

ATTACHMENT # 7

47 2009-011



Miami-Dade County Public Schools
giving our students the world

Superintendent of Schools
Rudolph F. Crew, Ed.D

Executive Officer
Ms. Deborah Karcher

Administrative Director
Mr. Craig Rinehart

Director II / E-Rate Management
Dr. Anthony D. Machado

Miami-Dade County School Board
Agustin J. Barrera, Chair
Dr. Martin Karp, Vice Chair
Renier Diaz de la Portilla
Pera Tabares Hartman
Evelyn Langlieb Greer
Dr. Robert B. Ingram
Ana Rivas Logan
Dr. Marta Pérez
Dr. Solomon C. Stinson

March 19, 2007

INVOICE DEADLINE EXTENSION REQUEST

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

RE: INVOICE DEADLINE EXTENSION REQUEST

Bill Entity Number 127722 (Miami-Dade County Public Schools)

Funding Year 7 (2004-2005) See Attached SPREADSHEET

Funding Year 8 (2005-2006) See Attached SPREADSHEET

Information pertaining to this Invoice Deadline Extension Request can be addressed directly to:

Dr. Anthony D. Machado
Mailing Address: 13135 SW 26 Street / Miami, FL / 33175-1817
E-Mail Address: TMachado@DadeSchools.net
Office Telephone: 305-995-3433 / Office Fax: 305-995-3773

As a result of inordinate delays in funding commitments for all our 2003-2004 (Year 6) and 2004-2005 (Year 7) applications, our work timetables were seriously jeopardized and compromised. As well, throughout this trying period, we have also had to contend with vendors going out of business, SPIN changes, and Service Substitutions Requests - just to update all that should have been done according to normal scheduling.

Consequently, we must now also request **INVOICE DEADLINE EXTENSIONS** for the invoices affected by the foresaid explanation. This now is impacting our vendors. Attached, please find the list of the Applications and FRNs for the Invoices that require this action.

Thanking you in advance for your consideration and expedience of action.

Dr. Anthony D. Machado
Director II

Enclosures

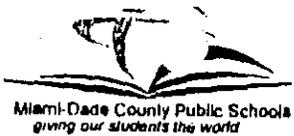
Location	PO #	Appl #	FRN #	MDCPS Amount	USAC Amount	TOTAL	Invoice # SCS	Invoice # 1st SLD	Invoice # 2nd SLD	Invoice # 3rd SLD	Action needed?
Peskoe Elementary - ERATE	D02295462	396717	1101439	818.20	7,363.79	8,181.99	5413	722259			IDER and resubmit
North County Elementary - ERATE	D02294968	388937	1102028	57.21	514.92	572.13	5214	695744	717555	728305	IDER and resubmit
Henry M. Flagler Elementary - ERATE	D02295530	388797	1102544	582.47	5,242.27	5,824.74	5397	720614			IDER and resubmit
Stirrup Elementary - ERATE	D02294949	389281	1104902	1,457.37	13,116.34	14,573.71	5215	695770	717557	728316	IDER and resubmit
Thomas Jefferson Middle - ERATE	D02294911	389664	1104907	833.34	7,500.03	8,333.37					IDER and resubmit
Pine Villa Elementary - ERATE	D02295484	389309	1104928	4,123.04	37,107.32	41,230.36	5455	728133			IDER and resubmit
Allapattah Middle - ERATE	D02295517	394410	1105040	2,030.48	18,274.28	20,304.76	5453	728124			IDER and resubmit
Crestview Elementary - ERATE	D02294927	388785	1109027	299.77	2,697.93	2,997.70	5411	722253			IDER and resubmit
Orchard Villa Elementary - ERATE	D02295104	483580	1274000	315.41	2,838.67	3,154.08					IDER and resubmit
West Homestead Elementary - ERATE	D02295461	419308	1155637	141.32	1,271.83	1,413.15	5140	663747	684525		IDER and resubmit needs to verify delivery date, request
Drew Middle - ERATE	D02295196	389642	1101495	1,267.25	11,405.23	12,672.48	5154	671563	696322	717565	IDER and resubmit –SSD reset to 7/1/2004
Carol City Elementary - ERATE	D02294981	391393	1101958	378.97	3,410.77	3,789.74	5457	728140			IDER and resubmit –SSD reset to 7/1/2004
Lenora B. Smith Elementary - ERATE	D02295523	388368	1102091	158.78	1,429.03	1,587.81	5306	717572			IDER and resubmit –SSD reset to 7/1/2004
Campbell Drive Elementary - ERATE	D02295502	388883	1102710	1,141.63	10,274.67	11,416.30	5132	696327	717563		IDER and resubmit –SSD reset to 7/1/2004
Nathan B. Young Elem - ERATE	D02294954	389556	1102910	113.96	1,025.62	1,139.58	5213	695726	717548		IDER and resubmit –SSD reset to 7/1/2004
Charles Drew Elementary - ERATE	D02295744	388771	1104950	1,570.01	14,130.12	15,700.13	5308	717575			IDER and resubmit –SSD reset to 7/1/2004
Kelsey L. Pharr Elementary - ERATE	D02295507	389288	1105023	242.58	2,183.19	2,425.77	5307	717576			IDER and resubmit –SSD reset to 7/1/2004
Fairlawn Elementary - ERATE	D02295501	484545	1278993	2,580.75	23,228.76	25,807.51	5456	728135			IDER and resubmit –SSD reset to 7/1/2005
				17,237.13	155,134.06	172,371.19					

Orange: Invoices have been paid

Yellow: service certifications received

Aqua: FRNs missing certifications

Lavender: Special Circumstances listed in status



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

WORK LOCATION: 9309 E-Rate Department	INTERNAL #:
--	-------------

Florida Tax Exemption No. 23-08-324893-53C	REQUESTER'S NAME: Dr. Anthony D. Machado	DATE: 3/19/07	SHIP TO ADDRESS: ITS 13135 S. W. 26 St. Miami, FL 33175-1817
SUPPLIER/MERCHANT: FedEx	CARD HOLDER NAME: Mr. David Ferris	TRANSACTION DATE/NUMBER:	

ORDER VIA	PHONE # (800) 463-3339	FAX #	IN PERSON:	CONFIRMED BY:
-----------	---------------------------	-------	------------	---------------

ITEM	DESCRIPTION	QTY	UNIT	PRICE	TOTAL	RCVD BY
	AIRBILL # 8616 4611 1473	1	1			

IND	OBJECT	LOCATION	PROGRAM	FUNCTION	SHIPPING CHARGES PURCHASE NOT TO EXCEED \$999.99 \$	CHECK HERE IF ADDITIONAL ITEMS ON REVERSE SIDE <input type="checkbox"/>
WORK LOCATION CARD ADMINISTRATOR (PRINT) David Ferris				SIGNATURE <i>David Ferris</i>	DATE 3/19/2007	

SUPPLIER MUST CALL _____ AT (305) _____ TO OBTAIN CARD NUMBER FOR FAX ORDERS. NO SUBSTITUTES OR BACK ORDERS ACCEPTED.

From *Please print and press hard.*
Date 3/19/07 Sender's FedEx Account Number 2946-3904-7

Sender's Name DR ANTHONY D MACHADO Phone (305) 995-3433

Company MIAMI DADE CTY PUBLIC SCHOOL

Address 13135 SW 26TH ST

City MIAMI State FL ZIP 33175-1817

Your Internal Billing Reference Y7 INVOICE deadline Extension
Y8 Request (see attached list)

To Recipient's Name SLD Correspondence Unit

Company Schools & Libraries Division

Recipient's Address 100 South Jefferson Rd.

Address Whippany

City Whippany State N.J. ZIP 07981

0356258704

4a Express Package Service
 FedEx Priority Overnight
 FedEx Standard Overnight
 FedEx First 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
 No
 Yes
 DryIce
 Cargo Aircraft Only

7 Payment Bill to: 5569010000267055
 Sender
 Recipient
 Third Party
 Credit Card
 Cash/Check

Total Packages 1 Total Weight 1 Total Declared Value¹ \$.00

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

519



ATTACHMENT # 8

Thank you for your continued support of and participation in the E-rate program.
Schools and Libraries Division
Universal Service Administrative Company

cc: Dr. Anthony Machado, Miami-Dade County Public Schools

ATTACHMENT # 9

HOME **CANCEL** **SAVE & EXIT** **HELP**

FCC Form 471

Services Ordered and Certification Form



Block 1

Block 2 & 3

Block 4

Block 5

Block 6

Applicant's Form Identifier: 4401-Kelsey L. Pharr Elem.

Entity Number: 127722

Contact Person: DR. ANTHONY D. MACHADO

Phone Number: (305) 995-3433

IMPORTANT

Please record this application's information in a secure place for future reference

471 Application Number: 389288

Entity Number of Billed Entity (Applicant): 127722

Security Code Number: 90514

Continue >>

1997 - 2004 © , Universal Service Administrative Company, All Rights Reserved

HOME CANCEL HELP

FCC Form 471
Services Ordered and Certification Form



Block 2 & 3 Block 4 Block 5 Block 6

Approval by OMB 3060-0806

Estimated Average Burden Hours Per Response: 4 hours

This form asks schools and libraries to list the eligible telecommunications-related services they have ordered and estimate the annual charges for them so that the Fund Administrator can set aside sufficient support to reimburse providers for services.

Please read instructions before beginning this application. (You can also file online at www.sl.universalservice.org.) The instructions include information on the deadlines for filing this application.

Applicant's Form Identifier:
(Insert your own code to identify THIS Form 471)
4401-Kelsey L. P

Form 471 Application #:
(inserted by Administrator)
389288

Block 1: Billed Entity Information

(The "Billed Entity" is the entity paying the bills for the services listed on this form.)

1. Name of Billed Entity MIAMI-DADE COUNTY PUBLIC SCHOOLS		2. Funding Year: Year 2004: 07/01/2004 - 06/30/2005	
3. Entity Number 127722			
4. Billed Entity (Applicant) Address, etc.			
a. Street Address, P.O. Box, or Route Number 1450 NE 2ND AVE			
City MIAMI	State FL	Zip Code + 4 33132 - 1308	
b. Telephone Number (10 digits + extension) (305) 995 - 3433		c. Fax Number (10 digits) (305) 995 - 3773	
d. E-mail Address (50 characters max.)			
5. Type Of Application (Select only one type)			
<input type="radio"/> School (public or non-public school)			
<input checked="" type="radio"/> School District (LEA; public or non-public (e.g., diocesan) local district representing multiple schools)			
<input type="radio"/> Library (library (i.e. outlet/branch, system))			
<input type="radio"/> Consortium			
If you selected "Consortium" in #5 above, check here <input type="checkbox"/> if any members are ineligible non-governmental entities.			
6a. Contact Person's Name: DR. ANTHONY D. MAC		Copy 4a-d above to 6b-e below	
Fill in every item of the Contact Person's information below that is different from Item 4 above, then select your preferred mode of contact.			

6b. Street Address, P.O.Box, or Route Number 13135 S.W. 26 STREET		
City MIAMI	State FL	Zip Code + 4 33175 - 1817
<input type="radio"/> 6c. Telephone Number (10 digits + ext.)	(305) 995 - 3433 ext.	
<input type="radio"/> 6d. Fax Number (10 digits)	(305) 995 - 3773	
<input checked="" type="radio"/> 6e. E-mail Address (50 characters max.)	TMACHADO@DADESCHOOLS.NET	
6f. Holiday/vacation/summer contact information Miriam Diaz, Gloria Shaw, Iliana Tellez, Ernest Toledano		

[Previous](#) [Reset Page](#) [Block 2 & 3](#) [Print Preview](#)

1997 - 2004 © , Universal Service Administrative Company, All Rights Reserved

HOME CANCEL SAVE & EXIT HELP

FCC Form 471

Services Ordered and Certification Form



Block 1 Block 4 Block 5 Block 6

Applicant's Form Identifier: 4401-Kelsey L. Pharr Elem.

Entity Number: 127722

Contact Person: DR. ANTHONY D. MACHADO

Phone Number: (305) 995-3433

Block 2: Minor Modification to Existing Contract?

7. THIS ITEM CANNOT BE FILED ONLINE. You may use this item ONLY to inform the Fund Administrator if your request represents a minor modification, such as a modification of services, to a Form 471 for which you already have a Receipt Acknowledgement Letter. Minor modification requests can be filed MANUALLY only. For more information, check the SLD web site at www.sl.universalservice.org or call the SLD Client Service Bureau at 888-203-8100.

Block 3: Impact of Services Ordered in THIS Application

8. Please provide your best estimate of the number of people who will be served by all of the services ordered in THIS Form 471. Schools/school districts complete 8a. Libraries complete 8b. Consortia complete 8a and/or 8b.

a. Number of students to be served 457	b. Number of library patrons to be served
---	---

9. The following questions seek summary outcome information based on the services ordered in this Form 471 application. Please complete only those rows that are relevant to THIS application.

IF THIS APPLICATION INCLUDES...	Before Order	After Order
a. Telephone service (for schools/school districts/consortia only): How many classrooms had phone service before and after your order?		
b. High-bandwidth voice/data/video service: How many buildings served before and after your order?	4	4
c. High-bandwidth voice/data/video service: Highest speed to a building before and after your order?	100mb	100mb
d. Dial-up Internet connections: How many before and after your order?	0	0
e. Dial-up Internet connections: Highest speed before and after your order?	0	0
f. Direct connections to the Internet: How many before and after your order?	1	1
g. Direct connections to the Internet: Highest speed before and after your order?	T1	T1
h. Internet access(for schools): How many rooms have Internet access before and after your order?	26	26
i. Internet access(for libraries): How many buildings have Internet access before and after your order?		

j. Internet access: How many computers (or other devices) with Internet access before and after your order?	112	112
k. Other technology outcomes?		

[Block 1](#) [Reset Page](#) [Block 4](#) [Print Preview](#)

1997 - 2004 © , Universal Service Administrative Company, All Rights Reserved

HOME CANCEL SAVE & EXIT HELP

FCC Form 471

Services Ordered and Certification Form



Block 1

Block 2 & 3

Block 5

Block 6

Applicant's Form Identifier: 4401-Kelsey L. Pharr Elem.

Entity Number: 127722

Contact Person: DR. ANTHONY D. MACHADO

Phone Number: (305) 995-3433

Bottom

Block 4 Discount Calculation Worksheet A for Schools/School Districts (Display)

Type "A" Worksheet No. 518550

1. Name of School: KELSEY PHARR ELEMENTARY SCHOOL	2. Entity Number: 3674
3. Urban or Rural: Urban	4. Total # of Students: 457
6. % Students Eligible for NSLP (#5 / #4): 97.374%	5. # of Students Eligible: 445
7. Discount % from Discount Matrix: 90%	8. Weighted Product for Shared Discount(#4 X #

Total number of students (#4) for all entities listed in this worksheet: 457

Total weighted product (#8) for all entities listed in this worksheet: 411.3

Weighted Average Discount % for Shared Services (#8 total / #4 total X 100) for this worksheet: N/A

Top

Add New Entity

Add New Type "A" Worksheet

Block 2&3

Remove This Worksheet

Copy This Worksheet

Block 5

Print Print

1997 - 2004 © , Universal Service Administrative Company, All Rights Reserved

HOME CANCEL SAVE & EXIT HELP

FCC Form 471

Services Ordered and Certification Form



Block 1

Block 2 & 3

Block 4

Block 6

Applicant's Form Identifier: 4401-Kelsey L. Pharr Elem.

Entity Number: 127722

Contact Person: DR. ANTHONY D. MACHADO

Phone Number: (305) 995-3433

Bottom

Block 5 Display

FRN: 1105023	
11. Category of Service: Internal Connections	12. 470 Application Number: 505170000430897
13. SPIN: 143024345	14. Service Provider Name: Structured Cabling S
15. Contract Number: 104-CC04	16. Billing Account Number: 107405
17. Allowable Contract Date: 12/13/2002	18. Contract Award Date: 08/20/2003
19a. Service Start Date: 07/01/2004	19b. Service End Date:
20. Contract Expiration Date: 06/30/2005	
21. Attachment #: BLOCK 5 #21 - 001 pp 1-3	22. Block 4 Entity Number: 36747
23a. Monthly Charges: \$.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: \$2,425.77	23g. Ineligible non-recurring amt.: \$.00
23h. Annual pre-discount amount for eligible non-recurring charges (23f - 23g): \$2,425.77	
23i. Total program year pre-discount amount (23e + 23h): \$2,425.77	
23j. % discount (from Block 4): 90	
23k. Funding Commitment Request (23i x 23j): \$2,183.19	

FRN: 1112522	
11. Category of Service: Internal Connections	12. 470 Application Number: 980850000430907
13. SPIN: 143020605	14. Service Provider Name: United Data Technol
15. Contract Number: 154-CC04	16. Billing Account Number: 107405
17. Allowable Contract Date: 12/13/2002	18. Contract Award Date: 08/20/2003
19a. Service Start Date: 07/01/2004	19b. Service End Date:
20. Contract Expiration Date: 06/30/2005	
21. Attachment #: Block 5 #21-002 p 1	22. Block 4 Entity Number: 36747
23a. Monthly Charges: \$.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: \$12,387.99	23g. Ineligible non-recurring amt.: \$.00
23h. Annual pre-discount amount for eligible non-recurring charges (23f - 23g): \$12,387.99	
23i. Total program year pre-discount amount (23e + 23h): \$12,387.99	
23j. % discount (from Block 4): 90	
23k. Funding Commitment Request (23i x 23j): \$11,149.19	

FRN: 1125436	
11. Category of Service: Internal Connections	12. 470 Application Number: 419520000430694
13. SPIN: 143022903	14. Service Provider Name: WYSIWYG Enterpris
15. Contract Number: 036-CC04	16. Billing Account Number: 107405
17. Allowable Contract Date: 12/13/2002	18. Contract Award Date: 05/14/2003
19a. Service Start Date: 07/01/2004	19b. Service End Date:

20. Contract Expiration Date: 06/30/2005	
21. Attachment #: Block 5 # 21 - 003 p 1	22. Block 4 Entity Number: 36747
23a. Monthly Charges: \$0.00	23b. Ineligible monthly amt.: \$0.00
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: \$5,754.00	23g. Ineligible non-recurring amt.: \$0.00
23h. Annual pre-discount amount for eligible non-recurring charges (23f - 23g): \$5,754.00	
23i. Total program year pre-discount amount (23e + 23h): \$5,754.00	
23j. % discount (from Block 4): 90	
23k. Funding Commitment Request (23i x 23j): \$5,178.60	

Top

[Block 4](#) [Add New Funding Request](#) [Block 6](#) [Print Preview](#)

1997 - 2004 © , Universal Service Administrative Company, All Rights Reserved

HOME CANCEL HELP

FCC Form 471

Services Ordered and Certification Form



Block 1

Block 2 & 3

Block 4

Block 5

Applicant's Form Identifier: 4401-Kelsey L. Pharr Elem.

Entity Number: 127722

Contact Person: DR. ANTHONY D. MACHADO

Phone Number: (305) 995-3433

Block 6: Certifications and Signature

24. 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 school including, but not limited to, elementary and secondary schools, colleges and universities.

25. The entities listed on this application have secured access to all of the resources, including computers, training, software, maintenance, and electrical connections, necessary to make effective use of the services purchased, as well as 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).

26. All of the schools and libraries or library consortia listed in Block 4 of this application are covered by:

- 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 and long distance telephone service only.

27. Status of technology plans (if representing multiple entities with mixed technology plan status, check both a and b):

- a. technology plan(s) has/have been approved; and/or
- b. technology plan(s) will be approved by a state or other authorized body; or
- c. no technology plan needed; applying for basic local and long distance telephone service only.

28. I certify that the entities eligible for support that I am representing have complied with all applicable state and local laws regarding procurement of services for which support is being sought.

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.

30. I certify that the entity(ies) I represent has 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.

31. 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 service, receive an appropriate share of benefits from those services.

32. I recognize that I may be audited pursuant to this application. I will retain for five years any and all worksheets and other records that I rely upon to fill out this application, and, if audited, will make available to the Administrator such records.

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

36. Printed name of authorized person	Mr. John H. Williams
37. Title or position of authorized person	Principal
38a. Street Address, P.O. Box, or Route Number	2000 N.W. 46 Street
	City Miami
	State FL
	Zip 33142 -
38b. Telephone number of authorized person	305 633 - 0429
38c. Fax number of authorized person	-
38d. E-mail address of authorized person	PRINCIPAL@KELSEY.DADESC

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.

The Americans with Disabilities Act, the Individuals with Disabilities Education Act and the Rehabilitation Act may impose obligations on entities to make the services purchased with these discounts accessible to and usable by people with disabilities.

Block 5 Display

Reset Page

Print Preview

Paper Certification >>

Electronic Certification >>

1997 - 2004 © , Universal Service Administrative Company, All Rights Reserved

MDCPS Proposal from: Structured Cabling Solutions

Project Mgr: Mr. Chris Sachtleben
Contact: Linda Cantin
Date: January 7, 2004
Change #: #107405, Spin #143024345, Contract #104-CC04
Location: Kelsey L. Pharr Elementary School
Address: 2000 N.W. 46th Street, Miami, Florida
Scope: Installation of 36 data cables to 4 classrooms.
Created By: Felipe Sagastume, RCDD

ITM	Qty	DESCRIPTION	MATERIAL		LABOR		TOTAL	
47	8	CORE 8" BLOCK,PER IN DM	\$ -	\$ -	\$ 20.40	\$ 163.20	\$ 163.20	\$163.20
49	8	FIRE STOP HOLE,PER IN D	\$ -	\$ -	\$ 1.70	\$ 13.60	\$ 13.60	\$13.60
73	1	24 PORT,CAT5,PATCH PNL	\$ 71.77	\$ 71.77	\$ 54.40	\$ 54.40	\$ 54.40	\$126.17
75	1	48 PORT,CAT5,PATCH PNL	\$ 143.48	\$ 143.48	\$ 108.80	\$ 108.80	\$ 108.80	\$252.28
100	5000	4 PR,24,CAT5,PVC CABLE	\$ 0.05	\$ 250.00	\$ 0.16	\$ 800.00	\$ 800.00	\$1,050.00
126	36	8 WIRE C5 STATION JACK	\$ 2.78	\$ 100.08	\$ 2.26	\$ 81.36	\$ 81.36	\$181.44
127	5	1 TO 6 PORT FACEPLATE	\$ 0.92	\$ 4.60	\$ 2.26	\$ 11.30	\$ 11.30	\$15.90
129	80	3/4" SURFACE RACEWAY	\$ 0.68	\$ 54.40	\$ 1.14	\$ 91.20	\$ 91.20	\$145.60
132	5	SURFACE ONE GANG BOX	\$ 3.52	\$ 17.60	\$ 4.54	\$ 22.70	\$ 22.70	\$40.30
151	36	4' CAT5 MOD PATCH CORD	\$ 1.16	\$ 41.76	\$ 2.26	\$ 81.36	\$ 81.36	\$123.12
174a	1	TECHNICIAN / HOUR,RT	\$ -	\$ -	\$ 27.20	\$ 27.20	\$ 27.20	\$27.20
217	2	12' COMMUNICATIONS POLE	\$ 102.68	\$ 205.36	\$ 40.80	\$ 81.60	\$ 81.60	\$286.96
			\$ -	\$ -	\$ -	\$ -	\$ -	\$0.00
			\$ 889.05		\$ 1,536.72		\$ 2,425.77	
			SUM		SUM		TOTAL SUM	

Date: January 7, 2004
Client Name: Miami Dade County Public Schools
Project Name: Kelsey L. Pharr School
Address: 2000 N.W. 46th Street
Miami, Florida
Change #: 107405, Spin #143024345, Contract #104-CC04
Project Mgr: Mr. Chris Sachtleben
Contact: Linda Cantin
Prepared By: Felipe Sagastume, RCDD
State of Florida License ES-0000322
State of Georgia License LT-305064

Scope of Work

Overview:

Installation of 36 data cables to 4 classrooms.

Pathways:

Where required, Structured Cabling Solutions will install NEC compliant J-Hooks in order to route and bundle the cable.

Structured Cabling Solutions will install wiremold and to cover exposed cabling in classrooms. Structured Cabling Solutions will install wiremold boxes to mount faceplates.

Where required Structured Cabling Solutions will sleeve and fire-stop all cores through firewalls.

Horizontal:

36 data cables will be installed in the following manner:

Second Floor MDF – 28 data cables will be installed to 3 classrooms.
First Floor IDF – 8 data cables will be installed to 1 classroom.

Telecom Rooms:

Existing racks and cabinets will be used for the other IDF's; the following patch panels will be added:

Second Floor MDF – 1 48-port patch panel.
First Floor IDF – 1 24-port patch panel.

Special Considerations:

This proposal includes patch cords in the MDF and IDF's. This proposal does not include patch cables at the workstations.

This proposal does not include a permit.

This proposal has been prepared assuming SCS will not be responsible for mounting, crossconnection or programming of customer provided equipment.

Total Investment:

The total investment for your cabling system as described in this Scope of Work and as delineated on the attached pricing schedule will be **\$2,425.77** and is inclusive of all labor and materials.

Schools and Libraries Universal Service Receipt of Service Confirmation Form

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

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

Applicant's Form Identifier 2 0 B - 0 1 1 (Create your own code to identify THIS Form 486.)	Form 486 Application # 367854 (To be inserted by Fund Administrator) (15954)
--	---

Block 1: Billed Entity Information

1. Name of Billed Entity
 M I A M I - D A D E C O U N T Y P U B L I C S C H O O L S

2. Billed Entity Number 1 2 7 7 2 2 **3. Funding Year** 2 0 0 4

4. Complete Mailing Address of Billed Entity
 Street Address, P.O. Box or Route Number
 1 4 5 0 N E 2 N D A V E

City
 M I A M I

State Zip Code
 F L 3 3 1 3 2 1 3 0 8

Telephone Number Extension Fax Number
 3 0 5 9 9 5 3 4 3 3 3 0 5 9 9 5 3 7 7 3

Email Address



Entity Number	127722	Applicant's Form Identifier	20B-011
Contact Person	Dr. Anthony D. Machado	Phone Number	(305) 995-3433

5. Contact Person Information

Contact Person Name

D r . A n t h o n y D . M a c h a d o

Street Address, P.O. Box or Route Number

1 3 1 3 5 S . W . 2 6 T H S T R E E T

City

M I A M I

State Zip Code

F L 3 3 1 7 5 1 8 1 7

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

Telephone Number

Extension

Fax Number

3 0 5 9 9 5 3 4 3 3 3 0 5 9 9 5 3 7 7 3

Email Address

T M A C H A D O @ D A D E S C H O O L S . N E T

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	127722	Applicant's Form Identifier	20B-011
Contact Person	Dr. Anthony D. Machado	Phone Number	(305) 995-3433

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 Numb. <u>127722</u>	Applicant's Form Identifier <u>20B-011</u>
Contact Person <u>Dr. Anthony D. Machado</u>	Phone Number <u>(305) 995-3433</u>

Block 3: Service Information

7. Please provide the following information for each Form 471 Block 5 (Discount Funding Request) item for which the Billed Entity is indicating that the named service provider may begin submitting invoices to SLD. You will need your FCDL for some of the information required below.
 Remember: The FRNs listed below must be from the same Funding Year as is listed in Block 1, Item 3.
 If you need additional pages, please label them 4A, 4B, 4C, etc. and indicate the number in the space provided here: Page 4 ^A

	(A) 471 Application Number From FCDL	(B) Funding Request Number (FRN) From FCDL	(C) Billing Account Number (if contained on your FCDL)	(D) Service Provider Name From FCDL	(E) Service Provider Identification Number (SPIN) From FCDL	(F) Funding Year Service Start Date* (Earliest Date that Discounts Will Begin) (*Cannot be before July 1 of the Funding Year for which you are requesting discounts.)
1	3 8 9 2 8 8	1 1 0 5 0 2 3	107405	Structured Cabling :	1 4 3 0 2 4 3 4 5	0 7 0 1 2 0 0 4
2						
3						
4						
5						
6						
7						
8						

