DOCKET FILE COPY ORIGINAL

AFSA

September 30, 2009

Request for Waiver
Marlene H. Dortch, Secretary
Federal Communications Commission
Office of the Secretary
445 12th Street, SW
Washington, DC 20554

Received & Inspected
OCT - 8 2009
FCC Mail Room

Re: CC Docket No. 02-6
CC Docket No. 96-45
Billing Entity Number:16027561
Agricultural and Food Sciences Academy

Dear Ms. Dortch:

I am writing to you request a waiver for the window closing of the 471 application for funding year 2009-2010. I was not aware of the deadline of the 471 application as I was new employee and did not understand the whole process. Also, when I did the form 470 application on May 5, 2009, I didn't even realize the 471 application window was closed, I assumed that if I could do the 470 application, I still had time to do the 471 application. I received the Form 470 receipt notification letter on May 14, 2009 and it states that I had to wait 28 days to do the 471 application of vendor services. In July, I discovered that window had closed – and now realize it closes in February. I called the help line at USAC and they suggested that I fill out the 471 paper application and file an appeal.

I do understand the process now and will comply with all deadlines and will avail myself to training when and if there is one in the Midwest. Also, I have subscribed to the USAC newsletter and will receive weekly updates/emails.

We are a small public school and the e-rate program helps to offset our communications budgets, which then allows more dollars into the classroom for our students.

I am enclosing the 471 application #702603 for funding year 2009-2010 and the Form 470 Receipt Notification Letter for your review. The 470 application number is 449160000736255. Also, I am sending the correspondence from USAC that pertains to this matter.

Please contact me if you need further information at 651-209-3918 or nschultz@agacademy.com.

Sincerely,

Nancy Schultz

Nancy Schultz
Business Manager

No. of Copies rec'd_____
List ABCDE

100 Vadnais Blvd Vadnais Heights, MN 55127 P 651-209-3910 F 651-209-3911

Universal Service Administrative Company
Schools & Libraries Division

Administrator's Decision on Appeal – Funding Year 2009-2010

August 24, 2009

Nancy Schultz
Agricultural & Food Sciences
100 East Vandais Blvd
Vadnais Heights, MN 55127

Re:	Applicant Name:	AGRICULTURAL & FOOD SCIENCES
	Billed Entity Number:	16027561
	Form 471 Application Number:	702603
	Funding Request Number(s):	1926641, 1926642, 1926643
	Your Correspondence Dated:	August 05, 2009

The Universal Service Administrative Company (USAC) received your request for a waiver of the Application Filing Deadline for Funding Year 2009 of the Schools and Libraries Universal Service Support Mechanism.

Federal Communications Commission (FCC) rules do not permit USAC to consider requests for waivers. If you believe there is a basis for further examination of your request, you may file a waiver request with the FCC. You should refer to CC Docket No. 02-6 on the first page of your waiver request to the FCC. If you are submitting your waiver request 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 a waiver request with the FCC can be found in the "Appeals Procedure" posted in the Reference Area of the SLD section of the USAC website or by contacting the Client Service Bureau. We strongly recommend that you use the electronic filing options.

Schools and Libraries Division
Universal Service Administrative Company

Nancy Schultz
Agricultural & Food Sciences
100 East Vandais Blvd
Vadnais Heights, MN 55127

Billed Entity Number: 16027561
Form 471 Application Number: 702603
Form 486 Application Number:

USAC
Universal Service Administrative Company

Schools and Libraries Division

FUNDING YEAR 2009 FORM 471
POSTMARKED OUTSIDE OF WINDOW

August 24, 2009

NANCY SCHULTZ
AGRICULTURAL & FOOD SCIENCES
100 EAST VANDAIS BLVD
VADNAIS HEIGHTS, MN 55127

Re: Applicant's Form Identifier: AFSA2010
Form 471 Application Number: 702603

Dear NANCY SCHULTZ:

We're sending this letter to thank you for your recent Form 471 application. Your Form 471 application was postmarked on 08/12/2009, 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 702603 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.

USAC

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

TIME SENSITIVE MATERIAL

00001
NANCY SCHULTZ
AGRICULTURAL & FOOD SCIENCES
100 EAST VANDAIS BLVD
VADNAIS HEIGHTS, MN 55127

AFSA

August 5, 2009

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

Re: Entity Number:16027561
Agricultural and Food Sciences Academy

To Whom It May Concern:

I am writing to you to appeal the window closing of the 471 application window for funding year 2009-2010. I was not aware of the deadline of the 471 application as I was new employee and did not understand the whole process. Also, I received the Form 470 receipt notification letter on May 14, 2009 and thought that I had to wait 28 days to do the 471 application of vendor services. In July, I discovered that window had closed. I called the help line at USAC and they suggested that I fill out the 471 paper application and file an appeal.

I do understand the process now and will comply with all deadlines and will avail myself to training when and if there is one in the Midwest.

We are a small public school and the e-rate program helps to offset our communications budgets, which then allows more dollars into the classroom for our students.

I am enclosing the 471 application for funding year 2009-2010 and the Form 470 Receipt Notification Letter for your review. The 470 application number is 449160000736255

Please contact me if you need further information at 651-209-3918 or nschultz@agacademy.com.

Sincerely,

Nancy Schultz

Nancy Schultz
Business Manager

100 Vadnais Blvd Vadnais Heights, MN 55127 P 651-209-3910 F 651-209-3911

USAC
Universal Service Administrative Company

Schools and Libraries Division

FORM 470 RECEIPT NOTIFICATION LETTER
(Funding Year 2009: 07/01/2009-06/30/2010)

May 14, 2009

Nancy Schultz
AGRICULTURAL AND FOOD SCIENCES ACADEMY
100 EAST VADNAIS BLVD
VADNAIS HEIGHTS, MN 55127

Re:	**Form 470 Application Number:**	**449160000736255**
	Entity Number:	**16027561**
	Applicant's Form Identifier:	**2010470AG**
	Date Form 470 Posted:	**05/05/2009**
	Allowable Contract Date:	**06/02/2009**
	Corrections Due by:	**06/03/2009**

This is your notification that the above Form 470, "Description of Services Requested and Certification Form," and related Certification have been received by USAC.

Attached to this RNL is a Report summarizing the information you provided to USAC for the above Form 470, application number 449160000736255. Also included are advisories to assist you in appropriate use of the Form 470 to establish funding requests on your Form 471.

It is important that you review this Report now to make sure the products and services you require have been correctly posted and, if necessary, take any appropriate corrective action as soon as possible. You are allowed to correct certain errors on your form but not others. The Report indicates if a correction to a field is allowed.

- If a correction to a field is allowed, follow the instructions below to submit your correction to USAC.
- If corrections are not allowed, you must file a new Form 470.

Please note that this letter provides the notice required by the Bishop Perry Order (FCC 06-54, released 5/19/2006), permitting you to review and make allowable corrections to your Form 470 by 06/03/2009.

To make an allowable correction, please do the following:

- Verify that the allowed correction can be made through the RNL correction process. Any non-allowable corrections submitted through the RNL correction process will not be made.
- Make a copy of your report and indicate on the copy any allowable corrections in the spaces indicated.
- Sign the copy and include your name, title, contact information, and date.
- Submit the copy using the guidance posted on the Form 470 RNL page on our website at www.usac.org/sl/applicants/step03/form470-filing-receipt-notification-letter.aspx.
- Corrections must be submitted no later than 06/03/2009.
- Retain a copy of the RNL and any submitted corrections.
- To determine what corrections are allowable and why review of this Report is important to you, see the "List of correctable ministerial and clerical errors" posted at www.usac.org/_res/documents/sl/pdf/List-of-Correctable-Ministerial-and-Clerical-Errors.pdf.

Form 470 449160000736255 RNL Report
Funding Year 2009

THIS REPORT DOES NOT CONTAIN ANY DECISIONS CONCERNING YOUR REQUESTS FOR DISCOUNTS.

USE THIS REPORT TO LIST OR INDICATE CORRECTIONS YOU WISH TO MAKE TO YOUR FORM 470.

Allowable Contract Date: 06/02/2009
This is the earliest date to execute contracts for contracted services, select your service provider(s) (including tariff/month-to-month service providers), and sign and submit your FCC Form 471, "Services Ordered and Certification Form" based on this Form 470. Any funding request with earlier dates for these actions that cite this Form 470 as the establishing Form 470 will result in denial.

Corrections Below Submitted by:

Signature: _____ Date: _____

Printed Name: _____

Title: _____

Email, Fax Number or Phone Number: _____

Item #	Data Entered on FCC Form 470	Make Corrections Here
1. Name of applicant	AGRICULTURAL AND FOOD SCIENCES ACADEMY	
3. Entity Number	16027561	
6a. Contact Person's Name	Nancy Schultz	
6c. Contact Telephone	651-209-3910	
6d. Contact Fax	651-209-3911	
6e. Contact Email	nschultz@agacademy.com	
7a. Tariffed or Month-to-Month	Yes	Corrections not allowed
7b. New Written Contract	No	Corrections not allowed
Multi-year contract	No	Corrections not allowed
Voluntary extensions	No	Corrections not allowed
7c. Contract signed on or before 7/10/1997	No	Corrections not allowed

- Although corrections to Items 7a and 7b are not allowed, your choice of services on the Form 471 is not limited by the choices you indicate for these items.
- You must post a new Form 470 each funding year for tariff or month-to-month services.
- Item 7c should be checked ONLY if your contract was signed on or before 7/10/1997.

8. Telecommunications Service	Posted - No RFP	Corrections not allowed
9. Internet Access	Posted - No RFP	Corrections not allowed
10. Internal Connections Other than Basic Maintenance	Not Posted	Corrections not allowed
11. Basic Maintenance of Internal Connections	Not Posted	Corrections not allowed

- You cannot seek discounts for products or services in a Category of Service on the Form 471 if those services in those categories were not indicated on a Form 470. You must post a new Form 470 and wait the required 28 days to correct this.
- If you indicated in this Form 470 that an RFP is available for a service but one is not, your funding request will be denied. You must post a new Form 470 and wait the required 28 days to correct this.

FCC Form 471

Do not write in this area.

Approval by OMB
3060-0806

Schools and Libraries Universal Service
Description of Services Ordered and Certification Form 471

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 (Create your own code to identify THIS Form 471): AESA2010

Form 471 Application#: (To be assigned by administrator)

Block 1: Billed Entity Information (The "Billed Entity" is the entity paying the bills for the services listed on this form.)

1 a Name of Billed Entity: AGRICULTURAL + FOOD SCIENCES

2 a Funding Year: July 1, 2009 through June 30, 2010

3 Billed Entity Number: 16027561

4 a Street Address, P.O. Box, or Route Number: 100 EAST VADNAIS BLVD

City: VADNAIS HEIGHTS

State: MN

Zip Code: 55127

b Telephone Number: 651 209 3918 Ext

c Fax Number: 651 209 3911

5 a Type of Application

- [x] Individual School (individual public or non-public school)
- [ ] School District (LEA; public or non-public [e.g. diocesan] local district representing multiple schools)
- [ ] Library (including library system, library outlet/branch or library consortium as defined under LSTA)
- [ ] Consortium [ ] Check here if any members of this consortium are ineligible or non-governmental entities.

6 Contact Person's Name: NANCY SCHULTZ

First, if the Contact Person's Street Address is the same as in **Item 4**, check this box. [x] If not, please complete the entries for the Street Address below.

b Street Address, P.O. Box, or Route Number:

City:

State: Zip Code:

Check the box next to your preferred mode of contact and provide your contact information. One box MUST be checked and an entry provided.

[ ] c Telephone Number: Ext

[ ] d Fax Number:

E-mail Address

[ ] e NSCHULTZ@ACADEMY.COM

f Holiday/vacation/summer contact information:

047001010

Entity Number 16027561 Applicant's Form Identifier AFSA 2010

Contact Person Nancy Schultz Phone Number 651-209-3918

This information will facilitate the processing of your applications. Please complete all rows that apply to services for which you are requesting discounts. Complete this information on the FIRST Form 471 you file, to encompass this and all other Forms 471 you will file for this funding year. You need not complete this information on subsequent Forms 471. Provide your best estimates for the services ordered across ALL of your Forms 471.

Schools/school districts complete Item 7. Libraries complete Item 8. Consortia complete Item 7 and/or Item 8.

Block 2: Impact of Services Ordered on Schools

	IF THIS APPLICATION INCLUDES SCHOOLS...		BEFORE ORDER	AFTER ORDER
7a	Number of students to be served			225
b	Telephone service: Number of classrooms with phone service		18	18
c	Dial-up Internet access: Number of connections (up to 56kbps)		0	0
d	Direct broadband services: Number of buildings served at the following speeds:	Less than 10 mbps	1	1
		Between 10 mbps and 200 mbps	0	0
		Greater than 200 mbps	0	0
e	Direct connections to the Internet: Number of drops		1	1
f	Number of classrooms with Internet access		18	18
g	Number of computers or other devices with Internet access		180	180

Block 3: Impact of Services Ordered on Libraries

	IF THIS APPLICATION INCLUDES LIBRARIES...		BEFORE ORDER	AFTER ORDER
8a	Number of library patrons to be served			
b	Telephone service: Number of rooms with phone service			
c	Dial-up Internet access: Number of connections (up to 56kbps)			
d	Direct broadband services: Number of buildings served at the following speeds:	Less than 10 mbps		
		Between 10 mbps and 200 mbps		
		Greater than 200 mbps		
e	Direct connections to the Internet: Number of drops			
f	Number of buildings with Internet access			
g	Number of computers or other devices with Internet access			

Block 4: Discount Calculation Worksheets

You must complete a separate worksheet for each group of entities sharing one or more services. If you are filing as a consortium and your members include school districts or library systems, you must complete a separate worksheet for each of those members. In addition, if you are applying for discounts for administrative buildings or other non-instructional facilities, you must complete a worksheet for all schools in the school district or all library outlets/branches in the library system in order to calculate the appropriate discount for those facilities. In general, the following columns must be completed:

INDIVIDUAL SCHOOLS:	Columns 1–7 and Columns 9–10
SCHOOLS IN ONE SCHOOL DISTRICT (SHARED SERVICES):	Columns 1–10 and Item 9b, Line 1
SCHOOL DISTRICTS:	Columns 1–10 and Item 9b, Line 1
LIBRARY OUTLETS/BRANCHES	Columns 1–7 and Column 11
LIBRARY OUTLETS/BRANCHES IN ONE LIBRARY SYSTEM (SHARED SERVICES):	Columns 1–7, Column 11, and Item 9b, Line 2
LIBRARY SYSTEMS:	Columns 1–7, Column 11, and Item 9b, Line 2
CONSORTIA (after completing a worksheet or worksheet entry for each member entity as needed):	Columns 1–2, Column 12, and Item 9b, Line 3

Please refer to the Form 471 Instructions for specific information on each Item in the worksheet.

Entity Number	16027561	**Applicant's Form Identifier**	AFSA 2010
Contact Person	Nancy Schultz	**Contact Telephone Number**	651-209-3918

Block 4: Discount Calculation Worksheet

Worksheet A
Page 1 **of** 1

The Block 4 worksheet is used to calculate your discount for services. You will complete one or more worksheets depending on the type of application you are filing. If you file more than one worksheet, please number the completed worksheets to assure that they are all processed correctly. Please refer to the instructions for information specific to the Type of Application you indicated in Block 1, Item 5.

[redacted]

9a List entities and calculate discount(s):
School District or Library System Name: AGRICULTURAL + FOOD SCIENCES **School District or Library System Entity Number:** _____ (For Administrator's Use)

1	2	3	4	5	6	7	8	9	10	11	12	13
Name of Eligible Entity	Entity Number AND NCES Code (for Schools) or FSCS Code (for Libraries)	Urban or Rural U or R	Total Number of Students	Number of Students Eligible for NSLP	Percent of Students Eligible for NSLP (Col. 5 / Col 4)	Discount from Discount Matrix	Weighted Product for Calculating Shared Discount (Col. 4 x Col. 7)	Pre-K Adult Ed Or Juvenile Justice	Alt Disc Mech	Entity Number of School District in which Library Outlet/Branch is Located	Discount of Member Entity	Shared Discount
ALL ENTITIES		SCHOOLS AND LIBRARIES					Schools with Shared Services	Schools		Library Outlets/Branches	Consortia	[redacted]
AGRICULTURAL + FOOD SCIENCES	16027561 27001860313	U	225	67	30	50	112.5	N	N			

9b Shared Services

SCHOOL DISTRICTS: (Including groups of schools within school districts.) Calculate the totals of Columns 4 and 8. Divide the total of Column 8 by the total of Column 4. Enter the result in Column 13.												
LIBRARY SYSTEMS: Calculate the total of Column 7. Divide this total by the number of outlets/branches. Enter the result in Column 13.												
CONSORTIA: Calculate the total of Column 12. Divide this total by the number of member entities. Enter the result in Column 13.												

Entity Number 16027561 Applicant's Form Identifier AFSA 2010

Contact Person NANCY Schultz Phone Number 651-209-3918

Block 5: Discount Funding Request(s)

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as needed, and number the completed pages to assure that they are all processed correctly.

Block 5, page 1 **of** 3

[redacted]

10 ☐ If this is a duplicate Funding Request (e.g., of an FRN that is not yet approved, under appeal, etc.), check this box and enter the original FRN in the space provided:

11 **Category of Service** (only ONE category should be checked)

☒ **PRIORITY 1** Telecommunications Service

☐ **PRIORITY 2** Internal Connections Other than Basic Maintenance

☐ Internet Access

☐ Basic Maintenance of Internal Connections

12 **Form 470 Application Number**

4491600073625 5

13 **SPIN – Service Provider Identification Number**

143005305

14 **Service Provider Name**

ENTERA

15a ☒ Check this box if this Funding Request is for non-contracted tariffed or month-to-month services.

15b **Contract Number**

M-M

15c ☒ Check this box if this Funding Request is covered under a master contract (a contract negotiated by a third party, the terms and conditions of which are then made available to an eligible entity that purchases directly from the service provider).

15d ☐ Check this box if this Funding Request is a continuation of an FRN from a previous funding year based on a multi-year contract. If so, provide that FRN here:

16a **Billing Account Number** (e.g., billed telephone number)

761150

16b ☐ Check this box if there are multiple Billing Account Numbers and attach a complete list of those numbers to this page.

17 **Allowable Vendor Selection/Contract Date** (mm/dd/yyyy) (based on Form 470 filing) 06/02/2009

18 **Contract Award Date (mm/dd/yyyy)**

19 **Service Start Date** (mm/dd/yyyy) 07/01/2009

20a **Service End Date** (mm/dd/yyyy) 06/30/2010

20b **Contract Expiration Date** (mm/dd/yyyy)

23 Calculations

Recurring Charges

A. Monthly charges (total amount per month for service) 498.19

B. How much of the amount in A is ineligible? 0

C. Eligible monthly pre-discount amount (A minus B) 498.19

D. Number of months service provided in funding year 12

E. Annual pre-discount amount for eligible recurring charges (C x D) 5978.28

Non-Recurring Charges

F. Annual non-recurring charges 0

G. How much of the amount in F is ineligible? 0

H. Annual eligible pre-discount amount for non-recurring charges (F minus G) 0

Total Charges

I. Total funding year pre-discount amount (E + H) 5978.28

J. Discount from Block 4 Worksheet 50

K. Funding Commitment Request (I x J) 2989.14

21 **Description of This Service:** PHONE SERVICE

You MUST attach a description of the service, including a breakdown of components, costs, manufacturer name, make and model number. You must include any additional account or telephone numbers if the billed account has multiple numbers. Label the description with an Attachment Number, and note number in space provided.

Attachment

22 **Entity/Entities Receiving This Service:**

a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service: 16027561

b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., 1):

Entity Number 16027561 Applicant's Form Identifier AFSA 2010

Contact Person Nancy Schultz Phone Number 651-209-3918

Block 5: Discount Funding Request(s)

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as needed, and number the completed pages to assure that they are all processed correctly.

Block 5, page 2 **of** 3

[redacted]

10 ☐ If this is a duplicate Funding Request (e.g., of an FRN that is not yet approved, under appeal, etc.), check this box and enter the original FRN in the space provided:

11 **Category of Service** (only ONE category should be checked)

- ☒ **PRIORITY 1** Telecommunications Service
- ☐ **PRIORITY 2** Internal Connections Other than Basic Maintenance
- ☒ Internet Access
- ☐ Basic Maintenance of Internal Connections

12 **Form 470 Application Number** 4491600036255

13 **SPIN – Service Provider Identification Number** 143013564

14 **Service Provider Name** COMCAST

15a ☒ Check this box if this Funding Request is for non-contracted tariffed or month-to-month services.

15b **Contract Number** m/m

15c ☒ Check this box if this Funding Request is covered under a master contract (a contract negotiated by a third party, the terms and conditions of which are then made available to an eligible entity that purchases directly from the service provider).

15d ☐ Check this box if this Funding Request is a continuation of an FRN from a previous funding year based on a multi-year contract. If so, provide that FRN here:

16a **Billing Account Number** (e.g., billed telephone number) 8772105400084188

16b ☐ Check this box if there are multiple Billing Account Numbers and attach a complete list of those numbers to this page.

17 **Allowable Vendor Selection/Contract Date** (mm/dd/yyyy) (based on Form 470 filing) 06022009

18 **Contract Award Date (mm/dd/yyyy)**

19 **Service Start Date** (mm/dd/yyyy) 07012009

20a **Service End Date** (mm/dd/yyyy) 06302010

20b **Contract Expiration Date** (mm/dd/yyyy)

23 Calculations

Recurring Charges

A. Monthly charges (total amount per month for service) 169.95

B. How much of the amount in A is ineligible? 0

C. Eligible monthly pre-discount amount (A minus B) 169.95

D. Number of months service provided in funding year 12

E. Annual pre-discount amount for eligible recurring charges (C x D) 2039.40

Non-Recurring Charges

F. Annual non-recurring charges 0

G. How much of the amount in F is ineligible? 0

H. Annual eligible pre-discount amount for non-recurring charges (F minus G) 0

Total Charges

I. Total funding year pre-discount amount (E + H) 2039.40

J. Discount from Block 4 Worksheet 50

K. Funding Commitment Request (I x J) 1019.70

21 **Description of This Service:** Internet

You MUST attach a description of the service, including a breakdown of components, costs, manufacturer name, make and model number. You must include any additional account or telephone numbers if the billed account has multiple numbers. Label the description with an Attachment Number, and note number in space provided.

Attachment

22 **Entity/Entities Receiving This Service:**

a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service: 16027561

b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., 1):

Entity Number 16027561 Applicant's Form Identifier AFSA 2010

Contact Person Nancy Schultz Phone Number 651-209-3918

Block 5: Discount Funding Request(s)

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as needed, and number the completed pages to assure that they are all processed correctly.

Block 5, page 3 **of** 3

[redacted]

10 ☐ If this is a duplicate Funding Request (e.g., of an FRN that is not yet approved, under appeal, etc.), check this box and enter the original FRN in the space provided:

11 Category of Service (only ONE category should be checked)

- ☒ **PRIORITY 1** Telecommunications Service
- ☒ **PRIORITY 2** Internal Connections Other than Basic Maintenance
- ☒ Internet Access
- ☐ Basic Maintenance of Internal Connections

12 Form 470 Application Number: 4491600073625 5

13 SPIN – Service Provider Identification Number: 143026054

14 Service Provider Name: DISTRIBUTED WEBSITE CORP

15a ☒ Check this box if this Funding Request is for non-contracted tariffed or month-to-month services.

15b Contract Number: MTM

15c ☒ Check this box if this Funding Request is covered under a master contract (a contract negotiated by a third party, the terms and conditions of which are then made available to an eligible entity that purchases directly from the service provider).

15d ☐ Check this box if this Funding Request is a continuation of an FRN from a previous funding year based on a multi-year contract. If so, provide that FRN here.

16a Billing Account Number (e.g., billed telephone number)

16b ☐ Check this box if there are multiple Billing Account Numbers and attach a complete list of those numbers to this page.

17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing): 06022009

18 Contract Award Date (mm/dd/yyyy):

19 Service Start Date (mm/dd/yyyy): 07012009

20a Service End Date (mm/dd/yyyy): 06302010

20b Contract Expiration Date (mm/dd/yyyy):

23 Calculations

Recurring Charges

A. Monthly charges (total amount per month for service): 89.50

B. How much of the amount in A is ineligible?: 0

C. Eligible monthly pre-discount amount (A minus B): 89.50

D. Number of months service provided in funding year: 12

E. Annual pre-discount amount for eligible recurring charges (C x D): 978.00

Non-Recurring Charges

F. Annual non-recurring charges: 0

G. How much of the amount in F is ineligible?: 0

H. Annual eligible pre-discount amount for non-recurring charges (F minus G): 0

Total Charges

I. Total funding year pre-discount amount (E + H): 978.00

J. Discount from Block 4 Worksheet: 50

K. Funding Commitment Request (I x J): 489.00

21 Description of This Service: WEB HOSTING / PORTAL

You MUST attach a description of the service, including a breakdown of components, costs, manufacturer name, make and model number. You must include any additional account or telephone numbers if the billed account has multiple numbers. Label the description with an Attachment Number, and note number in space provided.

Attachment

22 Entity/Entities Receiving This Service:

a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service: 16027561

b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., 1):

Do not write in this area

Entity Number	16027561	**Applicant's Form Identifier**	AFSA 2010
Contact Person	Nancy Schultz	**Phone Number**	651-209-3918

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 on 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 entries from Items 23I on all Block 5 Discount Funding Requests.)	8995.68
b	Total funding commitment request amount on this Form 471 (Add the entries from Items 23K on all Block 5 Discount Funding Requests.)	4497.89
c	Total applicant non-discount share (Subtract Item 25b from Item 25a.)	4497.89
d	Total budgeted amount allocated to resources not eligible for E-rate support	20000.00
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.)	24497.89

f ☐ Check this box if you are receiving any of the funds in Item 25e directly from a service provider listed on any of the 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 Item 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 were 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.

Do not write in this area

Entity Number 16027561 Applicant's Form Identifier AFSA 2010

Contact Person Nancy Schultz Phone Number 651-209-3918

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 the 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 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 the 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.

35 ☒ I certify that if any of the Funding Requests on this Form 471 are for discounts for products or services that contain both eligible and ineligible components, that I have allocated the cost of the contract to eligible and ineligible components as required by the Commission's rules at 47 C.F.R. Sec. 54.504(g)(1), (2).

36 ☒ I certify that this funding request does not constitute a request for internal connections services, except basic maintenance services, in violation of the Commission requirement that eligible entities are not eligible for such support more than twice every five funding years beginning with Funding Year 2005 as required by the Commission's rules at 47 C.F.R. Sec. 54.506(c).

37 ☒ I certify that the non-discount portion of the costs for eligible services will not be paid by the service provider. The pre-discount costs of eligible services featured on this Form 471 are net of any rebates or discounts offered by the service provider. I acknowledge that, for the purpose of this rule, the provision, by the provider of a supported service, of free services or products unrelated to the supported service or product constitutes a rebate of some or all of the cost of the supported services.

38 Signature of authorized person: Nancy Schultz

39 Date: 08 03 2009

40 Printed name of authorized person: NANCY SCHULTZ

41 Title or position of authorized person: BUSINESS MANAGER

42a Street Address, P.O. Box, or Route Number: 100 EAST VADNAIS BLVD

City: VADNAIS HEIGHTS

State: MN Zip Code: 55127

42b Telephone number of authorized person: 651 209 3918 Ext: 42c Fax number of authorized person: 651 209 3911

42d E-mail address of authorized person: NSCHULTZ@ACADEMY.COM

42e Name of authorized person's employer: BECKY PENZ

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.

NOTICE: Section 54.504 of the Federal Communications Commission's rules requires all schools and libraries ordering services that are eligible for and seeking universal service discounts to file this Services Ordered and Certification Form (FCC Form 471) with the Universal Service Administrator. 47 C.F.R.§ 54.504. The collection of information stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended. 47U.S.C. § 254. The data in the report will be used to ensure that schools and libraries comply with the competitive bidding requirement contained in 47C.F.R. § 54.504. All schools and libraries planning to order services eligible for universal service discounts must file this form themselves or as part of a consortium.

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 a 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 of 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 owe a past due debt to the Federal government, the information you provide may also be disclosed to the Department of the Treasury Financial Management Service, other Federal agencies and/or your employer to offset your salary, IRS tax refund or other payments to collect that debt. The FCC may also provide the information to these 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.

Public reporting burden for this collection of information is estimated to average 4 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, DC 20554.

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

FCC Form 471

Do not write in this area.

Approval by OMB
3060-0806

Schools and Libraries Universal Service
Description of Services Ordered and Certification Form 471

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 (Create your own code to identify THIS form 471): AFSA2010

Form 471 Application# (To be assigned by administrator): 702603

Block 1: Billed Entity Information (The "Billed Entity" is the entity paying the bills for the service listed on this form.)

1 a	Name of Billed Entity	AGRICULTURAL & FOOD SCIENCES	
2 a	Funding Year: July 1,	2009 Through June 30: 2010	Billed Entity Number:16027561
4 a	Street Address, P.O. Box, or Routing Number	100 EAST VANDAIS BLVD	
	City	VADNAIS HEIGHTS	
	State	MN	Zip Code 55127
5 a	Type of Application	☑ Individual School (individual public or non-public school) ☐ School District (LEA; public or non-public [e.g. diocesan] local district representing multiple schools) ☐ Library (including library system, library outlet/branch or library consortium as defined under LSTA) ☐ Consortium ☐ Check here if any members of this consortium are ineligible or non-governmental entities)	
6	Contact Person's Name	NANCY SCHULTZ	

First, if the Contact Person's Street Address is the same as in Item 4, check this box. ☐ If not, please complete the entries for the Street Address below.

b	Street Address, P.O. Box, or Routing Number	100 EAST VANDAIS BLVD	
	City	VADNAIS HEIGHTS	
	State	MN	Zip Code 55127

0 4 7 0 0 1 0 1 0

Entity Number 16027561 Applicant's Form Identifier AFSA2010
Contact Person NANCY SCHULTZ Phone Number 651-209-3918

This information will facilitate the processing of your applications. Please complete all rows that apply to services for which you are requesting discounts. Complete this information on the FIRST Form 471 you file, to encompass this and all other Forms 471 you will file for this funding year. You need not complete this information on subsequent Forms 471. Provide your best estimates for the services ordered across ALL of your Forms 471.

Schools/school districts complete Item 7. Libraries complete Item 8. Consortia complete Item 7 and/or Item 8.

Block 2: Impact of Services Ordered on Schools

IF THIS APPLICATION INCLUDES SCHOOLS...	BEFORE ORDER	AFTER ORDER
7a Number of students to be served		

NO DATA

Block 3: Impact of Services Ordered on Libraries

NOT APPLICABLE AS THIS APPLICATION IS FOR SCHOOL

NO DATA

Block 5: Discount Funding Request(s)

FRN: 1926641 **FCDL Date:**	
10. Original FRN:	
11. Category of Service: Telecommunications Service	**12. 470 Application Number:** 449160000736255
13. SPIN: 143005305	**14. Service Provider Name:** Integra Telecom of Minnesota, Inc.
15a. Non-Contracted tariffed/Month to Month Service:	**15b. Contract Number:** MTM
15c. Covered under State Master Contract:	**15d. FRN from Previous Year:**
16a. Billing Account Number: 161150	**16b. Multiple Billing Account Numbers?:**
17. Allowable Contract Date: 06/02/2009	**18. Contract Award Date:**
19a. Service Start Date: 07/01/2009	**19b. Service End Date:** 06/30/2010
20. Contract Expiration Date:	
21. Attachment #:	**22. Block 4 Worksheet No.:**
23a. Monthly Charges: $498.19	**23b. Ineligible monthly amt.:** $.00
23c. Eligible monthly amt.: $498.19	**23d. Number of months of service:** 12
23e. Annual pre-discount amount for eligible recurring charges (23c x 23d): $5,978.28	
23f. Annual non-recurring (one-time) charges: 0	**23g. Ineligible non-recurring amt.:** 0
23h. Annual pre-discount amount for eligible non-recurring charges (23f - 23g): $0.00	
23i. Total program year pre-discount amount (23e + 23h): $5,978.28	
23j. % discount (from Block 4): 50	
23k. Funding Commitment Request (23i x 23j): $2,989.14	

FRN: 1926642 **FCDL Date:**	
10. Original FRN:	
11. Category of Service: Internet Access	**12. 470 Application Number:** 449160000736255
13. SPIN: 143013564	**14. Service Provider Name:** Comcast Cable Communications, LLC
15a. Non-Contracted tariffed/Month to Month Service:	**15b. Contract Number:** MTM
15c. Covered under State Master Contract:	**15d. FRN from Previous Year:**
16a. Billing Account Number: 877210540084188	**16b. Multiple Billing Account Numbers?:**
17. Allowable Contract Date: 06/02/2009	**18. Contract Award Date:**

19a. Service Start Date: 07/01/2009	**19b. Service End Date:** 06/30/2010
20. Contract Expiration Date:	
21. Attachment #:	**22. Block 4 Worksheet No.:**
23a. Monthly Charges: $169.95	**23b. Ineligible monthly amt.:** $.00
23c. Eligible monthly amt.: $169.95	**23d. Number of months of service:** 12
23e. Annual pre-discount amount for eligible recurring charges (23c x 23d): $2,039.40	
23f. Annual non-recurring (one-time) charges: 0	**23g. Ineligible non-recurring amt.:** 0
23h. Annual pre-discount amount for eligible non-recurring charges (23f - 23g): $0.00	
23i. Total program year pre-discount amount (23e + 23h): $2,039.40	
23j. % discount (from Block 4): 50	
23k. Funding Commitment Request (23i x 23j): $1,019.70	

FRN: 1926643 **FCDL Date:**	
10. Original FRN:	
11. Category of Service: Internet Access	**12. 470 Application Number:** 449160000736255
13. SPIN: 143026054	**14. Service Provider Name:** Distributed Website Corporation
15a. Non-Contracted tariffed/Month to Month Service:	**15b. Contract Number:** MTM
15c. Covered under State Master Contract:	**15d. FRN from Previous Year:**
16a. Billing Account Number:	**16b. Multiple Billing Account Numbers?:**
17. Allowable Contract Date: 06/02/2009	**18. Contract Award Date:**
19a. Service Start Date: 07/01/2009	**19b. Service End Date:** 06/30/2010
20. Contract Expiration Date:	
21. Attachment #:	**22. Block 4 Worksheet No.:**
23a. Monthly Charges: $81.50	**23b. Ineligible monthly amt.:** $.00
23c. Eligible monthly amt.: $81.50	**23d. Number of months of service:** 12
23e. Annual pre-discount amount for eligible recurring charges (23c x 23d): $978.00	
23f. Annual non-recurring (one-time) charges: 0	**23g. Ineligible non-recurring amt.:** 0
23h. Annual pre-discount amount for eligible non-recurring charges (23f - 23g): $0.00	
23i. Total program year pre-discount amount (23e + 23h): $978.00	
23j. % discount (from Block 4): 50	
23k. Funding Commitment Request (23i x 23j): $489.00	

Block 6: Certifications and Signature

Application ID:702603

Do not write in this area.

Entity Number	16027561	**Applicant's Form Identifier**	AFSA2010
Contact Person	NANCY SCHULTZ	**Phone Number**	651-209-3918

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)

schools under the statutory definitions of elementary and secondary schools found in the **No Child Left**

a. ☐ **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.)	$8,995.68
b.	Total funding commitment request amount on this Form 471 (Add the entities from Items 23K on all Block 5 Discount Funding Requests.)	$4,497.84
c.	Total applicant non-discount share (Subtract Item 25b from Item 25a.)	$4,497.84
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.)	$4,497.84
f.	☐ 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

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38. Signature of authorized person	39. Signature Date

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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 of 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.

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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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