

October 2, 2010

Received & inspected

OCT 21 2010

FCC Mail Room

Request for Review

To increase the approved amount from 20% to 40% for 2010-2011

CC Docket No. 02-6

Federal Communications Commission
Office of the Secretary
445 12th Street, SW
Washington, DC 20554

To whom it may concern;

Appellant Name: Richard Senturia, consultant for applicant.
Applicant: St. Rose Philippine Duchesne, 3500 Saint Catherine, Florissant, MO 63033
Applicant BEN #: 73701
Applicant Form 471 # 727306

We filed for 2010-2011 erate funding for St. Rose Philippine Duchesne at 40%.

We were asked for documentation, but did not have it by the deadline so St. Rose Philippine Duchesne was approved for only 20% not the 40% we applied for.

We sent an appeal to USAC with the documentation the PIA reviewers had requested. We were denied because the financial aid application had all the information blacked out and we were unable to get a new one by the deadline.

We have the documentation attached and would like to have St. Rose Philippine Duchesne approved for 40% instead of the 20% they were approved for in the 2010-2011 funding year.

Respectfully,

Richard Senturia, Consultant
231 S. Bemiston, 8th Floor
Clayton, Mo 63105
314-854-1328 office
314-854-1329 fax
rsenturia@erateprogram.com

No. of Copies rec'd 0
List ABCDE



School

3500 St. Catherine Street Florissant, MO 63053 Ph. (314)921-3023 Fax. (314)921-6724

To E-Rate reviewers:

Our enrollment was 277 when we filed our 2010 E-Rate form 471 # 727306

We do not use surveys to calculate our E-Rate discount level. We count only those students whose family income is below the income guidelines established by the USDA Food and Nutrition service of the 2009 school year.

All our students have access to application forms for our "needs based" financial aid; which requires more stringent documentation than NSLP eligibility.

Our financial aid applicants are required to supply Federal Tax returns to document their family income.

We have 7 students whose family incomes are below the income eligibility guidelines listed above.

Our 7 eligible students make up 2.53% of our enrollment, supporting our request for E-Rate funding at 40% discount level for 2010.

In addition to this letter, we attach one completed financial aid form, with personal information covered by a black marker, to confirm the level of information received.

We keep copies of all completed Financial Aid Applications on file.

"I certify that only those students who meet the Income Eligibility Guidelines of the National School Lunch Program have been included in Column 5 of Item 9a, of Block 4 of the Form 471."

Respectfully,

Ruth A. Man Principal

Section 3: Applicant & Co-Applicant Income Information

1. Size of household: Number of adults living in this household: Number of children living in this household:
2. Do you file a federal income tax return? Yes, I file taxes. No, I do not file taxes.
3. Does the co-applicant file a federal income tax return? Yes, files jointly with applicant. Yes, files separately from applicant.
 No, does not file.

Taxable Income:

If none, enter "0."

4. Please list the "Adjusted Gross Income" from the applicant's most recent federal tax return: \$ 37,367 00
5. If filing separately, list the "Adjusted Gross Income" from the co-applicant's most recent federal tax return, if filing jointly or if there is not a co-applicant, enter "0": \$ 0 00
6. Do you own any of the following? Yes No
- a. Business - Attach Schedule C or C-EZ (Form 1040) and Form 4562 Depreciation and Amortization Yes No
 - b. Farm - Attach Schedule F (Form 1040) and Form 4562 Depreciation and Amortization Yes No
 - c. Rental Property - Attach Schedule E (Form 1040) Yes No
 - d. S Corporation - Attach Schedule E (Form 1040), Form 1120S (4 pages), Schedule K-1, Form 9825 Yes No
 - e. Partnership - Attach Schedule E (Form 1040), Form 1065 (4 pages), Schedule K-1, Form 9825 Yes No
 - f. Estates and Trusts - Attach Schedule E (Form 1040), Form 1041, Schedule K-1 Yes No
- *IMPORTANT: If you file a tax return but do not have W-2 wages because you are self-employed, you will be required to submit a copy of your 2008 federal tax return.

Nontaxable Income:

- | | Select how income is received | If none, enter "0." |
|--|--|---------------------|
| 7. Child support received | <input type="radio"/> Weekly <input type="radio"/> Monthly <input type="radio"/> Annually | \$ <u>0</u> 00 |
| 8. Social Security benefits received that were not taxed, such as SSI | <input type="radio"/> Weekly <input type="radio"/> Monthly <input type="radio"/> Annually | \$ <u>0</u> 00 |
| 9. Temporary Assistance for Needy Families (TANF) | <input type="radio"/> Weekly <input type="radio"/> Monthly <input type="radio"/> Annually | \$ <u>0</u> 00 |
| 10. Welfare and/or Aid for Families with Dependent Children (AFDC/ADC) | <input type="radio"/> Weekly <input type="radio"/> Monthly <input type="radio"/> Annually | \$ <u>0</u> 00 |
| 11. Food stamps | <input type="radio"/> Weekly <input checked="" type="radio"/> Monthly <input type="radio"/> Annually | \$ <u>312</u> 00 |
| 12. Tuition support anticipated from friends/relatives/employer | <input type="radio"/> Weekly <input type="radio"/> Monthly <input type="radio"/> Annually | \$ <u>0</u> 00 |
| 13. Workers' Compensation | <input type="radio"/> Weekly <input type="radio"/> Monthly <input type="radio"/> Annually | \$ <u>0</u> 00 |
| 14. Other nontaxable income (i.e. Clergy/Parsonage/Military Housing Allowance, Foster Care Allowance, VA Benefits, etc.) | <input type="radio"/> Weekly <input type="radio"/> Monthly <input type="radio"/> Annually | \$ <u>0</u> 00 |

Change of Income:

15. Do you anticipate a decrease in your 2009 household income? Yes No
- If yes, complete the following questions:
- 15a. What do you anticipate your income to be for the coming year? \$ _____ 00
- 15b. What do you anticipate your spouse's income to be for the coming year? \$ _____ 00
- 15c. Your income will be reduced in the coming year for the following reason(s). (Select all that apply.)

Applicant:

- Unemployed or expect to be unemployed
- Will have reduced hours
- Plan to take a job at a lower wage rate
- Exiting the workforce and plan to work in the home
- Filing for legal separation or divorce
- Plan to retire
- Medical reasons
- Death of a spouse
- Increase in family size
- Loss of alimony or spousal support
- Military reasons
- Other:

Co-Applicant:

- Unemployed or expect to be unemployed
- Will have reduced hours
- Plan to take a job at a lower wage rate
- Exiting the workforce and plan to work in the home
- Filing for legal separation or divorce
- Plan to retire
- Medical reasons
- Death of a spouse
- Increase in family size
- Loss of alimony or spousal support
- Military reasons
- Other:

Failure to complete a required field (shaded boxes) will result in an incomplete application that will not be processed.

Section 4: Applicant & Co-Applicant Expense Information

Current MONTHLY Expenses:

- Do you rent or own your primary residence?
- Monthly rent or mortgage payment (include principal, interest, taxes, and home insurance)
- Do you own a second home (not including rental property)?
 3a. If yes, what is the monthly mortgage payment on your second home (including principal, interest, taxes, and home insurance)?
- Monthly home equity loan payments:

5. Vehicle Information: Complete for each vehicle leased or owned, including any vehicle that does not have a monthly payment. (If more than three [3] vehicles, photocopy form and insert.)

Vehicle #	Make/Model	Year
Vehicle #1	Ford Club Wagon Van	1996
Vehicle #2	Ford Focus	2005
Vehicle #3		

6. Total credit card debt. (Do not include balances that are paid in full each month)

7. Total of all minimum payments due on monthly credit card statements:

8. Monthly student loan payments for family members no longer attending college:

9. Do you have other monthly loan payments? (Do not include cell phone, utilities, or other living expenses) If yes, please list below. (If additional space is required, photocopy form and insert.) Refer to instructions for examples.

Loan #	Loan #1	Loan #2	Loan #3	Loan #4
1	Student Number + Carpet			
2				
3				
4				

10. Monthly child support payments. (Apply only to the parent or guardian paying child support. Do not include child support received.)

11. Health Insurance Expenses:
 11a. Is your health insurance paid 100 percent through your employer?

11b. If no, list the health insurance premium(s) paid per month, either by payroll deduction or included on the pay stub or paid directly to the insurance company:

Current ANNUAL Expenses:

- Annual vehicle insurance expense:
- Total annual out-of-pocket medical expenses not paid by insurance. Refer to instructions for examples:
- Charitable contributions—cash or check—per year:
- College Expenses:
 15a. Number of family members attending college beginning in the fall of 2009.
- Total amount of your family's out-of-pocket cost for college expected this school year. (Total includes student loan proceeds, scholarships, grants and financial aid, and contributions expected from relatives/siblings.)
- Child/Day Care Expenses: (Do not include preschool/daycare expenses. This should be indicated in Section 2.)
- Number of children for whom you pay child/day care expenses beginning in the fall of 2009.
- Total amount of child/day care expenses expected this year:
- Other Care Expenses:
 17a. Number of people for whom you pay elder care expenses:
- Total amount of elder care expenses expected this year:

Please complete required (shaded) fields.

Monthly Expenses
 If none, enter "0"

Rent Own Other

\$ 549 00

Yes No

\$ 0 00

\$ 0 00

Monthly Vehicle Payment
 If none, enter "0"

\$ 200 00

\$ 209 00

\$ 0 00

\$ 350 00

\$ 40 00

\$ 0 00

\$ 0 00

Monthly Loan Payment
 If none, enter "0"

\$ 0 00

\$ 0 00

\$ 0 00

\$ 0 00

\$ 0 00

\$ 0 00

Yes No

\$ 104 00

Annual Expenses
 If none, enter "0"

\$ 1,200 00

\$ 200 00

\$ 500 00

\$ 0 00

\$ 0 00

\$ 0 00

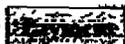
Section 5: Applicant & Co-Applicant Assets and Liabilities

	If none, enter "0."
1. Value of cash, savings, and/or checking accounts.....	\$ 0 00
2. Value of stock, bond investments, mutual funds, and/or certificates of deposit.....	\$ 0 00
3. Value of retirement plan assets—401(k), 403(b), and/or IRAs.....	\$ 700 00
4. What is your and/or your spouse's annual contribution to retirement plan assets?	\$ 100 00
5. If you own your home, the estimated value.....	\$ 70,000 00
6. If you own your home, the amount you own.....	\$ 76,000 00
7. If you own a second home, the estimated value. Do not include rental property.....	\$ 0 00
8. If you own a second home, the amount you own.....	\$ 0 00

Section 6: Required Information & Authorization

Payment of the nonrefundable application fee must be received in order to process your application. Failure to submit payment with your application could result in you not receiving financial aid. Paper applications received without a signature will not be processed.

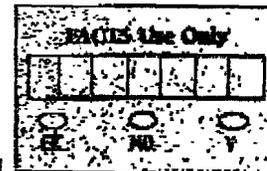
FAXED OR COPIED APPLICATIONS WILL NOT BE ACCEPTED.



I. Nonrefundable Application Fee \$ 200.00

- Financed in a check or money order made payable to FACTS Grant & Aid Assessment.
- I authorize FACTS Grant & Aid Assessment to charge my credit card for the total amount listed above.

MasterCard Credit Card Number: [Redacted] Expiration Date: [Redacted]
 VISA
 Discover
 American Express



II. Terms and Conditions:

FACTS Grant & Aid Assessment provides financial aid analysis services to participating institutions. The educational institution granting aid is solely responsible for determining the final aid award. Submission of the application and payment of the fee does not guarantee receipt of financial aid. FACTS Grant & Aid assumes no liability whatsoever should financial aid be denied for any reason. The fee collected by FACTS Grant & Aid Assessment is to compensate for the financial aid assessment and advisory services provided by FACTS Grant & Aid Assessment to its educational institution clients.

Privacy and Security: Data collected and stored by FACTS pursuant to this Application is considered the property of the participating institution. The data will not be used by FACTS in any manner not approved by the participating institution and will not be shared with any third parties without the prior consent of the institution unless requested by you. Access to the data shall be restricted except to the extent that FACTS associates must access the data to provide service to you or the institution. FACTS maintains physical, procedural, and electronic safeguards to protect data from being accessed by unauthorized third parties.

III. Authorizations:

FACTS Grant & Aid Assessment is authorized to provide my (our) personal and financial information from whatever source derived to the educational institution(s) or their affiliates which are institutions to which I am (we are) eligible to apply for financial aid.

I (we) accept and agree to be bound by the terms and conditions listed above, and acknowledge that the information provided on this form is true, correct, and complete to the best of my (our) knowledge, and that I am (we are) authorized to sign this form and to disclose this information.

[Redacted Signature] 04 - 08 - 2009
 Applicant Signature (applicant) Month Day Year

(X) [Redacted Signature] 04 - 08 - 2009
 Applicant Signature (co-applicant) Month Day Year

Please do not send cash.

Failure to complete a required field (shaded boxes) will result in an incomplete application that will not be processed.

August 5, 2010

LETTER of APPEAL

**Schools and Libraries Division – Correspondence Unit
30 Lanidex Plaza West
PO Box 685
Parsippany, NJ 07054-0685**

To whom it may concern;

**Appellant Name: Richard Senturia, consultant for applicant.
Applicant: St. Rose Philippine Duchesne, 3500 Saint Catherine, Florissant, MO 63033
Applicant BEN #: 73701
Applicant Form 471 # 727306**

We filed for 2010-2011 erate funding for St. Rose Philippine Duchesne.

We were asked for documentation, but did not have it by the deadline so St. Rose Philippine Duchesne was approved for only 20% not the 40% we applied for.

We have the documentation attached and would like to have St. Rose Philippine Duchesne approved for 40% in the 2010-2011 funding year.

Respectfully,

**Richard Senturia, Consultant
231 S. Bemiston, 8th Floor
Clayton, Mo 63105
314-854-1328 office
314-854-1329 fax
rsenturia@erateprogram.com**

Section 2: Student & School Information

If more than three entries, photocopy this page and insert.

Complete this section for ALL children in the household attending a tuition-charging PK-12 school. Financial information will only be submitted to institutions participating in the FACTS Grant & Aid Assessment program. The grade level entered should be for the upcoming 2010-2011 school year. FACTS will process one application per household. (Do not submit multiple applications.)

Child's Name: Last [Redacted] First [Redacted] MI [Redacted]

Child's Social Security No. [Redacted] Child's Date of Birth: Month [Redacted] Day [Redacted] Year [Redacted] Annual Tuition \$ [Redacted] 00

Grade Entering (Fall 2010) [Redacted] Enter PK for Preschool/Prekindergarten, Enter K for Kindergarten, Enter the Grade number for Grades 1-12. * Child's Gender: Male Female. How much do you estimate you and/or your spouse can pay toward this child's tuition annually? \$ [Redacted] 00

School Attending Fall 2010: [Redacted] City [Redacted] State [Redacted] Zip [Redacted]

* Child's Ethnic Background (Select One): African-American Asian Caucasian Hispanic Native American Other

Annual tuition support required from this child's noncustodial parent as a result of legal separation, divorce, or paternity proceeding. Do not include child support payments. \$ [Redacted] 00

Will this student be applying for a state-funded scholarship or voucher program? Yes No

Child's Name: Last [] First [] MI []

Child's Social Security No. []- []- [] Child's Date of Birth: Month [] Day [] Year [] Annual Tuition \$ [] 00

Grade Entering (Fall 2010) [] Enter PK for Preschool/Prekindergarten, Enter K for Kindergarten, Enter the Grade number for Grades 1-12. * Child's Gender: Male Female. How much do you estimate you and/or your spouse can pay toward this child's tuition annually? \$ [] 00

School Attending Fall 2010: [] City [] State [] Zip []

* Child's Ethnic Background (Select One): African-American Asian Caucasian Hispanic Native American Other

Annual tuition support required from this child's noncustodial parent as a result of legal separation, divorce, or paternity proceeding. Do not include child support payments. \$ [] 00

Will this student be applying for a state-funded scholarship or voucher program? Yes No

Child's Name: Last [] First [] MI []

Child's Social Security No. []- []- [] Child's Date of Birth: Month [] Day [] Year [] Annual Tuition \$ [] 00

Grade Entering (Fall 2010) [] Enter PK for Preschool/Prekindergarten, Enter K for Kindergarten, Enter the Grade number for Grades 1-12. * Child's Gender: Male Female. How much do you estimate you and/or your spouse can pay toward this child's tuition annually? \$ [] 00

School Attending Fall 2010: [] City [] State [] Zip []

* Child's Ethnic Background (Select One): African-American Asian Caucasian Hispanic Native American Other

Annual tuition support required from this child's noncustodial parent as a result of legal separation, divorce, or paternity proceeding. Do not include child support payments. \$ [] 00

Will this student be applying for a state-funded scholarship or voucher program? Yes No

If more than three entries, photocopy this page and insert.

* Demographic information is not required for FACTS to evaluate your need but may be required by your school, diocese, or organization providing the scholarship. We recommend completing this information to prevent an incomplete application.

Failure to complete a required field (shaded boxes) will result in an incomplete application that will not be processed.

Section 3: Applicant & Co-Applicant Income Information

1. Size of household: Number of adults living in this household: Number of children living in this household:
2. Do you file a federal income tax return? Yes, I file taxes. No, I do not file taxes.
3. Does the co-applicant file a federal income tax return? Yes, files jointly with applicant. Yes, files separately from applicant.
 No, does not file.

Taxable Income:

4. Please list the "Adjusted Gross Income" from the applicant's most recent federal tax return. \$.00
5. If filing jointly or if there is not a co-applicant, enter "0".
 If filing separately, list the "Adjusted Gross Income" from the co-applicant's most recent federal tax return. \$.00
6. Do you own any of the following? *
- a. Business - Attach Schedule C or C-EZ (Form 1040) and Form 4562 Depreciation and Amortization Yes No
 - b. Farm - Attach Schedule F (Form 1040) and Form 4562 Depreciation and Amortization Yes No
 - c. Rental Property - Attach Schedule E (Form 1040) Yes No
 - d. S Corporation - Attach Schedule E (Form 1040), Form 1120S (4 pages), Schedule K-1, Form 8825 Yes No
 - e. Partnership - Attach Schedule E (Form 1040), Form 1065 (5 pages), Schedule K-1, Form 8825 Yes No
 - f. Estates and Trusts - Attach Schedule E (Form 1040), Form 1041, Schedule K-1 Yes No

*IMPORTANT: If you file a tax return but do not have W-2 wages because you are self-employed, you will be required to submit a copy of your 2009 federal tax return.

Nontaxable Income:

- | | Select how income is received. | If none, enter "0." |
|--|---|-----------------------------|
| 7. Child support received. | <input type="radio"/> Weekly <input type="radio"/> Monthly <input type="radio"/> Annually | \$ <input type="text"/> .00 |
| 8. Social Security benefits received that were not taxed, such as SSI. | <input type="radio"/> Weekly <input type="radio"/> Monthly <input type="radio"/> Annually | \$ <input type="text"/> .00 |
| 9. Temporary Assistance for Needy Families (TANF). | <input type="radio"/> Weekly <input type="radio"/> Monthly <input type="radio"/> Annually | \$ <input type="text"/> .00 |
| 10. Welfare and/or Aid for Families with Dependent Children (AFDC/ADC). | <input type="radio"/> Weekly <input type="radio"/> Monthly <input type="radio"/> Annually | \$ <input type="text"/> .00 |
| 11. Food stamps. | <input type="radio"/> Weekly <input type="radio"/> Monthly <input type="radio"/> Annually | \$ <input type="text"/> .00 |
| 12. Tuition support anticipated from friends/relatives/employer. | <input type="radio"/> Weekly <input type="radio"/> Monthly <input type="radio"/> Annually | \$ <input type="text"/> .00 |
| 13. Workers' Compensation. | <input type="radio"/> Weekly <input type="radio"/> Monthly <input type="radio"/> Annually | \$ <input type="text"/> .00 |
| 14. Other nontaxable income (i.e. Clergy/Pastoral/Military Housing Allowance, Foster Care Allowance, VA Benefits, etc.) | <input type="radio"/> Weekly <input type="radio"/> Monthly <input type="radio"/> Annually | \$ <input type="text"/> .00 |

Change of Income:

15. Do you anticipate a decrease in your 2010 household income? Yes No
- If yes, complete the following questions:
- 15a. What do you anticipate your income to be for the coming year? \$.00
- 15b. What do you anticipate your spouse's income to be for the coming year? \$.00
- 15c. Your income will be reduced in the coming year for the following reason(s). (Select all that apply.)

- | Applicant: | Co-Applicant: |
|--|--|
| <input type="radio"/> Unemployed or expect to be unemployed | <input type="radio"/> Unemployed or expect to be unemployed |
| <input type="radio"/> Will have reduced hours | <input type="radio"/> Will have reduced hours |
| <input type="radio"/> Plan to take a job at a lower wage rate | <input type="radio"/> Plan to take a job at a lower wage rate |
| <input type="radio"/> Exiting the workforce and plan to work in the home | <input type="radio"/> Exiting the workforce and plan to work in the home |
| <input type="radio"/> Filing for legal separation or divorce | <input type="radio"/> Filing for legal separation or divorce |
| <input type="radio"/> Plan to retire | <input type="radio"/> Plan to retire |
| <input type="radio"/> Medical reasons | <input type="radio"/> Medical reasons |
| <input type="radio"/> Death of a spouse | <input type="radio"/> Death of a spouse |
| <input type="radio"/> Increase in family size | <input type="radio"/> Increase in family size |
| <input type="radio"/> Loss of alimony or spousal support | <input type="radio"/> Loss of alimony or spousal support |
| <input type="radio"/> Military reasons | <input type="radio"/> Military reasons |
| <input type="radio"/> Other: _____ | <input type="radio"/> Other: _____ |

Failure to complete a required field (shaded boxes) will result in an incomplete application that will not be processed.

Section 4: Applicant & Co-Applicant Expense Information

Please complete required (shaded) fields.

Current MONTHLY Expenses:

1. Do you rent or own your primary residence?
2. Monthly rent or mortgage payment. (Include principal, interest, taxes, and home insurance.)
3. Do you own a second home (not including rental property)?
- 3a. If yes, what is the monthly mortgage payment on your second home (including principal, interest, taxes, and home insurance)?
4. Monthly home equity loan payments.
5. Vehicle Information: Complete for each vehicle leased or owned, including any vehicle that does not have a monthly payment. (If more than three (3) vehicles, photocopy form and insert.)

	Make/Model												Year	
Vehicle #1	[Redacted]												[Redacted]	
Vehicle #2	[Redacted]												[Redacted]	
Vehicle #3	[Redacted]												[Redacted]	

6. Total credit card debt. (Do not include balances that are paid in full each month.)
7. Total of all minimum amounts due on monthly credit card statements.
8. Monthly student loan payments for family members no longer attending college.
9. Do you have other monthly loan payments? (Do not include cell phone, utilities, or other living expenses.)
If yes, please list below. (If additional space is required, photocopy form and insert.)
Refer to instructions for examples.

Loan #1	[Redacted]											
Loan #2	[Redacted]											
Loan #3	[Redacted]											
Loan #4	[Redacted]											

10. Monthly child support payments. (Applies only to the parent or guardian paying child support. Do not include child support received.)
11. Monthly health insurance premiums paid directly to the insurance company. (Do NOT include premiums paid through your employer via payroll deduction or premiums that are deducted on your tax return as self-employed health insurance deductions.)

Current ANNUAL Expenses:

12. Annual vehicle insurance expense.
13. Total annual out-of-pocket medical expenses not paid by insurance. Refer to instructions for examples.
14. Charitable contributions—cash or checks—per year.
15. College Expenses:
 - 15a. Number of family members attending college beginning in the fall of 2010.
 - 15b. Total amount of your family's out-of-pocket cost for college expected this school year. (Total tuition less student loan proceeds, scholarships, grants and financial aid, and contributions expected from student earnings.)
16. Child/Day Care Expenses: (Do not include preschool/prekindergarten expenses. This should be indicated in Section 2.)
 - 16a. Number of children for whom you pay child/day care expenses beginning in the fall of 2010.
 - 16b. Total amount of child/day care expenses expected this year.
17. Elder Care Expenses:
 - 17a. Number of people for whom you pay elder care expenses.
 - 17b. Total amount of elder care expenses expected this year.

Monthly Expenses
If none, enter "0."

Rent Own Other

\$ [Redacted] 00

Yes No

\$ [Redacted] 00

\$ [Redacted] 00

If none, enter "0."

\$ [Redacted] 00

\$ [Redacted] 00

\$ [Redacted] 00

\$ [Redacted] 00

Yes No

If none, enter "0."

\$ [Redacted] 00

Annual Expenses
If none, enter "0."

\$ [Redacted] 00

Section 5: Applicant & Co-Applicant Assets and Liabilities

	If none, enter "0."
1. Value of cash, savings, and/or checking accounts.....	\$ [REDACTED] 00
2. Value of stock, bond investments, mutual funds, and/or certificates of deposit.....	\$ [REDACTED] 00
3. Value of retirement plan assets—401(k), 403(b), and/or IRAs.....	\$ [REDACTED] 00
4. What is your and/or your spouse's annual contribution to retirement plan assets?	\$ [REDACTED] 00
5. If you own your home, the estimated value.....	\$ [REDACTED] 00
6. If you own your home, the amount you owe.....	\$ [REDACTED] 00
7. If you own a second home, the estimated value. Do not include rental property.....	\$ [REDACTED] 00
8. If you own a second home, the amount you owe.....	\$ [REDACTED] 00

Section 6: Required Information & Authorization

Payment of the nonrefundable application fee must be received in order to process your application. Failure to submit payment with your application could result in you not receiving financial aid. Paper applications received without a signature will not be processed.

FAXED OR COPIED APPLICATIONS WILL NOT BE ACCEPTED.

Payment

I. **Nonrefundable Application Fee:** \$

- Enclosed is a check or money order made payable to **FACTS Grant & Aid Assessment**.
- I authorize **FACTS Grant & Aid Assessment** to charge my credit card for the total amount listed above.

MasterCard Credit Card Number: [REDACTED] Expiration Date: [REDACTED] / [REDACTED]
 VISA
 Discover
 American Express

Month Year

FACTS Use Only

<input type="radio"/> CK	<input type="radio"/> MO	<input type="radio"/> V	

II. Terms and Conditions:

FACTS Grant & Aid Assessment provides financial aid analysis services to participating institutions. The educational institution granting aid is solely responsible for determining the final aid award. Submission of the application and payment of the fee does not guarantee receipt of financial aid. FACTS Grant & Aid assumes no liability whatsoever should financial aid be denied for any reason. The fee collected by FACTS Grant & Aid Assessment is to compensate for the financial aid assessment and advisory services provided by FACTS Grant & Aid Assessment to its educational institution clients.

Privacy and Security. Data collected and stored by FACTS pursuant to this Application is considered the property of the participating institution. The data will not be used by FACTS in any manner not approved by the participating institution and will not be shared with any third parties without the prior consent of the institution unless requested by you. Access to the data shall be restricted except to the extent that FACTS associates must access the data to provide service to you or the institution. FACTS maintains physical, procedural, and electronic safeguards to protect data from being accessed by unauthorized third parties.

III. Authorization:

FACTS Grant & Aid Assessment is authorized to provide my (our) personal and financial information from whatever source derived to the educational institution(s) or their affiliates which are institutions to which I am (we are) eligible to apply for financial aid.

I (we) accept and agree to be bound by the terms and conditions listed above and acknowledge that the information provided on this form is true, correct, and complete to the best of my (our) knowledge, and that I am (we are) authorized to sign this form and to disclose this information.

(X) _____ [REDACTED] [REDACTED] / [REDACTED] / [REDACTED]
 Applicant Signature (applicant) Month Day Year

(X) _____
 Applicant Signature (co-applicant) [REDACTED] / [REDACTED] / [REDACTED]
 Month Day Year

Please do not send cash.

Failure to complete a required field (shaded boxes) will result in an incomplete application that will not be processed.



Universal Service Administrative Company
Schools & Libraries Division

Administrator's Decision on Appeal – Funding Year 2010-2011

September 24, 2010

Richard Senturia
eRate Program, LLC
231 S. Bemiston, 8th Floor
Clayton, MO 63105

Re: Applicant Name: ST ROSE PHILIPPINE DUCHESNE
Billed Entity Number: 73701
Form 471 Application Number: 727306
Funding Request Number(s): 2035219, 2035225, 2035235, 2035247
Your Correspondence Dated: August 05, 2010

After thorough review and investigation of all relevant facts, the Schools and Libraries Division (SLD) of the Universal Service Administrative Company (USAC) has made its decision in regard to your appeal of USAC's Funding Year 2010 Funding Commitment Decision Letter for the Application Number indicated above. This letter explains the basis of USAC's decision. The date of this letter begins the 60 day time period for appealing this decision to the Federal Communications Commission (FCC). If your Letter of Appeal included more than one Application Number, please note that you will receive a separate letter for each application.

Funding Request Number(s): 2035219, 2035225, 2035235, 2035247
Decision on Appeal: **Denied**
Explanation:

- USAC has determined that the applicant failed to respond to the Program Integrity Assurance (PIA) inquiries in a timely manner. On June 15, 2010, PIA received that you, the applicant's authorized contact, were available over the summer. PIA then made contact with you on June 21, 2010 via email and asked for support of the applicant's requested discount of 40%. The options included providing information along with a signed copy of a Reimbursement Claim Form showing the enrollment and total number of eligible students and a completed non-public school financial aid form with personal information blacked out and showing that it was completed within two years of the fund year window close. You were instructed that the request was time sensitive and that a response was expected within fifteen (15) calendar days. The record shows that on June 29, 2010, a signed Special Milk claim summary was provided that did not show the

enrollment and total number of eligible students. Therefore, on June 30, 2010, PIA contacted and reminded you of the missing information and that the requested documentation due date was July 6, 2010. As this information was not forthcoming, USAC was unable to validate the requested discount percentage of 40%. Therefore, the funding requests were reduced to the minimum discount for the applicant's requested urban status. With your appeal, you provided non-public school financial aid form information, but the copy of the completed financial aid application had the date completed blacked out. Therefore, on September 1, 2010, USAC contacted you, the applicant's authorized contact, who is also the contact on the appeal letter, and again confirmed that you are available over the summer then via email and fax asked for an explanation for the discrepancy between providing Special Milk Program and private school financial aid form information. You were also notified of the insufficient financial aid application copy and given another opportunity to provide a completed financial aid application with only personal information blacked out and showing that it was completed within two years of the fund year window close. You were instructed that the request was time sensitive and that a response was expected within fifteen (15) calendar days. The record shows that on September 7, 2010, you provided the same financial aid application with the date completed still blacked out. Therefore, on September 8, 2010, USAC contacted and reminded you of the missing information and that the requested documentation due date was September 16, 2010. No response was received. You have failed to provide any evidence that USAC erred in its initial determination or that the applicant responded to USAC's requests for additional documentation in a timely manner. Since you did not demonstrate in your appeal that the adjustment USAC made to your discount percentage was incorrect, USAC denies your appeal.

- USAC reviews all program applications and makes funding commitment and disbursement decisions in compliance with FCC rules. *See* 47 C.F.R. sec. 54.500 et. seq. To conduct these reviews, USAC has put in place administrative measures to ensure the prompt resolution of applications. If applicants do not respond within the designated time period, USAC reviews the application based on the information before it. *See* Request for Review by Marshall County School District, Federal-State Joint Board on Universal Service, Changes to the Board of Directors of the National Exchange Carrier Association, Inc., CC Docket Nos. 96-45 and 97-21, 18 FCC Rcd 4520, 4522, Order, DA 03-764 para. 6 (rel. Mar. 13, 2003). Typically, applicants are required to respond to USAC's requests for additional information necessary to complete their application within 15 days of being contacted. *See* Request for Review of the Decision of the Universal Service Administrator by Bishop Perry Middle School, et al., Schools and Libraries Universal Service Mechanism, CC Docket No. 02-6, Order, 21 FCC Rcd 5316-5317, FCC 06-54 para. 23 (rel. May 19, 2006). *See also* SLD section of the USAC website, Reference Area, "Deadline for Information Requests," www.usac.org/sl. For those instances where USAC contacts the applicant in reference to a Selective Review Information Request, the applicant is provided 30 days to comply with the request. This procedure is necessary to prevent undue delays during the application review process.

- FCC rules provide that the discount available to an applicant is determined by indicators of poverty and high cost. *See* 47 C.F.R. sec. 54.505(b). The level of poverty is measured by the percentage of students enrolled in a school or school district that are eligible for a free or reduced price lunch under the National School Lunch Program (NSLP), or a federally-approved alternative mechanism. Alternatively, the level of poverty is measured according to participation in Medicaid, Food Stamps, Supplementary Security Income (SSI), Federal Public Housing Assistance or Section 8, or Low Income Home Energy Assistance Program (LIHEAP). *See* Federal-State Joint Board on Universal Service, CC Docket No. 96-45, Report and Order, 12 FCC Rcd 8776, 9045, FCC 97-157 para. 510, n.1334 (rel. May 8, 1997). The high cost determination is made pursuant to FCC rules that classify a school or library as rural or urban. *See* 47 C.F.R. sec. 54.505(b)(3). An applicant's discount rate is determined by reference to a matrix based upon the level of poverty and whether the entity is classified as rural or urban. *See* 47 C.F.R. sec. 54.505(c).

If your appeal has been approved, but funding has been reduced or denied, you may appeal these decisions to either USAC or the FCC. For appeals that have been denied in full, partially approved, dismissed, or canceled, you may file an appeal with the 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 or postmarked within 60 days of the date on this letter. Failure to meet this requirement will result in automatic dismissal of your appeal. If you are submitting your appeal via United States Postal Service, send to: FCC, Office of the Secretary, 445 12th Street SW, Washington, DC 20554. Further information and options for filing an appeal directly with the FCC can be found in the "Appeals Procedure" posted in the Reference Area of the SLD section of the USAC website or by contacting the Client Service Bureau. We strongly recommend that you use the electronic filing options.

We thank you for your continued support, patience and cooperation during the appeal process.

Schools and Libraries Division
Universal Service Administrative Company