

Entity Number	<u>127722</u>	Applicant's Form Identifier	<u>10C-014</u>
Contact Person	<u>Dr. Anthony D. Machado</u>	Phone Number	<u>(305) 995-3433</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.  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<sup>1</sup>:**

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

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

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

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

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



Application 367757

Entity Number	<u>127722</u>	Applicant's Form Identifier	<u>10C-014</u>
Contact Person	<u>Dr. Anthony D. Machado</u>	Phone Number	<u>(305) 995-3433</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	
<u><i>Anthony D. Machado</i></u>	<u>10/30/2006</u>	
14. Printed name of authorized person		
<u>Dr. Anthony D. Machado</u>		
15. Title or position of authorized person		
<u>DIRECTOR II, E-RATE MANAGEMENT</u>		
16a. Street Address, P.O. Box, or Route Number		
<u>13135 S.W. 26TH Street</u>		
City		
<u>Miami</u>		
State	Zip Code	
<u>FL</u>	<u>33175 1817</u>	
16b. Telephone number of authorized person	Extension	16c. Fax number of authorized person
<u>305 995 3433</u>		<u>305 995 3773</u>
16d. Email address of authorized person		
<u>t.machado@dadeschools.net</u>		

Please submit this form to:

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

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

SLD Form 486  
ATTN: SLD Forms  
3833 Greenway Drive  
Lawrence, Kansas 66046  
888-203-8100



Express

US AIR MAIL

FedEx Tracking Number

8580 9817 87 7

0219

Sender's Copy

Please print and post here

Date 11/2/06 Sender's FedEx Account Number 2946-3904-7

Sender's Name Dr. Anthony D. Machado

Company MIAMI DADE CTY PUBLIC SCHOOL

Address 13135 SW 26TH ST

City MIAMI State FL ZIP 33175-1817

2 Your Internal Billing Reference Y7 Form 486 OPTIONAL Y8

3 To Recipient's Name SLD FORMS

Company SLD FORM 486

Recipient's Address 3833 Greenway Drive

Address Lawrence State KS ZIP 66046

0342736344



fedex.com 1.800.GoFedEx 1.800.463.3339

4a Express Package Service
FedEx Priority Overnight
FedEx Standard Overnight
FedEx 2Day
FedEx Express Saver

4b Express Freight Service
FedEx 1Day Freight
FedEx 2Day Freight
FedEx 3Day Freight

5 Packaging
FedEx Envelope
FedEx Pak
FedEx Box
FedEx Tube
Other

6 Special Handling
SATURDAY Delivery
HOLD Weekday at FedEx Location
HOLD Saturday at FedEx Location
Dry Ice
Cargo Aircraft Only

7 Payment
Sender
Recipient
Third Party
Credit Card
Cash/Check

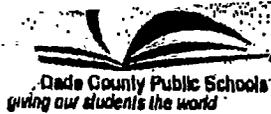
FedEx Acct. No. 5569010000267055 Exp. Date 7/08
Total Packages 1 Total Weight Total Declared Value \$ .00

8 NEW Residential Delivery Signature Options
No Signature Required
Direct Signature
Indirect Signature

519

PULL AND RETAIN THIS COPY BEFORE AFFIXING TO THE PACKAGE, NO POUCH NEEDED.

Rev. Date 11/05 Form #18279 ©1994-2005 FedEx PRINTED IN U.S.A. SRS



**MIAMI-DADE COUNTY PUBLIC SCHOOLS  
PURCHASING CREDIT CARD PROGRAM  
PURCHASE AUTHORIZATION**

WORK LOCATION: 9309			INTERNAL #:		
Florida Tax Exemption No. 23-08-324893-53C		REQUESTER'S NAME: Dr. Anthony D. Machado <i>[Signature]</i>		DATE: 11/2/06	SHIP TO ADDRESS: ITS 13135 S. W. 26 St. Miami, FL 33175-1817
SUPPLIER/MERCHANT: Office Depot		CARD HOLDER NAME: Mr. David Ferris			
		TRANSACTION DATE/NUMBER:			
ORDER VIA	PHONE #	FAX #	IN PERSON:	CONFIRMED BY:	

ITEM	DESCRIPTION	QTY	UNIT	PRICE	TOTAL	RCVD BY
	8580 9817 8739	1	1			

FUND	OBJECT	LOCATION	PROGRAM	FUNCTION	SHIPPING CHARGES	CHECK HERE IF ADDITIONAL ITEMS ON REVERSE SIDE <input type="checkbox"/>
					PURCHASE NOT TO EXCEED \$999.99 \$	
WORK LOCATION CARD ADMINISTRATOR (PRINT) Mr. David Ferris				SIGNATURE <i>[Signature]</i>	DATE 11/02/06	

**SUPPLIER MUST CALL** Marcy Fajardo **AT (305) 305-995-3512** **TO**  
**OBTAIN CARD NUMBER FOR FAX ORDERS. NO SUBSTITUTES OR BACK ORDERS ACCEPTED.**



Universal Service Administrative Company  
Schools & Libraries Division

FORM 486 NOTIFICATION LETTER  
(Funding Year 2004: 07/01/2004 - 06/30/2005)

February 14, 2007

MIAMI-DADE COUNTY PUBLIC SCHOOLS  
Dr. Anthony D. Machado  
13135 S.W.26TH STREET  
Miami, FL 33175-1817

Re: Form 486 Application Number: 367757  
Applicant's Form 486 Identifier: 10C-014

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

**NEXT STEPS**

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

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

**NOTICE ON SERVICE START DATE**

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

## TO APPEAL THE SERVICE START DATE/FUNDING COMMITMENT CHANGE DECISION

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

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

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

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

### NOTICE ON RULES AND FUNDS AVAILABILITY

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

**A GUIDE TO THE FORM 486 NOTIFICATION LETTER FUNDING COMMITMENT REPORT**

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

**Funding Request Number (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.

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

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

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

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

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

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

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

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

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

**FORM 486 NOTIFICATION LETTER  
FUNDING COMMITMENT REPORT  
(Funding Year 2004)**

**Funding Request Number: 1101958  
Form 471 Application Number: 391393  
Service Provider Name: Structured Cabling Solutions  
Service Provider Identification Number: 143024345  
Billing Account Number: N/A  
Service Start Date: 07/01/2004**

# LSAC

Schools and Libraries Division  
Correspondence Unit  
100 South Jefferson Road  
P.O. Box 902  
Whippany, New Jersey 07981

**TIME SENSITIVE MATERIAL**

00019  
MIAMI-DADE COUNTY PUBLIC SCHOOLS  
Dr. Anthony D. Machado  
13135 S.W. 26TH STREET  
Miami, FL 33175-1817



## IMPORTANT REMINDERS & DEADLINES

Date: February 14, 2007  
Form 486 App No: 367757  
Form 486 App ID: 10C-014

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

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

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

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

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

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

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

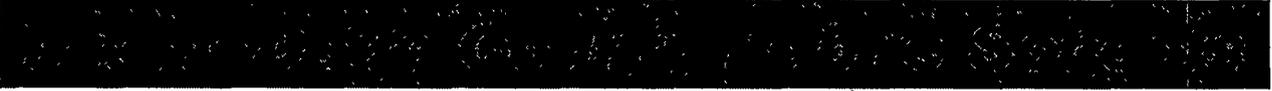
**RETAIN DOCUMENTATION** - Applicants and service providers must retain documentation including, but not limited to, documents showing:

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

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

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

# Fax



<b>To:</b>	<b>Megan Allred</b>	<b>From:</b>	<b>Dr. Anthony D. Machado</b>
<b>Fax:</b>	<b>1-888-276-8736</b>	<b>Pages:</b>	<b>3 plus fax cover sheet</b>
<b>Phone:</b>		<b>Date:</b>	<b>March 9, 2007</b>
<b>Re:</b>	<b>CASE # 21-561847</b>	<b>CC:</b>	
	<b>Carol City Elementary</b>		

**Urgent**     **For Review**     **Please Comment**     **Please Reply**     **Please Recycle**

**As Requested**

● **Comments:**

Here is the corrected copy of the FCC Form 500 for Carol City Elementary. We changed the Billed Entity Number for 127722 as it is in our FCC Form 471. We appreciate your help.

If you have any questions do not hesitate to contact me at (305)-995-3433.

SIGNATURE: \_\_\_\_\_

*Anthony D. Machado*

DATE: \_\_\_\_\_

*3/9/2007*

**Universal Service for Schools and Libraries**  
**Adjustment to Funding Commitment and**  
**Modification to Receipt of Service Confirmation Form**

Please read instructions before completing.

Estimated Average Burden Hours Per Response: 1.5 hours  
 (To be completed by Schools and Libraries or Consortia.)

Form 500 Number **0681-CAROL CITY ELEMENTARY**  
 (unique identifying number assigned by applicant)

**Block 1: Applicant Information**

1. Name of Billed Entity Applicant (required) <b>MIAMI-DADE COUNTY PUBLIC SCHOOLS</b>		2. Billed Entity Number (required) <b>127722</b>	3. Funding Year (required) <b>2004</b> 7/1/2004-6/30/2005
4. Complete Mailing Address of Billed Entity Applicant (required)			
Street Address, P. O. Box or Route Number <b>1450 NE 2<sup>nd</sup> Ave.</b>	City <b>Miami</b>	State <b>Florida</b>	Zip Code <b>33132-1308</b>
10-Digit Phone Number <b>305-995-3433</b>	Fax Telephone Number <b>305-995-3773</b>	E-Mail Address <b>tmachado@dadeschools.net</b>	

**5. Contact Person Information**

Contact Person Name (required) <b>Dr. Anthony D. Machado</b>			
Mailing Address (required if different from Item 4)			
Street Address, P. O. Box or Route Number <b>13135 SW 26 Street</b>	City <b>Miami</b>	State <b>Florida</b>	Zip Code <b>33175-1817</b>
10-Digit Phone Number <b>305-995-3433</b>	Fax Telephone Number <b>305-995-3773</b>	E-Mail Address <b>tmachado@dadeschools.net</b>	

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, wishes to reduce its funding commitment amount on the funding request number level, or has modified the beginning or ending date for services received during the funding year.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

The FCC is authorized under the Communications Act of 1934, as amended, to collect the personal information we request in this form. We will use the information you provide to determine whether approving this application is in the public interest. If we believe there may be a violation or potential violation of a FCC statute, regulation, rule or order, your application may be referred to the Federal, state, or local agency responsible for investigating, prosecuting, enforcing or implementing the statute, rule, regulation or order. In certain cases, the information in your application may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government, is a party in a proceeding before the body or has an interest in the proceeding.

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 Privacy Act of 1974, Pub. L. No. 93-579, December 31, 1974, 5 U.S.C. § 552, and the Paperwork Reduction Act of 1995, Pub. L. No. 104-13, 44 U.S.C. § 3501, *et seq.*

Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing, and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the reporting burden, to the Federal Communications Commission, Performance Evaluation and Records Management, Washington, D.C. 20554.

Billed Entity Applicant's 500 Number (to be assigned by Fund Administrator)

Billed Entity Name **MIAMI-DADE COUNTY PUBLIC SCHOOLS** Contact Name **Dr. Anthony D. Machado**

Billed Entity Number **127722**

Contact Telephone Number **305-995-3433**

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

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

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

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

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

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

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

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

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

**IDENTIFICATION OF THE FRN TO BE ADJUSTED**

(A) Form 471 Application Number (required): **391393**

(B) Funding Request Number (required): **1101958**

(C) Billing Account Number (required, if contained in your FCDL):

(D) Service Provider Name (required): **Structured Cabling Solutions, Inc.**

(E) Service Provider SPIN (required): **143024345**

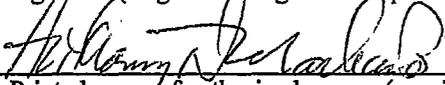
**ADJUSTMENT TO FRN LISTED ABOVE:**

(F) Service Start Date	Original Date (mm/dd/yyyy):	New Date (mm/dd/yyyy):
<input type="checkbox"/> Change Date		
(G) Contract Expiration Date	Original Date (mm/dd/yyyy):	New Date (mm/dd/yyyy):
<input checked="" type="checkbox"/> Change Date	<b>06/30/2005</b>	<b>06/30/2007</b>
(H) Cancel FRN	Original Commitment Amount:	New Commitment Amount:
<input type="checkbox"/> Please Cancel		
(I) Reduce FRN	Original Commitment Amount from FCDL:	New Commitment Amount AFTER Reduction:
<input type="checkbox"/> Please Reduce		

Billed Entity Name MIAMI-DADE COUNTY PUBLIC SCHOOLSContact Name Dr. Anthony D. MachadoBilled Entity Number 127722Contact Telephone Number 305-995-3433**Block 3: Certification**

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

10. Signature (original ink signature required)



11. Date (required)

March 9<sup>th</sup>, 2007

12. Printed name of authorized person (required)

**Dr. Anthony D. Machado**

13. Title or position of authorized person (required)

**Director II, E-Rate Management**

14. Telephone number of authorized person (required)

**305-995-3433**

15. E-Mail address of authorized person (required, if available)

**tmachado@dadeschools.net**

16. Address of authorized person (required)

**13135 SW 26<sup>th</sup> Street Miami, FL 33175-1817**

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

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

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

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