FCC Form 471

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 is designed to help schools and libraries to list the eligible 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.usac.org/sl.)

The instructions include information on the deadlines for filing this application.

Applicant's Form Identifier (Create an identifier for your own reference)	Form 471 Application #:
2011-12	821422 (To be assigned by administrator)

Block 1: Billed Entity Address and Identifications

1 Name of Billed Entity
CENTRAL REGIONAL SCHOOL DIST

2 Funding Year 2011

3a Entity Number 123471

3b FCC Registration Number 0012198255

4a Street Address, P.O. Box, or Route Number
509 FOREST HILLS PKWY

City BAYVILLE State NJ Zip Code 08721-

4b Telephone Number

4c Fax Number

5a Type of Application (check only one)

- ○ 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 (intermediate service agencies, states, state networks, special consortia of schools and/or libraries)
- ○ Statewide application for (enter 2-letter state code)
  representing (check all that apply)
  - ☐ All public schools/districts in the state
  - ☐ All non-public schools in the state
  - ☐ All libraries in the state

5b Recipient(s) of Services:

☐ Private ☑ Public ☐ Charter
☐ Tribal ☐ Head Start ☐ State Agency

Entity Number: 123471	**Applicant's Form Identifier: 2011-12**
Contact Person: Kevin O'Shea	**Contact Phone Number:**

Block 1: Billed Entity Address and Identifications (continued)

6a Contact Person's Name
Kevin O'Shea

If the Contact Person's Street Address is the same as **Item 4** above, check here. ☐ If not, complete Item 6b.

6b Street Address, P.O. Box, or Route Number
NOTE: USAC will use this address to mail correspondence about this form.
509 FOREST HILLS PKWY

City BAYVILLE State NJ Zip Code 08721-

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

☑ **6c** Telephone Number
☐ **6d** Fax Number
☐ **6e** E-Mail Address
Re-enter E-mail Address

6f Holiday/vacation/summer contact information: please include name of alternate contact (if applicable) and alternate phone, fax or E-mail address

If a consultant is assisting you with your application process, please complete Item 6g below:

6g Consultant Name
Name of Consultant's Employer
Consultant's Street Address

City State Zip Code
Consultant's Telephone Number Ext.
Consultant's Fax Number
Consultant's E-mail Address
Re-enter E-mail Address
Consultant Registration Number

Entity Number: 123471	**Applicant's Form Identifier: 2011-12**
Contact Person: Kevin O'Shea	**Contact Phone Number:**

Complete this information on EVERY Form 471 you file for the services requested on that form. Please complete all rows that apply to services for which you are requ
discounts.

Schools/school districts complete the left-hand column and libraries complete the right-hand column. Consortia complete all that apply.

Block 2: Impact of Services Ordered for Schools and Libraries from this Form 471

		Schools	Libraries
7a Number of students or patrons to be served		2100	0
b Telephone service: Number of classrooms or rooms with phone service		25	0
c Direct connections to the Internet: Number of drops		1500	0
d Number of classrooms or rooms with Internet access		1500	0
e Number of computers or other devices with Internet access		1500	0
f Number of dial-up Internet access and other connections of up to **200 kbps**:		0	0
g High-speed Internet access services: Number of buildings served at the following speeds (please use advertised download speed coming into building, not actual speed in classroom or work area):	At or greater than **200 kbps** and less than **1.5 mbps**	0	0
	At or greater than **1.5 mbps** and less than **3 mbps**	0	0
	At or greater than **3 mbps** and less than **10 mbps**	0	0
	At or greater than **10 mbps** and less than **25 mbps**	2	0
	At or greater than **25 mbps** and less than **50 mbps**	0	0
	At or greater than **50 mbps** and less than **100 mbps**	0	0

Greater than **100 mbps**	0	0

Block 3:

8 [Reserved]

Entity Number: 123471	**Applicant's Form Identifier: 2011-12**
Contact Person: Kevin O'Shea	**Contact Phone Number:**

Block 4: Discount Calculation Worksheet **Workshe**
Pag

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. more than one worksheet, please number the completed worksheets to assure that they are all processed correctly. Please refer to the instructions for information sp Type of Application you indicated in Block 1, Item 5.

☐ Check here if this worksheet contains all eligible entities in the school district or library system.

9a List entities and calculate discount(s): (For Admini
School District or Library System Name: **School District or Library System Enti**

1	2	3	4	5	6	7	8	9	10	11	12	13	14
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)	Disc. from Disc. Matrix	New Cons tructi on	Admin Entity or NIF	Alt Disc Mech	Weighted Product for Calculating Shared Discount (Col. 4 x Col. 7)	Insert appropriate codes(s): P= pre-K, H = Head Start, A = Adult Education, J = Juvenile Justicem E = ESA, D = Dormatory	Entity Number of School District in which Library Outlet/Branch is Located	Discou Memb Entit
ALL ENTITIES			SCHOOLS AND LIBRARIES							Schools with shared services	Schools	Library Outlet/Branch	Conso
CENTRAL REGIONAL HIGH SCHOOL	9393 nj 0770 29	U	1259	350	27.800%	50	N	N	N	62950			

9b Shared Services

SCHOOL DISTRICTS: (Including groups of schools within school districts.) Calculate the totals of Columns 4 and 11. Divide the total of Column 11 by the total of Column 4. Enter the result in Column 15.	1259							62950			
LIBRARY SYSTEMS: Calculate the total of Column 7. Divide this total by the number of outlets/branches. Enter the result in Column 15.											
CONSORTIA: Calculate the total of Column 14. Divide this total by the number of member entities. Enter the result in Column 15.											

Entity Number:	**Applicant's Form Identifier:**
Contact Person:	**Contact Phone Number:**

Block 4: Discount Calculation Worksheet **Workshe Pag**

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☐ Check here if this worksheet contains all eligible entities in the school district or library system.

9a List entities and calculate discount(s): (For Adminis

School District or Library System Name: **School District or Library System Enti**

1	2	3	4	5	6	7	8	9	10	11	12	13	14
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)	Disc. from Disc. Matrix	New Cons tructi on	Admin Entity or NIF	Alt Disc Mech	Weighted Product for Calculating Shared Discount (Col. 4 x Col. 7)	Insert appropriate codes(s): P= pre-K, H = Head Start, A = Adult Education, J = Juvenile Justicem E = ESA, D = Dormatory	Entity Number of School District in which Library Outlet/Branch is Located	Discou Memb Entit
ALL ENTITIES			SCHOOLS AND LIBRARIES							Schools with shared services	Schools	Library Outlet/Branch	Conso
CENTRAL REGIONAL MIDDLE SCHOOL	9394 nj 0770 29	U	660	224	33.939%	50	N	N	N	33000			

9b Shared Services

SCHOOL DISTRICTS: (Including groups of schools within school districts.) Calculate the totals of Columns 4 and 11. Divide the total of Column 11 by the total of Column 4. Enter the result in Column 15.	660							33000			
LIBRARY SYSTEMS: Calculate the total of Column 7. Divide this total by the number of outlets/branches. Enter the result in Column 15.											
CONSORTIA: Calculate the total of Column 14. Divide this total by the number of member entities. Enter the result in Column 15.											

Entity Number: 123471	**Applicant's Form Identifier: 2011-12**
Contact Person: Kevin O'Shea	**Contact Phone Number:**

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** 6

FRN 2237023
(to be assigned by administrator)

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	PRIORITY 2
☑ Telecommunications Service	☐ Internal Connections Other than Basic Maintenance
☐ Internet Access	☐ Basic Maintenance of Internal Connections

12 Form 470 Application Number

883140000922162

13 SPIN – Service Provider Identification Number

143010147

14 Service Provider Name

23 Calculations

Recurring Charges	**A.** Monthly charges (total amount per month for service) $1,500.00
	B. How much of the amount in A is ineligible? $0.00
	C. Eligible monthly pre-discount amount (A minus B) $1,500.00

XTel Communications, Inc.

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)

732-269-1100

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)

03/24/2011

18 Contract Award Date (mm/dd/yyyy)

19 Service Start Date (mm/dd/yyyy)
07/01/2011

20a Service End Date (mm/dd/yyyy)
06/30/2012

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

	D. Number of months service provided in funding year 12
	E. Annual pre-discount amount for eligible recurring charge $18,000.00
Non-Recurring Charges	**F.** Annual non-recurring charges $0.00
	G. How much of the amount in F is ineligible? $0.00
	H. Annual eligible pre-discount amount for non-recurring ch minus G) $0.00
Total Charges	**I.** Total funding year pre-discount amount (E + H) $18,000.00
	J. Discount from Block 4 Worksheet 50.00
	K. Funding Commitment Request (I x J) $9,000.00

21 Description of This Service: NOTE: All Item 21 Attachments must be filed before the close of the filing window. Attachment
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.

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: 9393
	b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., 1):

Entity Number: 123471	**Applicant's Form Identifier: 2011-12**
Contact Person: Kevin O'Shea	**Contact Phone Number:**

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** 6

FRN 2237024
(to be assigned by administrator)

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	PRIORITY 2
☑ Telecommunications Service	☐ Internal Connections Other than Basic Maintenance
☐ Internet Access	☐ Basic Maintenance of Internal Connections

12 Form 470 Application Number
883140000922162

13 SPIN – Service Provider Identification Number
143031361

14 Service Provider Name
Global Connect

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)
732-269-1100

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)
03/24/2011

18 Contract Award Date (mm/dd/yyyy)

19 Service Start Date (mm/dd/yyyy)
07/01/2011

20a Service End Date (mm/dd/yyyy)
06/30/2012

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

23 Calculations

Recurring Charges	**A.** Monthly charges (total amount per month for service)	$400.00
	B. How much of the amount in A is ineligible?	$0.00
	C. Eligible monthly pre-discount amount (A minus B)	$400.00
	D. Number of months service provided in funding year	12
	E. Annual pre-discount amount for eligible recurring charge	$4,800.00
Non-Recurring Charges	**F.** Annual non-recurring charges	$0.00
	G. How much of the amount in F is ineligible?	$0.00
	H. Annual eligible pre-discount amount for non-recurring ch minus G)	$0.00
Total Charges	**I.** Total funding year pre-discount amount (E + H)	$4,800.00
	J. Discount from Block 4 Worksheet	50.00
	K. Funding Commitment Request (I x J)	$2,400.00

21 Description of This Service: NOTE: All Item 21 Attachments must be filed before the close of the filing window. Attachment

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.

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: 9393
	b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., 1):

Entity Number: 123471	**Applicant's Form Identifier: 2011-12**
Contact Person: Kevin O'Shea	**Contact Phone Number:**

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** 6

FRN 2237025
(to be assigned by administrator)

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	PRIORITY 2
☐ Telecommunications Service	☐ Internal Connections Other than Basic Maintenance
☑ Internet Access	☐ Basic Maintenance of Internal Connections

23 Calculations

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

Internet Access | Basic Maintenance of Internal Connections

12 Form 470 Application Number

883140000922162

13 SPIN – Service Provider Identification Number

143003990

14 Service Provider Name

Comcast Business Communications

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)

732-269-1100

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)

03/24/2011

18 Contract Award Date (mm/dd/yyyy)

19 Service Start Date (mm/dd/yyyy)
07/01/2011

20a Service End Date (mm/dd/yyyy)
06/30/2012

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

Recurring Charges	$400.00
	B. How much of the amount in A is ineligible? $0.00
	C. Eligible monthly pre-discount amount (A minus B) $400.00
	D. Number of months service provided in funding year 12
	E. Annual pre-discount amount for eligible recurring charge $4,800.00
Non-Recurring Charges	**F.** Annual non-recurring charges $0.00
	G. How much of the amount in F is ineligible? $0.00
	H. Annual eligible pre-discount amount for non-recurring ch minus G) $0.00
Total Charges	**I.** Total funding year pre-discount amount (E + H) $4,800.00
	J. Discount from Block 4 Worksheet 50.00
	K. Funding Commitment Request (I x J) $2,400.00

21 Description of This Service: NOTE: All Item 21 Attachments must be filed before the close of the filing window. **Attachment**

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.

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: 9393
	b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., 1):

Entity Number: 123471	**Applicant's Form Identifier: 2011-12**
Contact Person: Kevin O'Shea	**Contact Phone Number:**

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 4 **of** 6

FRN 2237028
(to be assigned by administrator)

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	PRIORITY 2
☐ Telecommunications Service	☐ Internal Connections Other than Basic Maintenance
☑ Internet Access	☐ Basic Maintenance of Internal Connections

12 Form 470 Application Number

883140000922162

13 SPIN – Service Provider Identification Number

143022289

14 Service Provider Name

Lightspeed Systems Corporation

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)

732-269-1100

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)

03/24/2011

18 Contract Award Date (mm/dd/yyyy)

23 Calculations

Recurring Charges	**A.** Monthly charges (total amount per month for service) $400.00
	B. How much of the amount in A is ineligible? $0.00
	C. Eligible monthly pre-discount amount (A minus B) $400.00
	D. Number of months service provided in funding year 12
	E. Annual pre-discount amount for eligible recurring charge $4,800.00
Non-Recurring Charges	**F.** Annual non-recurring charges $0.00
	G. How much of the amount in F is ineligible? $0.00
	H. Annual eligible pre-discount amount for non-recurring ch minus G) $0.00

19 **Service Start Date** (mm/dd/yyyy) 07/01/2011	Total Charges	**I.** Total funding year pre-discount amount (E + H) $4,800.00
20a **Service End Date** (mm/dd/yyyy) 06/30/2012		**J.** Discount from Block 4 Worksheet 50.00
20b **Contract Expiration Date** (mm/dd/yyyy)		**K.** Funding Commitment Request (I x J) $2,400.00

21 Description of This Service: NOTE: All Item 21 Attachments must be filed before the close of the filing window. **Attachment**
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.

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Entity Number: 123471	**Applicant's Form Identifier: 2011-12**
Contact Person: Kevin O'Shea	**Contact Phone Number:**

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

Block 5, page 5 **of** 6

FRN 2237030

discounts. Make as many copies of this page as needed, and number the completed pages to assure that they are all processed correctly.

FRN 2237030
(to be assigned by administrator)

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	PRIORITY 2
☐ Telecommunications Service	☐ Internal Connections Other than Basic Maintenance
☑ Internet Access	☐ Basic Maintenance of Internal Connections

12 Form 470 Application Number

883140000922162

13 SPIN – Service Provider Identification Number

143028829

14 Service Provider Name

SonicWALL, Inc.

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)

732-269-1100

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)

03/24/2011

18 Contract Award Date (mm/dd/yyyy)

19 Service Start Date (mm/dd/yyyy)
07/01/2011

20a Service End Date (mm/dd/yyyy)
06/30/2012

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

23 Calculations

Recurring Charges	**A.** Monthly charges (total amount per month for service)	$601.00
	B. How much of the amount in A is ineligible?	$0.00
	C. Eligible monthly pre-discount amount (A minus B)	$601.00
	D. Number of months service provided in funding year	12
	E. Annual pre-discount amount for eligible recurring charge	$7,212.00
Non-Recurring Charges	**F.** Annual non-recurring charges	$0.00
	G. How much of the amount in F is ineligible?	$0.00
	H. Annual eligible pre-discount amount for non-recurring ch minus G)	$0.00
Total Charges	**I.** Total funding year pre-discount amount (E + H)	$7,212.00
	J. Discount from Block 4 Worksheet	50.00
	K. Funding Commitment Request (I x J)	$3,606.00

21 Description of This Service: NOTE: All Item 21 Attachments must be filed before the close of the filing window. **Attachment**
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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: 9393

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

Entity Number: 123471	**Applicant's Form Identifier: 2011-12**
Contact Person: Kevin O'Shea	**Contact Phone Number:**

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 6 **of** 6

FRN 2237038
(to be assigned by administrator)

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	PRIORITY 2
☐ Telecommunications Service	☐ Internal Connections Other than Basic Maintenance
☑ Internet Access	☐ Basic Maintenance of Internal Connections

12 Form 470 Application Number

883140000922162

13 SPIN – Service Provider Identification Number

143030117

14 Service Provider Name

Edline LLC

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

15b Contract Number

10A-0975

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)

23 Calculations

Recurring Charges	**A.** Monthly charges (total amount per month for service) $704.00
	B. How much of the amount in A is ineligible? $0.00
	C. Eligible monthly pre-discount amount (A minus B) $704.00
	D. Number of months service provided in funding year 12
	E. Annual pre-discount amount for eligible recurring charge $8,448.00
Non-	**F.** Annual non-recurring charges $0.00
	G. How much of the amount in F is ineligible?

732-269-1100

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)

03/24/2011

18 Contract Award Date (mm/dd/yyyy)
03/24/2011

19 Service Start Date (mm/dd/yyyy)
07/01/2011

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

20b Contract Expiration Date (mm/dd/yyyy)
06/30/2012

Recurring Charges		$0.00
	H. Annual eligible pre-discount amount for non-recurring ch minus G)	$0.00
Total Charges	**I.** Total funding year pre-discount amount (E + H)	$8,448.00
	J. Discount from Block 4 Worksheet	50.00
	K. Funding Commitment Request (I x J)	$4,224.00

21 Description of This Service: NOTE: All Item 21 Attachments must be filed before the close of the filing window. **Attachment**
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.

Entity Number: 123471 **Applicant's Form Identifier: 2011-12**

Contact Person: Kevin O'Shea **Contact Phone Number:**

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: 9393

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

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. §§ 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.)	48060
b Total funding commitment request amount on this Form 471 (Add the entries from Items 23K on all Block 5 Discount Funding Requests.)	24030
c Total applicant non-discount share (Subtract Item 25b from Item 25a.)	24030
d Total budgeted amount allocated to resources not eligible for E-rate support	15000
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.)	39030

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, if required by Commission rules, all of the individual schools and libraries receiving services under this form are covered by technology plans that do or will cover all 12 months of the funding year, and that have been or will be approved by a state or other authorized body or an SLD-certified technology plan approver prior to the commencement of service.

Or ☐ I certify that no technology plan is required by Commission rules.

27 ☑ I certify that (if applicable) I posted my Form 470 and (if applicable) made any related 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. § 254 will be used primarily 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. §§ 54.500, 54.513. Additionally, I certify that the entity or entities listed on this application have not received anything of value or a promise of anything of value, other than services and equipment sought by means of this form, from the service provider, or any representative or agent

anything of value, other than services and equipment sought by means of this form, from the service provider, 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.

Entity Number: 123471	**Applicant's Form Identifier: 2011-12**
Contact Person: Kevin O'Shea	**Contact Phone Number:**

Block 6: Certification and Signature (Continued)

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.

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. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 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 eligible and ineligible components as required by the Commission's rules at 47 C.F.R. § 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 as required by the Commission's rules at 47 C.F.R. § 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 ☑	**39** Date 04/11/2011

40 Printed name of authorized person

41 Title or position of authorized person

☐ Check here if the consultant in Item 6g is the Authorized Person.

42a Street Address, P.O. Box, or Route Number

City
State Zip Code -

Entity Number: 123471	**Applicant's Form Identifier: 2011-12**
Contact Person: Kevin O'Shea	**Contact Phone Number:**

42b Telephone Number of authorized Person Ext.

42c Fax Number of Authorized Person

42d E-mail Address of authorized Person

Re-enter E-mail Address

42e Name of Authorized Person's Employer

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(c). The collection of information stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended. 47 U.S.C. § 254. The data in the 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 - C

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