

REQUEST FOR WAIVER

CC Docket No. 02-6

~~SECRET FILE~~

Received & Inspected

JUL 24 2009

FCC Mail Room

Name of Company: Rivet Middle/ High School
Form Application Number: 702063
Billed Entity Number: 53430

Service Providers: Indiana Bell Telephone Co. Inc. (Telecommunications)
Avenue Broadband Communications Inc. (internet access)

Contact Name: Mary Traylor
210 Barnett St.
Vincennes, IN 47591-1158

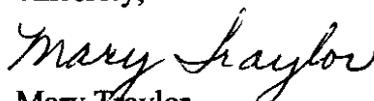
Ph. #: 1-812-882-6215
Fax #: 1-812-816-1939
Email: marytraylor@gmail.com

During the USAC program year of 2008-2009, I had an unusual circumstance in that my son died from a brain tumor after several surgeries and several years of care. I was a primary care giver during those years. Because of the loss of my son and a heavy teaching load, quite honestly, I missed the deadline and did not initiate the #471 application. I had been waiting for a mailing about the #471, and when one did not come, I called USAC and filed past the deadline. It has been my responsibility to file all applications on behalf of our elementary school, Flaget, and Rivet Middle/High School. I have done so since the 2003-2004 program year and have always complied with the required protocol.

Our son's passing was unexpected and difficult for me and my family even though we knew that he was in a better place and would not have to suffer anymore. You will notice that our son David died in a Louisville, Ky hospital where we were getting him care that Vincennes could not provide. (document #1) In addition, because Rivet is a small school, many of us teach both high school and middle school classes and carry heavy loads with 6 different preparations; I carried such a class load. (document #2)

Please, waive the rules in this case and allow our school to participate in the 2009-2010 Universal Services program. We are a small Catholic parochial school located in a small town in southwest Indiana that struggles to survive. Our school has been very grateful for this program and the people associated with it. I missed the deadline, caused the problem and, thus, bear the burden of responsibility. Please consider this request, and thank you very much for your time and consideration.

Sincerely,


Mary Traylor

No. of Copies rec'd. 0
List ABCDE

Registrar of Vital Statistics

Certified Copy



THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND - NOT A WHITE BACKGROUND

2272317

COMMONWEALTH OF KENTUCKY
CABINET FOR HEALTH & FAMILY SERVICES
REGISTRAR OF VITAL STATISTICS
CERTIFICATE OF DEATH

116 2008 024108

FORM VS NO 1-A
(REV 7/03)

MUST BE
TYPED

DECEASED

DECEASED

DECEASED

DECEASED

CERTIFIER

CAUSE OF
DEATH

REGISTRAR

1 DECEASED'S NAME (First, Middle, Last) David W. Traylor		2 SEX Male	3 DATE OF DEATH (Month, Day, Year) August 8, 2008
4 SOCIAL SECURITY NUMBER 309-80-4391	5a AGE Last Birthday (Years) 33	5b UNDER 1 YEAR (Months) (Days) (Hours) (Minutes)	6 DATE OF BIRTH (Month, Day, Year) December 13, 1974
7 BIRTHPLACE (City, State or Foreign Country) Vincennes, IN	8a PLACE OF DEATH (Check only one) HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DGA <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)		
9 FACILITY NAME (If not institution, give street and number) Norton Hospital	10 CITY, TOWN, OR LOCATION OF DEATH Louisville		11 COUNTY OF DEATH Jefferson
10 MARITAL STATUS Never Married	11 SURVIVING SPOUSE (If wife give maiden name)	12a DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Currency Trader	12b KIND OF BUSINESS/INDUSTRY Monetary
13a RESIDENCE - State Kentucky	13b COUNTY Jefferson	13c CITY, TOWN, OR LOCATION Louisville	13d STREET AND NUMBER 1425 S. 6th St.
14a INSIDE CITY LIMITS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	14b ZIP CODE 40208	14c WAS DECEASED OF FOREIGN ORIGIN? (Specify Yes or No - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	14d RACE - American Indian, Black, White, etc. (Specify) White
15 FATHER'S NAME (First, Middle, Last) Wayne Patrick Traylor	16 MOTHER'S NAME (First, Middle, Maiden Surname) Mary Ann Traylor		17 DECEASED'S EDUCATION (Specify only highest grade completed) (Elementary (9-12) College (14 or 16)) 5+
18 INFORMANT'S NAME Wayne Patrick Traylor		19 MAILING ADDRESS (Given and Number or Rural Route Number, City or Town, Zip Code) 1803 McDowell, Vincennes, IN 47591	
20a METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b PLACE OF DISPOSITION (Name of cemetery, crematory or other place) Evansville Crematory	20c LOCATION (City, Town, or State) Evansville, IN
21 SIGNATURE OF MINISTER, CLERGY LICENSEE (or person acting as such) <i>[Signature]</i>		22 DATE SIGNED (Month, Day, Year) 8-21-08	22 NAME AND ADDRESS OF FACILITY Duesterberg-Fredrick Funeral Home, 431 Vigo Street, Vincennes, IN 47581
23a. To the best of my knowledge, death occurred at the time, date, place and due to the cause stated. Signature and Title <i>[Signature]</i>		23b. DATE SIGNED (Month, Day, Year) 8/19/08	
24 NAME AND ADDRESS OF PERSON WHO COMPLETED CERTIFICATE OF DEATH (ITEM 20) SHAD JAWAID, MD 250 E. Liberty Street Ste 801 Louisville, KY 40202			
25 TIME OF DEATH 8:03 AM		26 DATE PRONOUNCED DEAD (Month, Day, Year) August 8, 2008	
27 WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		28. Appropriate interval between onset and death 3 hours	
28. PART I: Enter the immediate, proximate, or contributory cause of death. Do not enter the mode of dying, such as coma or respiratory arrest. Check of heart failure. List only one cause on each line. NOTE: Kentucky data indicate that diabetes is likely underreported on death certificates. If known, document diabetes as a "cause of" or "contributing cause of" death as appropriate in Parts I and II.		18 hrs	
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. <u>Respiratory failure</u> DUE TO (OR AS A CONSEQUENCE OF)		2 days	
b. <u>Status Epilepticus</u> DUE TO (OR AS A CONSEQUENCE OF)		18 years	
c. <u>Seizure disorder</u> DUE TO (OR AS A CONSEQUENCE OF)			
d. <u>Mixed brain tumor</u> DUE TO (OR AS A CONSEQUENCE OF)			
e. <u></u> DUE TO (OR AS A CONSEQUENCE OF)			
PART II: Other significant conditions contributed to death but not resulting in the underlying cause given in Part I.		29a. If female, was there a pregnancy in the past 12 months? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
29b. Was an autopsy performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		29c. Were autopsy findings available prior to completion of cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
29 MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined		30a. DATE OF INJURY (Month, Day, Year)	30b. TIME OF INJURY
30c. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		30d. INJURY AT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO	
31. REGISTRAR'S SIGNATURE <i>Paul F. Royce</i>		32 DATE FILED (Month, Day, Year) AUG 25 2008	



THE BACK OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

I, Paul F. Royce, Registrar of Vital Statistics, hereby certify this to be a true and correct copy of the certificate of birth, death, marriage or divorce of the person therein named, and that the original certificate is registered under the file number shown. In testimony thereof I have hereunto subscribed my name and caused the official seal of the Office of Vital Statistics to be affixed at Frankfort, Kentucky this 26 day of August, 2008 KY

Paul F. Royce
State Registrar

	1 st	2 nd	3 rd	4 th <i>lunch 6/7</i>	5 th <i>class</i>	6 th	7 th	8 th
6 th & 7 th 8 th - 12 th	8:00-8:52	8:56-9:50	9:54-10:46	10:50-11:30 10:50-11:42	11:34-12:26 11:46-12:26	12:30-1:22	1:26-2:18	2:22-3:15
Mass: 8:00- 8:57	9:01-9:44	9:48-10:34	10:38-11:22	11:26-12:06	12:10-12:50	12:54-1:38	1:42-2:25	2:29-3:15
Adams	Geom	Algebra II	Calc	Prep	Lunch	Trig/Stats	Geom	Algebra II
PE			PE 9 th		PE 7 MWF & PE TR/ PE 7 TR & PE MWF	PE 8 MWF / PE 8 TR	PE 6 TR/ PE 6 MWF	PE 8 MWF / PE 8 TR
Atkinson	World History	World History	US History	Gment/Econ	Lunch	LINK MWF SHTR/ SH MTWRF	Prep	APGment/ Prep
Bohmeier	Rel 9 MWF Rel 12 TR/ Rel 9 TR Rel 12 MWF	Rel 11	Rel 6	Rel 8	Lunch	Rel 7	Rel 7	Prep
Carie	PreAlgy 7	Prep	Math7	Lunch	Math 6	Algebra I	Algebra I	PreAlgy 7/8
Whitehead	Prep	English12	Creat Write	Eng10/Lit10	Lunch	Eng9/Lit 9	Eng11/Lit11	Web Page
A. Hitt	Science 7	Science 8	Science 7	LINK MWF SH TR/ LINK MWF SH TR	Lunch	Science 6	Prep	Earth Sci.
Keller	Chemistry	SH TR/ SH TR	LINK MWF SH TR/ LINK MWF SH TR	Prep	Lunch	Bio 10	Physics	ICAPS 9
Page	Art 8	Art HS Art 7	Prep	Art 9	Lunch	Art HS	Art HS Art 7	Yearbook
Cassady	Fine Arts 8	Eng/Lit 6	Eng/Lit 7	Fine Arts	Lunch	Prep	Eng/Lit 8	Eng/Lit 7
Rosario	Prep	Span I	Span II	Span III	Lunch	<i>special needs</i>		<i>Adv Placement</i>
Traylor	SS 6	SS 7	SS 8 ✓	Prep	Lunch	SS 7	Rel 10	Prep W. Geo. ✓
Finch	Health 9TR/ Health9MWF				Health 7TR &MWF / Health 7 MWF & TR	Health 8 TR/ Health 8 MWF	Health 6 MWF / TR	Health 8 TR /Health8 MWF
Music								Music 6 TR/ Music6MWF



FUNDING YEAR 2009 FORM 471
POSTMARKED OUTSIDE OF WINDOW

June 5, 2009

MARY TRAYLOR
RIVET JR/SR HIGH SCHOOL
510 BARNETT STREET
VINCENNES, IN 47591-1158

*FCC - instructions
on appeal #
Billed entity #*

Re: Applicant's Form Identifier: 1792
Form 471 Application Number: 702063

Dear MARY TRAYLOR:

We're sending this letter to thank you for your recent Form 471 application. Your Form 471 application was postmarked on 05/13/2009, which is AFTER the Funding Year 2009-2010 filing window closed at 11:59 p.m. EST on Thursday, February 12, 2009.

Program rules require us to hold your application pending final review of those applications that were filed within the filing window. We will post an announcement on the USAC website at www.usac.org/sl once we determine if funding applications that were submitted within the application filing window will fully utilize all the funds available for this Funding Year.

For more information about the processing of pending applications, about funding for applications filed after the close of the filing window or about plans for future Funding Years, please visit our website or call the Client Service Bureau at 1-888-203-8100.

TO APPEAL THIS DECISION:

If you wish to appeal a decision indicated 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 decision letter and the decision you are appealing:
 - Appellant name,
 - Applicant or service provider name,
 - BEN,
 - Application number 702063 as assigned by USAC,
 - "Funding Year 2009 Form 471 Postmarked Outside of Window Letter,"AND
 - The exact text or the decision that you are appealing.
3. Please keep your letter to the point, and provide documentation to support your appeal. Be sure to keep a copy of your entire appeal, including any correspondence and documentation.

4. If you are an applicant, please provide a copy of your appeal to the service provider(s) affected by USAC's decision. If you are a service provider, please provide a copy of your appeal to the applicant(s) affected by USAC's decision.
5. Provide an authorized signature on your letter of appeal.

To submit your appeal to USAC by email, email to appeals@sl.universalservice.org. USAC will automatically reply to incoming emails to confirm receipt.

To submit your appeal to us by fax, fax your appeal to (973)599-6542.

To submit your appeal to us on paper, send your appeal to:

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

You have the option of filing an appeal with USAC or 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 received by the FCC or postmarked within 60 days of the above date on this letter. Failure to meet this requirement will result in automatic dismissal of your appeal. We strongly recommend that you use the electronic filing options described in the "Appeals Procedure" posted on our website. 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.

Schools and Libraries Division
Universal Service Administrative Company