

November 15, 2010

**Request for Review
TO APPROVE ERATE FUNDS FOR 2010-2011 at 40%**

CC Docket No. 02-6

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

Received & Inspected

NOV 22 2010

FCC Mail Room

To whom it may concern;

Appellant Name: Richard Senturia, consultant for applicant.
Applicant: St. Mary's, 86 Shannon St, Middlebury VT 05753
Applicant BEN #: 220627
Applicant Form 471 # 734483

We applied for E-Rate funding for 2010-2011 filing year for St. Mary's.

We were funded for 25% in Wave 001 instead of 40% because we did not have all the information needed to determine the low income students.

We filed an appeal to USAC to increase the 25% to 40% but were denied because we did not have the requested information.

We have all the information needed and would like to have St. Mary's funding for 2010-2011 increased from 25% to 40%.

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



SAINT MARY'S SCHOOL

86 Shannon Street Middlebury, VT 05753

Tel. 802.388.8392 Fax. 802.388.8392

www.saintmarysvt.org

July 21, 2010

To E-Rate reviewers:

Our enrollment was 75 when we filed our 2009 E-Rate form 471 # 734483

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.

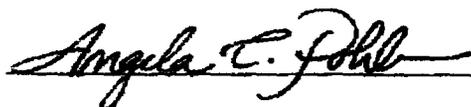
Our 7 eligible students make up 9.33% of our enrollment, supporting our request for E-Rate funding at 40% discount level for 2010.

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,

 _____, Principal



SAINT MARY'S SCHOOL
86 Shannon Street Middlebury, VT 05753
Tel. 802.388.8392 Fax. 802.388.8392
www.saintmarysvt.org

Fax Cover Sheet

Date: 11/15/2010

Fax Attention to: Cricky Cirillo Fax Number: 314-854-1329

From: Angela Pohlen Fax Number: 802-388-8392

Re: Completed financial aid app

Total number of pages: 2

Message:

Hi Cricky,

This is the latest application we have dated before February, 2010. It was filled out on April 20th, 2009. Please let me know if this qualifies for the appeal.

Thanks so much,

Angela Pohlen
Principal, St. Mary's School



10601602902

Before You Start...Apply Online. It's EASY!

www.factstuitionaid.com

SHADED BOXES REPRESENT REQUIRED FIELDS. Please use blue or black ink to complete the application.

Section 1: Applicant & Co-Applicant Information

I. APPLICANT INFORMATION: Parent or Guardian

Name: [Redacted] [Redacted]

Social Security Number: [Redacted] [Redacted] [Redacted] Date of Birth: [Redacted] [Redacted] [Redacted]

Mailing Address: [Redacted] MUNGER STREET [Redacted]

City: MIDDLEBURY State: VT Zip: 05753

Daytime Phone #: [Redacted] [Redacted] [Redacted] Evening Phone #: [Redacted] [Redacted] [Redacted]

E-mail Address: [Redacted] @EARTHLINK.NET

Secondary E-mail: [Redacted] @EARTHLINK.NET

Current Marital Status: Married Single Divorced Separated Widowed

Employment Status: Full-Time Part-Time (less than 30 hours/week) Stay at Home (full-time family care) Self-Employed Unemployed Disabled Retired Student

Relationship to Student(s): Father Mother Stepfather Stepmother Legal Guardian Grandfather Grandmother Other

Place of Worship: [Redacted] SIT MARY'S I do not attend a place of worship.

City: MIDDLEBURY State: VT Zip: 05753

Religious Affiliation: Baptist Catholic Jewish Lutheran Muslim Other Christian Other Non-Christian

II. CO-APPLICANT INFORMATION: Parent or Guardian

Name: [Redacted] [Redacted]

Social Security Number: [Redacted] [Redacted] [Redacted] Date of Birth: [Redacted] [Redacted] [Redacted]

Employment Status: Full-Time Part-Time (less than 30 hours/week) Stay at Home (full-time family care) Self-Employed Unemployed Disabled Retired Student

Relationship to Student(s): Father Mother Stepfather Stepmother Legal Guardian Grandfather Grandmother Other

City: [Redacted] State: VT Zip: [Redacted]

Religious Affiliation: Baptist Catholic Jewish Lutheran Muslim Other Christian Other Non-Christian

* 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.

KRW
↑
April 20, 2009



2010 Application

Grant & Aid Assessment

Fri Jul 23 13:19:30 EST 2010

[Print](#) [Back](#)

Section 1: Applicant and Co-Applicant Information

I. APPLICANT INFORMATION: Parent or Guardian

Name: [REDACTED] [REDACTED] MI

Last First

Social Security #: [REDACTED] - [REDACTED] - [REDACTED] Date of Birth: [REDACTED] - [REDACTED] - 1966

MM DD YYYY

Mailing Address: [REDACTED]

City: [REDACTED] State: VT Zip: 05733

Daytime Phone #: [REDACTED] - [REDACTED] - [REDACTED] Evening Phone #: [REDACTED] - [REDACTED] - [REDACTED]

Ext. Ext.

E-mail Address: [REDACTED]@HOTMAIL.COM

Please check primary email address regularly for Notices sent by FACTS

Secondary E-mail: [REDACTED]

Current Marital Status: Married (If current marital status is married, co-applicant information is required) Single Divorced Separated Widowed

Employment Status: Full-Time Unemployed Part-Time (less than 30 hours/week) Disabled Stay at Home (full-time family care) Retired Self Employed Student

Relationship to Student(s): Father Legal Guardian Mother Grandfather Stepfather Grandmother Stepmother Other

Select One

Occupation: EXECUTIVE DIRECTOR FOOD Employer: ARAMARK

*Place of Worship: ST. MARY'S CHURCH I do not attend a place of worship.

City: MIDDLEBURY State: VT Zip: 05733

*Religious Affiliation: Baptist Catholic Jewish Lutheran Muslim Other Christian Non-Christian

II. CO-APPLICATION INFORMATION: Parent or Guardian (if applicable)

Name: [REDACTED] [REDACTED] MI

Last First

Social Security Number: [REDACTED] - [REDACTED] - [REDACTED] Date of Birth: [REDACTED] - [REDACTED] - 1971

<p>Month Day Year</p> <p>Employment Status: <input type="radio"/> Full-Time <input type="radio"/> Unemployed</p> <p> <input type="radio"/> Part-Time (less than 30 hours/week) <input type="radio"/> Disabled</p> <p>Select One <input type="radio"/> Stay at Home (full-time family care) <input type="radio"/> Retired</p> <p> <input type="radio"/> Self Employed <input type="radio"/> Student</p>	<p>Relationship to Student(s): <input type="radio"/> Father <input type="radio"/> Legal Guardian</p> <p> <input checked="" type="radio"/> Mother <input type="radio"/> Grandfather</p> <p>Select One <input type="radio"/> Stepfather <input type="radio"/> Grandmother</p> <p> <input type="radio"/> Stepmother <input type="radio"/> Other</p>
Occupation <input type="text" value="A/R CLERK"/>	Employer <input type="text" value="ADDISON CITY HOME HEALTH"/>
*Religious Affiliation <input type="radio"/> Baptist <input checked="" type="radio"/> Catholic <input type="radio"/> Jewish <input type="radio"/> Lutheran <input type="radio"/> Muslim <input type="radio"/> Other Christian <input type="radio"/> Non-Christian	

Section 2: Student and School Information

Student and School Information:

Child's Name

Child's Social Security No. Child's Date of Birth Annual Tuition

Grade Entering (Fall 2010) *Child's Gender How much do you estimate you and/or your spouse can pay toward this child's tuition annually?

School Attending Fall 2010 City State Zip

*Child's Ethnic Background:

Annual tuition support required from this child's non-custodial parent as a result of legal separation, divorce, or paternity proceeding. Do not include child support payments.

Will this student be applying for a state-funded scholarship or voucher program?

Child's Name

Child's Social Security No. Child's Date of Birth Annual Tuition

Grade Entering (Fall 2010) *Child's Gender How much do you estimate you and/or your spouse can pay toward this child's tuition annually?

School Attending Fall 2010 City State Zip

*Child's Ethnic Background:

Annual tuition support required from this child's non-custodial parent as a result of legal separation, divorce, or paternity proceeding. Do not include child support payments.

Will this student be applying for a state-funded scholarship or voucher program?

Child's Name

Child's Social Security No. Child's Date of Birth Annual Tuition

Grade Entering (Fall 2010) *Child's Gender How much do you estimate you and/or your spouse can pay toward this child's tuition annually?

School Attending Fall 2010 City State Zip

*Child's Ethnic Background:

Annual tuition support required from this child's non-custodial parent as a result of legal separation, divorce, or paternity proceeding. Do not include child support payments.

Will this student be applying for a state-funded scholarship or voucher program?

Section 3: Applicant and Co-Applicant Income Information

1. Size of household: Number of adults living in this household. 5 Number of children living in this household. 3
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. \$116,829
5. If filing jointly or if there is not a co-applicant, enter "0". \$0
 If filing separately, list the "Adjusted Gross Income" from the co-applicant's most recent federal tax return.
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 and 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:

7. Child support received.
8. Social Security benefits received that were not taxed, such as SSI.
9. Temporary Assistance for Needy Families (TANF).
10. Welfare and/or Aid for Families with Dependent Children (AFDC/ADC).
11. Food stamps.
12. Tuition support anticipated from friends/relatives/employer.
13. Workers' Compensation.
14. Other nontaxable income (i.e. Clergy/Pastoral/Military Housing Allowance, Foster Care Allowance, VA Benefits, etc.).

Income is received: (select only one)
 If none, enter "0."

<input type="radio"/> Weekly	<input type="radio"/> Monthly	<input type="radio"/> Annually	<u>\$0</u>
<input type="radio"/> Weekly	<input type="radio"/> Monthly	<input type="radio"/> Annually	<u>\$0</u>
<input type="radio"/> Weekly	<input type="radio"/> Monthly	<input type="radio"/> Annually	<u>\$0</u>
<input type="radio"/> Weekly	<input type="radio"/> Monthly	<input type="radio"/> Annually	<u>\$0</u>
<input type="radio"/> Weekly	<input type="radio"/> Monthly	<input type="radio"/> Annually	<u>\$0</u>
<input type="radio"/> Weekly	<input type="radio"/> Monthly	<input type="radio"/> Annually	<u>\$0</u>
<input type="radio"/> Weekly	<input type="radio"/> Monthly	<input type="radio"/> Annually	<u>\$0</u>

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? \$0
- 15b. What do you anticipate your spouse's income to be for the coming year? \$0
- 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

Co-applicant:

- Unemployed or expect to be unemployed
- Will have reduced hours

- | | |
|--|--|
| <input type="checkbox"/> Plan to take a job at lower wage rate | <input type="checkbox"/> Plan to take a job at lower wage rate |
| <input type="checkbox"/> Exiting the work-force and plan to work in the home | <input type="checkbox"/> Exiting the work-force and plan to work in the home |
| <input type="checkbox"/> Filing for legal separation or divorce | <input type="checkbox"/> Filing for legal separation or divorce |
| <input type="checkbox"/> Plan to retire | <input type="checkbox"/> Plan to retire |
| <input type="checkbox"/> Medical reasons | <input type="checkbox"/> Medical reasons |
| <input type="checkbox"/> Death of a spouse | <input type="checkbox"/> Death of a spouse |
| <input type="checkbox"/> Increase in family size | <input type="checkbox"/> Increase in family size |
| <input type="checkbox"/> Loss of alimony or spousal support | <input type="checkbox"/> Loss of alimony or spousal support |
| <input type="checkbox"/> Military reasons | <input type="checkbox"/> Military reasons |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ |

Section 4: Applicant and Co-Applicant Expense Information

Current MONTHLY Expenses:

- | | Monthly Expense | | | | | | | | | | | | |
|---|---|------------|-------------------------|-------------------------|-----------|-----------|---|-------|-----------|---------------|---|-----|--|
| 1. Do you rent or own your primary residence? | <input type="radio"/> Rent <input checked="" type="radio"/> Own <input type="radio"/> Other | | | | | | | | | | | | |
| 2. Monthly rent or mortgage payment. (Include principal, interest, taxes, and home insurance.) | \$1,760 | | | | | | | | | | | | |
| 3. Do you own a second home (not including rental property)? | <input type="radio"/> Yes <input checked="" type="radio"/> No | | | | | | | | | | | | |
| 3a. If yes, what is the monthly mortgage payment on your second home (include principal, interest, taxes, and home insurance)? | \$0 | | | | | | | | | | | | |
| 4. Monthly home equity loan payments. | \$250 | | | | | | | | | | | | |
| 5. Vehicle information: Complete for each vehicle leased or owned, including any vehicle that does not have a monthly payment. | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;"></th> <th style="width: 35%;">Make/Model</th> <th style="width: 10%;">Year</th> <th style="width: 40%;">Monthly Vehicle Payment</th> </tr> </thead> <tbody> <tr> <td>Vehicle 1</td> <td>FORD F150</td> <td>7</td> <td>\$612</td> </tr> <tr> <td>Vehicle 2</td> <td>HONDA ODYSSEY</td> <td>6</td> <td>\$0</td> </tr> </tbody> </table> | | Make/Model | Year | Monthly Vehicle Payment | Vehicle 1 | FORD F150 | 7 | \$612 | Vehicle 2 | HONDA ODYSSEY | 6 | \$0 | |
| | Make/Model | Year | Monthly Vehicle Payment | | | | | | | | | | |
| Vehicle 1 | FORD F150 | 7 | \$612 | | | | | | | | | | |
| Vehicle 2 | HONDA ODYSSEY | 6 | \$0 | | | | | | | | | | |
| 6. Total credit card debt. (Do not include balances that are paid in full each month.) | \$5,000 | | | | | | | | | | | | |
| 7. Total of all minimum amounts due on monthly credit card statements. | \$115 | | | | | | | | | | | | |
| 8. Monthly student loan payments for family members no longer attending college. | \$0 | | | | | | | | | | | | |
| 9. Do you have other monthly loan payments? (Do not include cell phone, utilities, or living expenses.) | <input type="radio"/> Yes <input checked="" type="radio"/> No | | | | | | | | | | | | |
| If yes, please list below. Refer to instructions for examples. | | | | | | | | | | | | | |
| Creditor Monthly Loan Payment | | | | | | | | | | | | | |
| No monthly loan payments. | | | | | | | | | | | | | |
| 10. Monthly child support payments. (Applies only to the parent or guardian paying child support. Do not include child support received.) | \$0 | | | | | | | | | | | | |
| 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 the tax return as self-employed health insurance deductions.) | \$0 | | | | | | | | | | | | |

Current ANNUAL Expenses:

Annual Expense

12. Annual vehicle insurance expense.	\$1,706
13. Total annual out-of-pocket medical expenses not paid by insurance. Refer to instructions for examples.	\$982
14. Charitable contributions—cash or checks—per year.	\$1,117
15. College Expenses	
15a. Number of family members attending college beginning in the Fall of 2010.	0
15b. Total amount of your family's out-of-pocket cost for college expected this year. (Total tuition less student loan proceeds, scholarships, grants and financial aid, and contribution expected from student earnings.)	\$0
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.	3
16b. Total amount of child/day care expenses expected this year.	\$1,000
17. Elder Care Expenses	
17a. Number of people for whom you pay elder care expenses.	0
17b. Total amount of elder care expenses expected this year.	\$0

Section 5: Applicant and Co-Applicant Assets & Liabilities

1. Value of cash, savings, and/or checking accounts:	\$0
2. Value of stock, bond investments, mutual funds, and/or certificates of deposit:	\$0
3. Value of retirement plan assets - 401(k), 403(b), and/or IRAs:	\$36,706
4. What is your and/or your spouse's annual contribution to retirement plan assets?:	\$5,312
5. If you own your home, the estimated value:	\$350,000
6. If you own your home, the amount you owe:	\$190,665
7. If you own a second home, the estimated value. Do not include rental property:	\$0
8. If you own a second home, the amount you owe:	\$0

Section 6: Required Information and 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.

Payment:

Nonrefundable Application Fee: \$25

I authorize FACTS Grant & Aid Assessment to charge my credit card for the total amount listed above.

MasterCard

VISA

Credit Card Number [*****] Expiration Date [10] [11]
Month(MM) Year(YY)

Discover

American Express

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.

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.

[Print](#) [Back](#)

Fax

To:	David Gornstein	From:	Richard Senturia
Fax:	973-599-6525	FAX #	(314) 854-1329
Phone:		Pages:	8
Re:	App # 734483 – St. Mary's	Date:	10-06-2010

Hello David,

I have attached the information you requested for app # 734483 – St. Mary's.

Please confirm your receipt of this fax and that the information is sufficient.

Thank you for your help.

Cricky Cirillo
314-854-1328

Last Transaction:

Date	Time	Type	Station ID	Duration	Pages	Result
<hr/>						
				Digital Fax		
Oct 6	1:30PM	Fax Sent	819735996525	3:43 N/A	8	OK

Note:

Image on Fax Send Report is set to On

An image of page 1 will appear here for faxes that are sent as Scan and Fax.

10/6 faxed our ltr & fin aid app.



Schools and Libraries Division

Date: October 6, 2010

Richard Senturia
Saint Mary's School

Tel.: 314-854-1328

Fax: 314-854-1329

Email: rsenturia@erateprogram.com

Received & Inspected

NOV 22 2010

Application Number: 734383

FCC Mail Room

Response Due Date: October 18, 2010

The Program Compliance team is in the process of reviewing your Funding Year 2010 appeal of Form 471 Application **734383** for schools and libraries discounts to ensure that they are in compliance with the rules of the Universal Service program. To complete our review, we need some additional information. The information needed to complete the review is listed below.

Issue #1

Based upon review of your FY2010 Form 471 application, we were not able to validate your requested discount percentage of 40% for **Saint Mary's School**. You may validate your requested discount percentage of 40%, by providing the appropriate documentation dated prior to or on February 19, 2010 listed in Option 3 below:

Option 3 (non-public schools): If the discount percentage was determined by information obtained from a financial aid form, please provide the following information in writing on school letterhead signed by a school official (such as the Principal, Vice Principal, Superintendent or chief school official)

- a. Total number of students enrolled.
- b. A statement that confirms that "all students have access to financial aid forms".
- c. A statement that confirms that financial aid applicants are required to submit Federal Tax forms to document family income.
- d. A statement that confirms the number of students who meet the NSLP Income Guidelines.
- e. A statement that confirms the number and percentage of eligible students that supports the requested E-Rate discount level.
- f. A statement that confirms the school keeps all completed financial applications on file.
- g. **A statement advising / confirming the date that the data was collected.**

The school must submit one completed financial aid application, with personal information blackened out. **The financial aid application must have been completed within two years of the of the fund year window close.**

A signed certification that reads: "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."

Please fax or email the requested information to my attention. If you have any questions or you do not understand what we are requesting, please feel free to contact me.

It is important that we receive all of the information requested **within 15 calendar days** so we can complete our review. **Failure to respond may result in a reduction or denial of funding.** If you need **additional time to prepare your response, please let me know as soon as possible.**

Should you wish to cancel your Form 471 application(s), or any of your individual funding requests, please clearly indicate in your response that it is your intention to cancel an application or funding request(s). Include in any cancellation request the Form 471 application number(s) and/or funding request number(s), and the complete name, title and signature of the authorized individual.

Thank you for your cooperation and continued support of the Universal Service Program.

Sincerely,

David Gornstein
Program Compliance
USAC, Schools and Libraries Division
Phone: 973-581-5143
Fax: 973-599-6525
E-mail: dgornst@sl.universalservice.org



Universal Service Administrative Company

Received & inspected

Schools and Libraries Division

Date: November 11, 2010

NOV 22 2010
FCC Mail Room

Richard Senturia
Saint Mary's School

cc: Peter Drescher, State Erate Coordinator, Vermont Dept. of Education

Tel.: 314-854-1328

Fax: 314-854-1329

Email: rsenturia@erateprogram.com

Application Number: 734483

Response Due Date: October 28, 2010

We are in the process of reviewing Funding Year 2010 Form 471 Applications for schools and libraries discounts to ensure that they are in compliance with the rules of the Universal Service program.

You were recently sent a written request for additional information needed by the Program Compliance team to review your Form 471 application. This is a reminder that the response due date is approaching. To date, none of the requested information has been received. The information needed to complete the review is listed below.

Issue #1

Based upon review of your FY2010 Form 471 application, we were not able to validate your requested discount percentage of 40% for **Saint Mary's School**.

Please provide a sample financial aid application that the school had on file at the time of filing of your Form 471 # 734483, and which were used to calculate the discount percentage requested on this application(40%).

Also, please provide a statement specifying the date when the financial aid applications were completed.

Please fax or email the requested information to my attention. If you have any questions or you do not understand what we are requesting, please feel free to contact me.

It is important that we receive all of the information requested **within 15 calendar days** so we can complete our review. **Failure to respond may result in a reduction or denial of funding. If you need additional time to prepare your response, please let me know as soon as possible.**

Should you wish to cancel your Form 471 application(s), or any of your individual funding requests, please clearly indicate in your response that it is your intention to cancel an application or funding request(s). Include in any cancellation request the Form 471 application number(s) and/or funding request number(s), and the complete name, title and signature of the authorized individual.

Thank you for your cooperation and continued support of the Universal Service Program.

Sincerely,

David Gornstein

Program Compliance

USAC, Schools and Libraries Division

Phone: 973-581-5143

Fax: 973-599-6525

E-mail: dgornst@sl.universalservice.org



231 South Bemiston, Suite 800
St. Louis, MO 63105
314-854-1328
Fax: 314-854-1329
www.eRateProgram.com

Fax

To: USAC	From: Cricky Cirillo
Fax: 973-599-6542	FAX # 314-854-1329
Phone:	Pages: 9
Re: Letter of Appeal	Date: July 24, 2010

Hello USAC,

I am writing a Letter of Appeal for St. Mary's School. If you need to reach me you can call at 314-854-1328, email me at cricky@erateprogram.com, or fax me at 314-854-1329.

Thank you
Cricky

July 24, 2010

LETTER of APPEAL

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

Received & inspected

NOV 22 2010

FCC Mail Room

To whom it may concern;

Appellant Name: Richard Senturia, consultant for applicant.

Applicant: St. Mary's School

Applicant BEN #: 220627

Applicant Form 471 # 734483

We were not able to obtain information that would help document the 40% discount level for St. Mary's School by the deadline.

We have the proper information requested and would like to have the 25% discount level increased to 40%.

Respectfully,

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



Universal Service Administrative Company
Schools & Libraries Division

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

November 03, 2010

Received & Inspected

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

NOV 22 2010
FCC Mail Room

Re: Applicant Name: SAINT MARY'S SCHOOL
Billed Entity Number: 220627
Form 471 Application Number: 734483
Funding Request Number(s): 1985330, 1985343, 1985356
Your Correspondence Dated: July 24, 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): 1985330, 1985343, 1985356
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. PIA made initial contact with Richard Senturia, the applicant's authorized contact on March 31, 2010, via email. The record shows that on April 8, 2010, PIA contacted and reminded the applicant that the requested documentation due date was April 15, 2010. As this information was not forthcoming, USAC was unable to determine if the funding request was in compliance with Program Rules. The classification was changed to Rural during PIA review, therefore, PIA reduced the discount to 25%, the minimum allowed under program rules. On appeal, the applicant states that St. Mary's relies on the "needs based" financial aid forms to determine the number of students below the income eligibility guidelines for FY 2009. The total enrollment was listed as 75 and 7 students were NSLP eligible based on the financial aid

form. A sample financial aid form is dated July 23, 2010, and it states that it's for the period starting in fall 2010. Therefore, on October 1, 2010, the authorized contact was asked to provide a completed financial aid form and confirmation that the data had been collected within two years of the filing of the Form 471.

Program Compliance made further contact with Richard Senturia, the applicant's authorized contact on October 13, 2010, via email. The record shows that on October 20, 2010, PIA contacted and reminded the applicant that the requested documentation due date was October 28, 2010. As this information was not forthcoming, USAC was unable to determine if the funding request was in compliance with Program Rules. 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