$1,000.00	23d. Number of months of service: 12
23e. Annual pre-discount amount for eligible recurring charges ( 23c x 23d): \$12,000.00	
23f. Annual non-recurring (one-time) charges: \$0.00	23g. Ineligible non-recurring amt.: \$0.00
23h. Annual pre-discount amount for eligible non-recurring charges ( 23f - 23g): \$0.00	
23i. Total program year pre-discount amount ( 23e + 23h): \$12,000.00	
23j. % discount (from Block 4): 88	
23k. Funding Commitment Request ( 23i x 23j): \$10,560.00	

FRN: 1450990 FCDL Date:	
10. Original FRN:	
11. Category of Service: Telecommunications Service	12. 470 Application Number: 163510000561729

13. SPIN: 143000677	14. Service Provider Name: Verizon Wireless
15a. Non-Contracted tariffed/Month to Month Service: Y	15b. Contract Number: MTM
15c. Covered under State Master Contract:	15d. FRN from Previous Year:
16a. Billing Account Number: 20002564	16b. Multiple Billing Account Numbers?:
17. Allowable Contract Date: 01/12/2006	18. Contract Award Date:
19a. Service Start Date: 07/01/2006	19b. Service End Date: 06/30/2007
20. Contract Expiration Date:	
21. Attachment #: A	22. Block 4 Worksheet No.: 795055
23a. Monthly Charges: \$6,200.00	23b. Ineligible monthly amt.: \$0.00
23c. Eligible monthly amt.: \$6,200.00	23d. Number of months of service: 12
23e. Annual pre-discount amount for eligible recurring charges ( 23c x 23d): \$74,400.00	
23f. Annual non-recurring (one-time) charges: \$0.00	23g. Ineligible non-recurring amt.: \$ 00
23h. Annual pre-discount amount for eligible non-recurring charges ( 23f - 23g): \$0.00	
23i. Total program year pre-discount amount ( 23e + 23h): \$74,400.00	
23j. % discount (from Block 4): 88	
23k. Funding Commitment Request ( 23i x 23j): \$65,472.00	

FRN: 1451057 FCDL Date:	
10. Original FRN:	
11. Category of Service: Telecommunications Service	12. 470 Application Number: 125620000529037
13. SPIN: 143000677	14. Service Provider Name: Verizon Wireless
15a. Non-Contracted tariffed/Month to Month Service:	15b. Contract Number: NA
15c. Covered under State Master Contract:	15d. FRN from Previous Year: 1332932
16a. Billing Account Number: z1184176	16b. Multiple Billing Account Numbers?:
17. Allowable Contract Date: 02/04/2005	18. Contract Award Date: 02/18/2005
19a. Service Start Date: 07/01/2006	19b. Service End Date:
20. Contract Expiration Date: 06/30/2007	
21. Attachment #: A	22. Block 4 Worksheet No.: 795055
23a. Monthly Charges: \$550.00	23b. Ineligible monthly amt.: \$0.00
23c. Eligible monthly amt.: \$550.00	23d. Number of months of service: 12
23e. Annual pre-discount amount for eligible recurring charges ( 23c x 23d): \$6,600.00	
23f. Annual non-recurring (one-time) charges: \$0.00	23g. Ineligible non-recurring amt.: \$ 00
23h. Annual pre-discount amount for eligible non-recurring charges ( 23f - 23g): \$0.00	
23i. Total program year pre-discount amount ( 23e + 23h): \$6,600.00	
23j. % discount (from Block 4): 88	
23k. Funding Commitment Request ( 23i x 23j): \$5,808.00	

FRN: 1451092 FCDL Date:	
10. Original FRN:	
11. Category of Service: Telecommunications Service	12. 470 Application Number: 163510000561729
13. SPIN: 143004791	14. Service Provider Name: Verizon North Inc.
15a. Non-Contracted tariffed/Month to Month Service: Y	15b. Contract Number: T
15c. Covered under State Master Contract:	15d. FRN from Previous Year:
16a. Billing Account Number: 810-635-0820	16b. Multiple Billing Account Numbers?:

17. Allowable Contract Date: 01/12/2006		18. Contract Award Date:	
19a. Service Start Date: 07/01/2006		19b. Service End Date: 06/30/2007	
20. Contract Expiration Date:			
21. Attachment #: A		22. Block 4 Worksheet No.: 795055	
23a. Monthly Charges: \$110.00		23b. Ineligible monthly amt.: \$0.00	
23c. Eligible monthly amt.: \$110.00		23d. Number of months of service: 12	
23e. Annual pre-discount amount for eligible recurring charges ( 23c x 23d): \$1,320.00			
23f. Annual non-recurring (one-time) charges: \$0.00		23g. Ineligible non-recurring amt.: \$ 0.00	
23h. Annual pre-discount amount for eligible non-recurring charges ( 23f - 23g): \$0.00			
23i. Total program year pre-discount amount ( 23e + 23h): \$1,320.00			
23j. % discount (from Block 4): 88			
23k. Funding Commitment Request ( 23i x 23j): \$1,161.60			

FRN: 1451173		FCDL Date:	
10. Original FRN:			
11. Category of Service: Telecommunications Service		12. 470 Application Number: 163510000561729	
13. SPIN: 143004791		14. Service Provider Name: Verizon North Inc. ✓	
15a. Non-Contracted tariffed/Month to Month Service: Y		15b. Contract Number: T	
15c. Covered under State Master Contract:		15d. FRN from Previous Year:	
16a. Billing Account Number: 810-793-2041		16b. Multiple Billing Account Numbers?:	
17. Allowable Contract Date: 01/12/2006		18. Contract Award Date:	
19a. Service Start Date: 07/01/2006		19b. Service End Date: 06/30/2007	
20. Contract Expiration Date:			
21. Attachment #: A		22. Block 4 Worksheet No.: 795055	
23a. Monthly Charges: \$48.00		23b. Ineligible monthly amt.: \$0.00	
23c. Eligible monthly amt.: \$48.00		23d. Number of months of service: 12	
23e. Annual pre-discount amount for eligible recurring charges ( 23c x 23d): \$576.00			
23f. Annual non-recurring (one-time) charges: \$0.00		23g. Ineligible non-recurring amt.: \$ 0.00	
23h. Annual pre-discount amount for eligible non-recurring charges ( 23f - 23g): \$0.00			
23i. Total program year pre-discount amount ( 23e + 23h): \$576.00			
23j. % discount (from Block 4): 88			
23k. Funding Commitment Request ( 23i x 23j): \$506.88			

FRN: 1451196		FCDL Date:	
10. Original FRN:			
11. Category of Service: Telecommunications Service		12. 470 Application Number: 163510000561729	
13. SPIN: 143001727		14. Service Provider Name: SBC Michigan ✓	
15a. Non-Contracted tariffed/Month to Month Service: Y		15b. Contract Number: T	
15c. Covered under State Master Contract:		15d. FRN from Previous Year:	
16a. Billing Account Number: 810R0167734545		16b. Multiple Billing Account Numbers?:	
17. Allowable Contract Date: 01/12/2006		18. Contract Award Date:	
19a. Service Start Date: 07/01/2006		19b. Service End Date: 06/30/2007	
20. Contract Expiration Date:			
21. Attachment #: A		22. Block 4 Worksheet No.: 795055	
23a. Monthly Charges: \$224.00		23b. Ineligible monthly amt.: \$0.00	

23c. Eligible monthly amt.: \$224.00	23d. Number of months of service: 12
23e. Annual pre-discount amount for eligible recurring charges ( 23c x 23d): \$2,688.00	
23f. Annual non-recurring (one-time) charges: \$0.00	23g. Ineligible non-recurring amt.: \$ 00
23h. Annual pre-discount amount for eligible non-recurring charges ( 23f - 23g): \$0.00	
23i. Total program year pre-discount amount ( 23e + 23h): \$2,688.00	
23j. % discount (from Block 4): 88	
23k. Funding Commitment Request ( 23i x 23j): \$2,365.44	

FRN: 1451221 FCDL Date:	
10. Original FRN:	
11. Category of Service: Telecommunications Service	12. 470 Application Number: 163510000561729
13. SPIN: 143001727	14. Service Provider Name: SBC Michigan
15a. Non-Contracted tariffed/Month to Month Service: Y	15b. Contract Number: T
15c. Covered under State Master Contract:	15d. FRN from Previous Year:
16a. Billing Account Number: 810R0103762485	16b. Multiple Billing Account Numbers?:
17. Allowable Contract Date: 01/12/2006	18. Contract Award Date:
19a. Service Start Date: 07/01/2006	19b. Service End Date: 06/30/2007
20. Contract Expiration Date:	
21. Attachment #: A	22. Block 4 Worksheet No.: 795055
23a. Monthly Charges: \$448.00	23b. Ineligible monthly amt.: \$ 00
23c. Eligible monthly amt.: \$448.00	23d. Number of months of service: 12
23e. Annual pre-discount amount for eligible recurring charges ( 23c x 23d): \$5,376.00	
23f. Annual non-recurring (one-time) charges: \$0.00	23g. Ineligible non-recurring amt.: \$ 00
23h. Annual pre-discount amount for eligible non-recurring charges ( 23f - 23g): \$0.00	
23i. Total program year pre-discount amount ( 23e + 23h): \$5,376.00	
23j. % discount (from Block 4): 88	
23k. Funding Commitment Request ( 23i x 23j): \$4,730.88	

FRN: 1465508 FCDL Date:	
10. Original FRN:	
11. Category of Service: Telecommunications Service	12. 470 Application Number: 163510000561729
13. SPIN: 143026472	14. Service Provider Name: Building Communications, Inc.
15a. Non-Contracted tariffed/Month to Month Service: Y	15b. Contract Number: T
15c. Covered under State Master Contract:	15d. FRN from Previous Year:
16a. Billing Account Number:	16b. Multiple Billing Account Numbers?:
17. Allowable Contract Date: 01/12/2006	18. Contract Award Date:
19a. Service Start Date: 07/01/2006	19b. Service End Date: 06/30/2007
20. Contract Expiration Date:	
21. Attachment #: A	22. Block 4 Worksheet No.: 795055
23a. Monthly Charges: \$0.00	23b. Ineligible monthly amt.: \$ 00
23c. Eligible monthly amt.: \$0.00	23d. Number of months of service: 12
23e. Annual pre-discount amount for eligible recurring charges ( 23c x 23d): \$0.00	
23f. Annual non-recurring (one-time) charges: \$4,400.00	23g. Ineligible non-recurring amt.: \$ 00
23h. Annual pre-discount amount for eligible non-recurring charges ( 23f - 23g): \$4,400.00	

23i. Total program year pre-discount amount ( 23e + 23h): \$4,400.00
23j. % discount (from Block 4): 88
23k. Funding Commitment Request ( 23i x 23j): \$3,872.00

**Block 6: Certifications and Signature**

Application ID:526408

Do not write in this area.

Entity Number	131079	Applicant's Form Identifier	471 2006-07
Contact Person	Barbara Stewart	Phone Number	810-591-4429

**Block 6: Certifications and Signature**

24.  I certify that the entities listed in Block 4 of this application are eligible for support because they are: (check one or both)
- a.  schools under the statutory definitions of elementary and secondary schools found in the No Child Left Behind Act of 2001, 20 U.S.C. Secs. 7801(18) and (38), that do not operate as for-profit businesses, and do not have endowments exceeding \$50 million; and/or
  - b.  libraries or library consortia eligible for assistance from a State library administrative agency under the Library Services and Technology Act of 1996 that do not operate as for-profit businesses and whose budgets are completely separate from any schools including, but not limited to elementary, secondary schools, colleges, or universities
25.  I certify that the entity I represent or the entities listed on this application have secured access, separately or through this program, to all of the resources, including computers, training, software, internal connections, maintenance, and electrical capacity, necessary to use the services purchased effectively. I recognize that some of the aforementioned resources are not eligible for support. I certify that the entities I represent or the entities listed in this application have secured access to all of the resources to pay the discounted charges for eligible services from funds to which access has been secured in the current funding year. I certify that the Billed Entity will pay the non-discount portion of the cost of the goods and services to the service provider(s).

a.	Total funding year pre-discount amount on this Form 471 (Add the entities from Item 23i on all Block 5 Discount Funding Requests )	\$182,480.00
b.	Total funding commitment request amount on this Form 471 (Add the entities from Items 23K on all Block 5 Discount Funding Requests )	\$160,582.40
c.	Total applicant non-discount share (Subtract Item 25b from Item 25a )	\$21,897.60
d.	Total budgeted amount allocated to resources not eligible for E-rate support	\$0.00
e.	Total amount necessary for the applicant to pay the non-discount share of the services requested on this application AND to secure access to the resources necessary to make effective use of the discounts. (Add Items 25c and 25d )	\$21,897.60
f.	<input type="checkbox"/> Check this box if you are receiving any of the funds in Item 25e directly from a service provider listed on any Forms 471 filed by this Billed Entity for this funding year, or if a service provider listed on any of the Forms 471	

filed by this Billed Entity for this funding year assisted you in locating funds in Items 25e

26.  I certify that all of the schools and libraries or library consortia listed in Block 4 of this application are covered by technology plans that are written, that cover all 12 months of the funding year, and that have been or will be approved by a state or other authorized body, and an SLD-certified technology plan approver, prior to the commencement of service. The plans are written at the following level(s):
- a.  an individual technology plan for using the services requested in this application; and/or
- b.  higher-level technology plan(s) for using the services requested in this application; or
- c.  no technology plan needed; applying for basic local, cellular, PCS, and/or long distance telephone service and/or voice mail only
27.  I certify that I posted my Form 470 and (if applicable) made my RFP available for at least 28 days before considering all bids received and selecting a service provider. I certify that all bids submitted were carefully considered and the most cost-effective service offering was selected, with price being the primary factor considered, and is the most cost-effective means of meeting educational needs and technology plan goals
- 
28.  I certify that the entity responsible for selecting the service provider(s) has reviewed all applicable FCC, state, and local procurement/competitive bidding requirements and that the entity or entities listed on this application have complied with them
29.  I certify that the services the applicant purchases at discounts provided by 47 U.S.C. Sec. 254 will be used solely for educational purposes and will not be sold, resold, or transferred in consideration for money or any other thing of value, except as permitted by the Commission's rules at 47 C.F.R. Sec. 54.500(k). Additionally, I certify that the Billed Entity has not received anything of value or a promise of anything of value, other than services and equipment requested under this form, from the service provider(s) or any representative or agent thereof or any consultant in connection with this request for services.
30.  I certify that I and the entity(ies) I represent have complied with all program rules and I acknowledge that failure to do so may result in denial of discount funding and/or cancellation of funding commitments. There are signed contracts covering all of the services listed on this Form 471 except for those services provided under non-contracted tariffed or month-to-month arrangements. I acknowledge that failure to comply with program rules could result in civil or criminal prosecution by the appropriate law enforcement authorities.
31.  I acknowledge that the discount level used for shared services is conditional, for future years, upon ensuring that the most disadvantaged schools and libraries that are treated as sharing in the service, receive an appropriate share of benefits from those services.
32.  I certify that I will retain required documents for a period of at least five years after the last day of service delivered. I certify that I will retain all documents necessary to demonstrate compliance with the statute and Commission rules regarding the application for, receipt of, and delivery of services receiving schools and libraries discounts, and that if audited, I will make such records available to the Administrator. I acknowledge that I may be audited pursuant to participation in the schools and libraries program.
33.  I certify that I am authorized to order telecommunications and other supported services for the eligible entity (ies) listed on this application. I certify that I am authorized to submit this request on behalf of the eligible entity (ies) listed on this application, that I have examined this request, that all of the information on this form is true and correct to the best of my knowledge, that the entities that are receiving discounts pursuant to this application have complied with the terms, conditions and purposes of this program, that no kickbacks were paid to anyone and that 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 the Title 18 of the United States Code, 18 U.S.C. Sec. 1001 and civil violations of the False Claims Act.
34.  I acknowledge that FCC rules provide that persons who have been convicted of criminal violations or held civilly liable for certain acts arising from their participation in the schools and libraries support mechanism are subject to suspension and debarment from the program. I will institute reasonable measures to be informed, and will notify USAC should I be informed or become aware that I or any of the entities listed on this application, or any person associated in any way with my entity and/or entities listed on this application, is convicted of a criminal violation or held civilly liable for acts arising from their participation in the schools and libraries support mechanism.



agencies through the matching of computer records when authorized

If you do not provide the information we request on the form, the FCC may delay processing of your application or may return your application without action

The foregoing Notice is required by the Paperwork Reduction Act of 1995, Pub L. No. 104-13, 44 U.S.C. § 3501, et seq

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**Please submit this form to:**

**SLD-Form 471  
P.O. Box 7026  
Lawrence, Kansas 66044-7026**

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

**SLD Forms  
ATTN: SLD Form 471  
3833 Greenway Drive  
Lawrence, Kansas 66046  
(888) 203-8100**

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Universal Service Administrative Company  
Schools & Libraries Division

EXHIBIT E  
7 PGS

**FUNDING COMMITMENT DECISION LETTER**  
(Funding Year 2006: 07/01/2006 - 06/30/2007)

September 19, 2006

Barbara Stewart  
GENESEE COUNTY I S D  
2413 W MAPLE AVE  
FLINT, MI 48507-3429

Re: Form 471 Application Number: 526408  
Billed Entity Number (BEN): 131079  
Billed Entity FCC RN: 0013321724  
Applicant's Form Identifier: 471 2006-07

Thank you for your Funding Year 2006 application for Universal Service Support and for any assistance you provided throughout our review. The current status of the funding request(s) in the Form 471 application cited above and featured in the Funding Commitment Report(s) (Report) at the end of this letter is as follows.

- The amount, \$60,703.20 is "Approved."

Please refer to the Report on the page following this letter for specific funding request decisions and explanations. The Universal Service Administrative Company (USAC) is also sending this information to your service provider(s) so preparations can begin for implementing your approved discount(s) after you file Form 486 (Receipt of Service Confirmation Form). A guide that provides a definition for each line of the Report precedes the Report.

A list of Important Reminders and Deadlines is included with this letter to assist you throughout the application process.

**NEXT STEPS**

- Work with your service provider to determine if you will receive discounted bills or if you will request reimbursement from USAC after paying your bills in full
- Review technology planning approval requirements
- Review CIPA requirements
- File Form 486
- Invoice USAC using the Form 474 (service provider) or Form 472 (Billed Entity) - as products and services are being delivered and billed

**TO APPEAL THIS DECISION:**

If you wish to appeal a decision in this letter, your appeal must be received by USAC or postmarked within 60 days of the date of 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 (if available) email address for the person who can most readily discuss this appeal with us.
2. State outright that your letter is an appeal. Include the following to identify the letter and the decision you are appealing:
  - Appellant name,
  - Applicant name and service provider name, if different from appellant,
  - Applicant BEN and Service Provider Identification Number (SPIN),
  - Form 471 Application Number 526408 as assigned by USAC,
  - "Funding Commitment Decision Letter for Funding Year 2006," AND
  - The exact text or the decision that you are appealing.

FUNDING COMMITMENT REPORT  
Billed Entity Name: GENESEE COUNTY I S D  
BEN: 131079  
Funding Year: 2006

Form 471 Application Number: 526408  
Funding Request Number: 1450556  
Funding Status: Funded  
Category of Service: Telecommunications Service  
Form 470 Application Number: 163510000561729  
SPIN: 143001690  
Service Provider Name: CenturyTel of Midwest-Michigan, Inc.  
Contract Number: T  
Billing Account Number: 810-636-3808  
Service Start Date: 07/01/2006  
Contract Expiration Date: 06/30/2007  
Number of Months Recurring Service Provided in Funding Year: 12  
Annual Pre-discount Amount for Eligible Recurring Charges: \$720.00  
Annual Pre-discount Amount for Eligible Non-recurring Charges: \$.00  
Pre-discount Amount: \$720.00  
Discount Percentage Approved by the USAC: 36%  
Funding Commitment Decision: \$259.20 - FRN approved; modified by SLD  
Funding Commitment Decision Explanation: The shared discount was reduced to a level that could be validated by third party data. The FRN was modified from \$720/month to \$60/month to agree with the applicant documentation.

FCDL Date: 09/19/2006  
Wave Number: 022  
Last Allowable Date for Delivery and Installation for Non-Recurring Services: 09/30/2007

Funding Request Number: 1450671  
Funding Status: Funded  
Category of Service: Telecommunications Service  
Form 470 Application Number: 163510000561729  
SPIN: 143001690  
Service Provider Name: CenturyTel of Midwest-Michigan, Inc.  
Contract Number: T  
Billing Account Number: 810-636-7876  
Service Start Date: 07/01/2006  
Contract Expiration Date: 06/30/2007  
Number of Months Recurring Service Provided in Funding Year: 12  
Annual Pre-discount Amount for Eligible Recurring Charges: \$540.00  
Annual Pre-discount Amount for Eligible Non-recurring Charges: \$.00  
Pre-discount Amount: \$540.00  
Discount Percentage Approved by the USAC: 36%  
Funding Commitment Decision: \$194.40 - FRN approved; modified by SLD  
Funding Commitment Decision Explanation: The shared discount was reduced to a level that could be validated by third party data. The FRN was modified from \$540/month to \$45/month to agree with the applicant documentation.

FCDL Date: 09/19/2006  
Wave Number: 022  
Last Allowable Date for Delivery and Installation for Non-Recurring Services: 09/30/2007

FUNDING COMMITMENT REPORT  
Billed Entity Name: GENESEE COUNTY I S D  
BEN: 131079  
Funding Year: 2006

Form 471 Application Number: 526408  
Funding Request Number: 1450772  
Funding Status: Funded  
Category of Service: Telecommunications Service  
Form 470 Application Number: 344810000484911  
SPIN: 143000074  
Service Provider Name: McLeodUSA Telecommunications  
Contract Number: C  
Billing Account Number: 810-591-4400  
Service Start Date: 07/01/2006  
Contract Expiration Date: 06/30/2007  
Number of Months Recurring Service Provided in Funding Year: 12  
Annual Pre-discount Amount for Eligible Recurring Charges: \$60,000.00  
Annual Pre-discount Amount for Eligible Non-recurring Charges: \$.00  
Pre-discount Amount: \$60,000.00  
Discount Percentage Approved by the USAC: 36%  
Funding Commitment Decision: \$21,600.00 - FRN approved; modified by SLD  
Funding Commitment Decision Explanation: The shared discount was reduced to a level that could be validated by third party data.

FCDL Date: 09/19/2006  
Wave Number: 022  
Last Allowable Date for Delivery and Installation for Non-Recurring Services: 09/30/2007

Funding Request Number: 1450935  
Funding Status: Funded  
Category of Service: Telecommunications Service  
Form 470 Application Number: 163510000561729  
SPIN: 143013194  
Service Provider Name: Nextel Communications, Inc.  
Contract Number: MTM  
Billing Account Number: 500775517  
Service Start Date: 07/01/2006  
Contract Expiration Date: 06/30/2007  
Number of Months Recurring Service Provided in Funding Year: 12  
Annual Pre-discount Amount for Eligible Recurring Charges: \$12,000.00  
Annual Pre-discount Amount for Eligible Non-recurring Charges: \$.00  
Pre-discount Amount: \$12,000.00  
Discount Percentage Approved by the USAC: 36%  
Funding Commitment Decision: \$4,320.00 - FRN approved; modified by SLD  
Funding Commitment Decision Explanation: The shared discount was reduced to a level that could be validated by third party data.

FCDL Date: 09/19/2006  
Wave Number: 022  
Last Allowable Date for Delivery and Installation for Non-Recurring Services: 09/30/2007

FUNDING COMMITMENT REPORT  
Billed Entity Name: GENESEE COUNTY I S D  
BEN: 131079  
Funding Year: 2006

Form 471 Application Number: 526408  
Funding Request Number: 1450990  
Funding Status: Funded  
Category of Service: Telecommunications Service  
Form 470 Application Number: 163510000561729  
SPIN: 143000677  
Service Provider Name: Verizon Wireless  
Contract Number: MTM  
Billing Account Number: 20002564  
Service Start Date: 07/01/2006  
Contract Expiration Date: 06/30/2007  
Number of Months Recurring Service Provided in Funding Year: 12  
Annual Pre-discount Amount for Eligible Recurring Charges: \$74,400.00  
Annual Pre-discount Amount for Eligible Non-recurring Charges: \$.00  
Pre-discount Amount: \$74,400.00  
Discount Percentage Approved by the USAC: 36%  
Funding Commitment Decision: \$26,784.00 - FRN approved; modified by SLD  
Funding Commitment Decision Explanation: The shared discount was reduced to a level that could be validated by third party data.

FCDL Date: 09/19/2006  
Wave Number: 022  
Last Allowable Date for Delivery and Installation for Non-Recurring Services: 09/30/2007

Funding Request Number: 1451057  
Funding Status: Funded  
Category of Service: Telecommunications Service  
Form 470 Application Number: 125620000529037  
SPIN: 143000677  
Service Provider Name: Verizon Wireless  
Contract Number: NA  
Billing Account Number: z1184176  
Service Start Date: 07/01/2006  
Contract Expiration Date: 06/30/2007  
Number of Months Recurring Service Provided in Funding Year: 12  
Annual Pre-discount Amount for Eligible Recurring Charges: \$6,600.00  
Annual Pre-discount Amount for Eligible Non-recurring Charges: \$.00  
Pre-discount Amount: \$6,600.00  
Discount Percentage Approved by the USAC: 36%  
Funding Commitment Decision: \$2,376.00 - FRN approved; modified by SLD  
Funding Commitment Decision Explanation: The shared discount was reduced to a level that could be validated by third party data.

FCDL Date: 09/19/2006  
Wave Number: 022  
Last Allowable Date for Delivery and Installation for Non-Recurring Services: 09/30/2007

FUNDING COMMITMENT REPORT  
Billed Entity Name: GENESEE COUNTY I S D  
BEN: 131079  
Funding Year: 2006

Form 471 Application Number: 526408  
Funding Request Number: 1451092  
Funding Status: Funded  
Category of Service: Telecommunications Service  
Form 470 Application Number: 163510000561729  
SPIN: 143004791  
Service Provider Name: Verizon North Inc.  
Contract Number: T  
Billing Account Number: 810-635-0820  
Service Start Date: 07/01/2006  
Contract Expiration Date: 06/30/2007  
Number of Months Recurring Service Provided in Funding Year: 12  
Annual Pre-discount Amount for Eligible Recurring Charges: \$1,320.00  
Annual Pre-discount Amount for Eligible Non-recurring Charges: \$.00  
Pre-discount Amount: \$1,320.00  
Discount Percentage Approved by the USAC: 36%  
Funding Commitment Decision: \$475.20 - FRN approved; modified by SLD  
Funding Commitment Decision Explanation: The shared discount was reduced to a level that could be validated by third party data.

FCDL Date: 09/19/2006  
Wave Number: 022  
Last Allowable Date for Delivery and Installation for Non-Recurring Services: 09/30/2007

Funding Request Number: 1451173  
Funding Status: Funded  
Category of Service: Telecommunications Service  
Form 470 Application Number: 163510000561729  
SPIN: 143004791  
Service Provider Name: Verizon North Inc.  
Contract Number: T  
Billing Account Number: 810-793-2041  
Service Start Date: 07/01/2006  
Contract Expiration Date: 06/30/2007  
Number of Months Recurring Service Provided in Funding Year: 12  
Annual Pre-discount Amount for Eligible Recurring Charges: \$576.00  
Annual Pre-discount Amount for Eligible Non-recurring Charges: \$.00  
Pre-discount Amount: \$576.00  
Discount Percentage Approved by the USAC: 36%  
Funding Commitment Decision: \$207.36 - FRN approved; modified by SLD  
Funding Commitment Decision Explanation: The shared discount was reduced to a level that could be validated by third party data.

FCDL Date: 09/19/2006  
Wave Number: 022  
Last Allowable Date for Delivery and Installation for Non-Recurring Services: 09/30/2007

FUNDING COMMITMENT REPORT  
Billed Entity Name: GENESEE COUNTY I S D  
BEN: 131079  
Funding Year: 2006

Form 471 Application Number: 526408  
Funding Request Number: 1451196  
Funding Status: Funded  
Category of Service: Telecommunications Service  
Form 470 Application Number: 163510000561729  
SPIN: 143001727  
Service Provider Name: Michigan Bell Telephone Company  
Contract Number: T  
Billing Account Number: 810R0167734545  
Service Start Date: 07/01/2006  
Contract Expiration Date: 06/30/2007  
Number of Months Recurring Service Provided in Funding Year: 12  
Annual Pre-discount Amount for Eligible Recurring Charges: \$2,688.00  
Annual Pre-discount Amount for Eligible Non-recurring Charges: \$.00  
Pre-discount Amount: \$2,688.00  
Discount Percentage Approved by the USAC: 36%  
Funding Commitment Decision: \$967.68 - FRN approved; modified by SLD  
Funding Commitment Decision Explanation: The shared discount was reduced to a level that could be validated by third party data.

FCDL Date: 09/19/2006  
Wave Number: 022  
Last Allowable Date for Delivery and Installation for Non-Recurring Services: 09/30/2007

Funding Request Number: 1451221  
Funding Status: Funded  
Category of Service: Telecommunications Service  
Form 470 Application Number: 163510000561729  
SPIN: 143001727  
Service Provider Name: Michigan Bell Telephone Company  
Contract Number: T  
Billing Account Number: 810R0103762485  
Service Start Date: 07/01/2006  
Contract Expiration Date: 06/30/2007  
Number of Months Recurring Service Provided in Funding Year: 12  
Annual Pre-discount Amount for Eligible Recurring Charges: \$5,376.00  
Annual Pre-discount Amount for Eligible Non-recurring Charges: \$.00  
Pre-discount Amount: \$5,376.00  
Discount Percentage Approved by the USAC: 36%  
Funding Commitment Decision: \$1,935.36 - FRN approved; modified by SLD  
Funding Commitment Decision Explanation: The shared discount was reduced to a level that could be validated by third party data.

FCDL Date: 09/19/2006  
Wave Number: 022  
Last Allowable Date for Delivery and Installation for Non-Recurring Services: 09/30/2007

FUNDING COMMITMENT REPORT  
Billed Entity Name: GENESEE COUNTY I S D  
BEN: 131079  
Funding Year: 2006

Form 471 Application Number: 526408  
Funding Request Number: 1465508  
Funding Status: Funded  
Category of Service: Telecommunications Service  
Form 470 Application Number: 163510000561729  
SPIN: 143026472  
Service Provider Name: Building Communications, Inc.  
Contract Number: T  
Billing Account Number: N/A  
Service Start Date: 07/01/2006  
Contract Expiration Date: 06/30/2007  
Number of Months Recurring Service Provided in Funding Year: 12  
Annual Pre-discount Amount for Eligible Recurring Charges: \$.00  
Annual Pre-discount Amount for Eligible Non-recurring Charges: \$4,400.00  
Pre-discount Amount: \$4,400.00  
Discount Percentage Approved by the USAC: 36%  
Funding Commitment Decision: \$1,584.00 - ERN approved; modified by SLD  
Funding Commitment Decision Explanation: The shared discount was reduced to a level that could be validated by third party data.

FCDL Date: 09/19/2006  
Wave Number: 022  
Last Allowable Date for Delivery and Installation for Non-Recurring Services: 09/30/2007



Universal Service Administrative Company  
Schools & Libraries Division

EXHIBIT F  
2 PGS

**FUNDING COMMITMENT DECISION LETTER**  
(Funding Year 2006: 07/01/2006 - 06/30/2007)

October 24, 2006

Barbara Stewart  
GENESEE COUNTY I S D  
2413 W MAPLE AVE  
FLINT, MI 48507-3429

Re: Form 471 Application Number: 531275  
Billed Entity Number (BEN): 131079  
Billed Entity FCC RN: 0013321724  
Applicant's Form Identifier: 471-I 2006/07

Thank you for your Funding Year 2006 application for Universal Service Support and for any assistance you provided throughout our review. The current status of the funding request(s) in the Form 471 application cited above and featured in the Funding Commitment Report(s) (Report) at the end of this letter is as follows.

- The amount, \$14,721.87 is "Denied."

Please refer to the Report on the page following this letter for specific funding request decisions and explanations. The Universal Service Administrative Company (USAC) is also sending this information to your service provider(s) so preparations can begin for implementing your approved discount(s) after you file Form 486 (Receipt of Service Confirmation Form). A guide that provides a definition for each line of the Report precedes the Report.

A list of Important Reminders and Deadlines is included with this letter to assist you throughout the application process.

**NEXT STEPS**

- Work with your service provider to determine if you will receive discounted bills or if you will request reimbursement from USAC after paying your bills in full
- Review technology planning approval requirements
- Review CIPA requirements
- File Form 486
- Invoice USAC using the Form 474 (service provider) or Form 472 (Billed Entity) - as products and services are being delivered and billed

**TO APPEAL THIS DECISION:**

If you wish to appeal a decision in this letter, your appeal must be received by USAC or postmarked within 60 days of the date of 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 (if available) email address for the person who can most readily discuss this appeal with us.
2. State outright that your letter is an appeal. Include the following to identify the letter and the decision you are appealing:
  - Appellant name,
  - Applicant name and service provider name, if different from appellant,
  - Applicant BEN and Service Provider Identification Number (SPIN),
  - Form 471 Application Number 531275 as assigned by USAC,
  - "Funding Commitment Decision Letter for Funding Year 2006," AND
  - The exact text or the decision that you are appealing.

FUNDING COMMITMENT REPORT  
Billed Entity Name: GENESEE COUNTY I S D  
BEN: 131079  
Funding Year: 2006

Form 471 Application Number: 531275  
Funding Request Number: 1466421  
Funding Status: Not Funded  
Category of Service: Basic Maintenance of Internal Connection  
Form 470 Application Number: 163510000561729  
SPIN: 143005214  
Service Provider Name: Avaya Inc.  
Contract Number: C  
Billing Account Number: 100973411  
Service Start Date: 07/01/2006  
Contract Expiration Date: 06/30/2007  
Number of Months Recurring Service Provided in Funding Year: 12  
Annual Pre-discount Amount for Eligible Recurring Charges: \$40,894.08  
Annual Pre-discount Amount for Eligible Non-recurring Charges: \$.00  
Pre-discount Amount: \$40,894.08  
Discount Percentage Approved by the USAC: N/A  
Funding Commitment Decision: \$0.00 - Srvc/Discnt will NOT be funded  
Funding Commitment Decision Explanation: Shared discount was reduced. Given demand,  
the funding cap will not provide for Internal Connections/Basic Maintenance of  
Internal Connections at your approved discount level to be funded. Please see  
[www.universalservice.org/sl/](http://www.universalservice.org/sl/)

FCDL Date: 10/24/2006  
Wave Number: 027

Last Allowable Date for Delivery and Installation for Non-Recurring Services: 09/30/2007



# GENESEE INTERMEDIATE SCHOOL DISTRICT

Genesee County's Regional Educational Service Agency

2413 West Maple Avenue, Flint, Michigan 48507-3493  
(810) 591-4400 Fax (810) 591-7570 TTY (810) 591-4545  
www.geneseeisd.org

November 6, 2006

Letter of Appeal  
Schools and Libraries Division - Correspondence Unit  
100 South Jefferson Road  
PO Box 902  
Whippany, NJ 07981

This letter is to appeal the decision to reduce funding down to a discount percentage of 36% for funding year 2006-07. This was stated in our Funding Commitment Decision Letter dated September 19, 2006. Our Billed Entity Name is Genesee County ISD and Billed Entity Number is 131079 Our Form 471 Application Number is 526408 as assigned by USAC.

The following FRN's funding were reduced to 36%, a level that could be validated by third party data:

FRN's 1450556, 1450671, 1450772, 1450935, 1450990, 1451057, 1451092, 1451173, 1451196, 1451221, 1465508

The reason for our appeal is to dispute the decision to reduce the funding percentage to 36%. Genesee County ISD uses the number of Medicaid eligible students to arrive at our discount percentage for USF discounts. We use this method in accordance to the instructions on completing Form 471, page 14. The process as to how we arrive at who is eligible for Medicaid is as follows:

GISD submits a file to an outside billing vendor, Public Consulting Group (PCG) containing information on all of our special education students. PCG then sends the file to the State of Michigan. The State of Michigan runs the file against their Medicaid eligible database and attaches a Medicaid ID # to those students who are eligible. The State of Michigan sends the file back to PCG. PCG uploads the file into the Special Education database, which we access to get lists of the students who are Medicaid eligible. Eligibility is determined by the State of Michigan, not by GISD. We do not, and cannot have access to how the determination is figured.

The enrollment totals and the number of Medicaid eligible students are as follows:

<u>School Name</u>	<u>Student Count</u>	<u>Medicaid Eligible Students</u>
Knopf Cntr & Cntr for Autism	515	394
Marion D. Crouse Instru Center	199	161
Special Education Services South	181	126

Peggy J. Tortorice, President ♦ Paul D. Newman, Vice President  
Lawrence P. Ford, Secretary ♦ Jerry G. Ragsdale, Treasurer ♦ Dale A. Green, Trustee

Thomas Svitkovich, Ed.D., Superintendent ♦ Thomas B. Princinsky, Deputy Superintendent  
Beverly Knox-Pipes, Assistant Superintendent ♦ Mary E. Lavengood, Ed.D., Assistant Superintendent ♦ Jan D. Russell, Assistant Superintendent

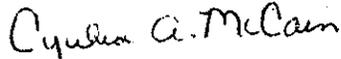
Based on this method, we calculated our discount percentage to be 88%.

An authorized letter by the Superintendent was sent to the Schools and Library Corporation on June 29, 2006 explaining this method. GISD has been using this method since the beginning of the E-Rate program. We would like to be informed as to why this was not an acceptable method for the 2006-07 funding year, and what was used to determine the 36% discount percentage rate. We feel the information provided to the Schools and Library Division should be sufficient to support the discount percentage of 88% as it has been acceptable in the past.

If you should have any questions or need further information, please contact the following person:

**Barbara Stewart**  
2413 W. Maple Ave.  
Flint, MI 48507  
Phone: 810-591-4429  
Fax: 810-591-4864  
E-mail: [bstewart@genesceisd.org](mailto:bstewart@genesceisd.org)

**Sincerely,**



Cynthia A. McCain  
Executive Director, Finance

CAM:bs



# GENESEE INTERMEDIATE SCHOOL DISTRICT

*Genesee County's Regional Educational Service Agency*

2413 West Maple Avenue, Flint, Michigan 48507-3493  
(810) 591-4400 Fax (810) 591-7570 TTY (810) 591-4545  
www.geneseeisd.org

November 7, 2006

Letter of Appeal  
Schools and Libraries Division - Correspondence Unit  
100 South Jefferson Road  
PO Box 902  
Whippany, NJ 07981

This letter is to appeal the decision to reduce funding down to a discount percentage of 36% for funding year 2006-07. This was stated in our Funding Commitment Decision Letter dated October 24, 2006. Our Billed Entity Name is Genesee County ISD and Billed Entity Number is 131079. Our Form 471 Application Number is 531275 as assigned by USAC.

The FRN 1466421 was reduced to 36% as the discount percentage amount. Because of this reduction, we were denied funding because the funding cap will not provide for Internal Connections/Basic Maintenance of Internal Connections at this approved discount level.

The reason for our appeal is to dispute the decision to reduce the funding percentage to 36%. Genesee County ISD uses the number of Medicaid eligible students to arrive at our discount percentage for USF discounts. We use this method in accordance to the instructions on completing Form 471, page 14. The process as to how we arrive at who is eligible for Medicaid is as follows:

GISD submits a file to an outside billing vendor, Public Consulting Group (PCG) containing information on all of our special education students. PCG then sends the file to the State of Michigan. The State of Michigan runs the file against their Medicaid eligible database and attaches a Medicaid ID # to those students who are eligible. The State of Michigan sends the file back to PCG. PCG uploads the file into the Special Education database, which we access to get lists of the students who are Medicaid eligible. Eligibility is determined by the State of Michigan, not by GISD. We do not, and cannot have access to how the determination is figured.

The enrollment totals and the number of Medicaid eligible students are as follows:

<u>School Name</u>	<u>Student Count</u>	<u>Medicaid Eligible Students</u>
Knopf Cntr & Cntr for Autism	515	394
Marion D. Crouse Instru Center	199	161
Special Education Services South	181	126

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Beverly Knox-Pipes, Assistant Superintendent • Mary E. Lavengood, Ed.D., Assistant Superintendent • Jan D. Russell, Assistant Superintendent

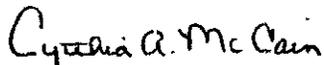
Based on this method, we calculated our discount percentage to be 88%. With an approved discount percentage of 88%, we may be eligible for funding if this falls above the funding cap.

An authorized letter by the Superintendent was sent to the Schools and Library Corporation on June 29, 2006 explaining this method. GISD has been using this method since the beginning of the E-Rate program. We would like to be informed as to why this was not an acceptable method for the 2006-07 funding year, and what was used to determine the 36% discount percentage rate. We feel the information provided to the Schools and Library Division should be sufficient to support the discount percentage of 88% as it has been acceptable in the past.

If you should have any questions or need further information, please contact the following person:

Barbara Stewart  
2413 W. Maple Ave.  
Flint, MI 48507  
Phone: 810-591-4429  
Fax: 810-591-4864  
E-mail: [bstewart@geneseccisd.org](mailto:bstewart@geneseccisd.org)

Sincerely,



Cynthia A. McCain  
Executive Director, Finance

CAM:bs

2/22/07

Cynthia McCain  
Genesee Intermediate School District  
801-519-4429  
Application Numbers: 531275 & 526408

**Response Due Date: 3/9/2007**

We are in the process of reviewing all Funding Year 2006 Form 471 appeals for schools and libraries discounts to ensure that they are in compliance with the rules of the Universal Service program. I am currently in the process of reviewing your Funding Year 2006 Form 471 appeal. To complete my review I need some additional information. The information needed to complete the PIA Review is listed below.

Based upon review of your Form 471 application, we were not able to validate your requested discount percentage for KNOPE CNTR & CNTR FOR AUTISM (90%) and SPECIAL EDUCATION SERVICES SOUTH (80%). If you choose to validate your original requested discount percentage, then please provide the appropriate documentation if one of the following acceptable methods you used to calculate your discount:

- a. If the school participates in a National School Lunch Program (NSLP), please provide a signed copy (preferably by the Principal, Vice-Principal, Superintendent or chief school official, or Director of Food Services) of a Reimbursement Claim Form that the school sends to the state each month. Make sure that the following 3 items are identified:
  - 1) The Entity name
  - 2) The total number of students enrolled at the entity
  - 3) The total number of students eligible for Free/Reduced Lunch Program for the entity

If the school district fills out an aggregate claim form for the school district, also provide a signed letter from a school official (preferably the Superintendent or chief school official) that lists the enrollment and Free/Reduced information for each school in the district. The enrollment and Free/Reduced information provided in your letter should match the claim form.

- b. If the discount percentage was determined by information obtained from a survey/application (National School (Free & Reduced) Lunch Application forms cannot be used as survey instruments), please provide the following information in writing on school letterhead signed by a school official (such as the Principal, Vice Principal, Superintendent or Director of Food Services):
  - 1) Total number of students enrolled
  - 2) Total number of surveys/applications sent out
  - 3) Number of surveys/applications returned
  - 4) Total number of students qualified for NSLP per the returned surveys/applications
  - 5) Are the surveys/applications and results kept on file.

- 6) Provide a sample copy of a FILLED OUT SURVEY/APPLICATION with the child's personal information crossed out for confidentiality.
  - 7) A signed certification that reads: "I certify that only those students who meet the Income Eligibility Guidelines of the National School Lunch Program have been included in Column 5 of Item 9a, of Block 4 of the Form 471."
- c. If the discount was determined using a different method than what was identified above, please indicate the method that was used and provide all relevant data.

Please fax or email the requested information to my attention. If you have any questions, please feel free to contact me.

It is important that we receive all of the information requested **within 15 calendar days** so we can complete our review. **Failure to do so may result in a reduction or denial of funding. If you need additional time to prepare your response, please let me know as soon as possible.**

Please advise me if the Contact Person on the application(s) has changed from that on the original application. This change must include the Form 471 application number(s) and be signed by the original application's Contact Person, the original application's Authorized Person or a school official (with name and title provided).

Should you wish to cancel your Form 471 application(s), or any of your individual funding requests, please clearly indicate in your response that it is your intention to cancel an application or funding request(s). Include in any cancellation request the Form 471 application number(s) and/or funding request number(s), and the complete name, title and signature of the authorized individual.

Thank you for your cooperation and continued support of the Universal Service Program.

Phil Nazzaro  
Schools and Libraries Division  
Program Integrity Assurance  
Phone: 973-581-7563  
FAX: 973-599-6521  
Email: [pnazzar@sl.universalservice.org](mailto:pnazzar@sl.universalservice.org)

EXHIBIT J  
2 PGS

**Stewart, Barb**

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**From:** Stewart, Barb  
**Sent:** Friday, February 23, 2007 4:16 PM  
**To:** 'Nazzaro, Philip'  
**Cc:** McCain, Cynthia  
**Subject:** RE: Appeal: 2006 E-rate applications # 531275 & 526408

Philip,

Per our phone conversation you were requesting the following data on the Medicaid eligible students:

Address  
Household Income  
Grade Level  
# of people in household

Our database contains the student's address and grade level, however we do not have access to household income or the # of people in the household. I have outlined the process that GISD goes through to obtain the list of who is Medicaid eligible below, which is also outlined in the letter authorized by our Superintendent in our Item 21 attachment:

GISD submits a file to an outside billing vendor, Public Consulting Group (PCG) containing information on all of our special education students. PCG then sends the file to the State of Michigan. The State of Michigan runs the file against their Medicaid eligible database and attaches a Medicaid ID # to those students who are eligible. The State of Michigan sends the file back to PCG. PCG uploads the file into the Special Education database, which we access to get lists of the students who are Medicaid eligible. Eligibility is determined by the State of Michigan, not by GISD. **We do not, and cannot have access to how the determination is figured.**

Please let me know if you need further information.

Thank you.

*Barbara Stewart*  
Genesee Intermediate School District  
Business Services, Accountant  
Phone: 810-591-4429  
Fax: 810-591-4864  
E-mail: [bstewart@geneseeisd.org](mailto:bstewart@geneseeisd.org)

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**From:** Nazzaro, Philip [mailto:[PNAZZAR@sl.universalservice.org](mailto:PNAZZAR@sl.universalservice.org)]  
**Sent:** Thursday, February 22, 2007 11:24 AM  
**To:** Stewart, Barb  
**Subject:** Appeal: 2006 E-rate applications # 531275 & 526408

2/22/07

Barbara Stewart  
Genesee Intermediate School District

2/23/2007

801-519-4429  
Application Numbers: 531275 & 526408

**Response Due Date: 3/9/2007**

Cynthia,

Please find attached a 15 day letter requesting additional information for the appeal of 2006 E-rate applications # 531275 & 526408.

Thank you,

Phil Nazzaro  
Schools & Libraries  
Phone # 973-581-7563  
Fax # 973-599-6521  
E-Mail: pnazzar@sl.universalservice.org

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