

Cardinal John Foley Regional Catholic School  
300 E. Eagle Road  
Havertown, PA 19083

610.446.4608

Received & Inspected

DEC 10 2012

FCC Mail Room

FCC, Office of the Secretary  
445 12<sup>th</sup> Street SW  
Washington, DC 20554

RE: Docket No 02-~~06~~

To whom it may concern,

Attached please find paperwork that was sent to the Schools and Libraries Division, Universal Service Administrative Company. As you can see our waiver was denied.

We are asking at this time that the FCC reconsider our appeal due to the facts explained on the attached letter.

Thank you for your time and consideration.

Best regards,



Donna Leonard  
Business Manager

No. of Copies rec'd 0  
List ABCDE

DEC 10 2012

FCC Mail Room



**Universal Service Administrative Company**  
Schools & Libraries Division

---

**Administrator's Decision on Appeal – Funding Year 2012-2013**

November 27, 2012

Donna Leonard  
Cardinal Foley Regional Catholic School  
300 E. Eagle Road  
Havertown, PA 19083-1621

Re: Applicant Name: CARDINAL FOLEY REGIONAL  
CATHOLIC SCHOOL  
Billed Entity Number: 20112  
Form 471 Application Number: 875905  
Funding Request Number(s): 2391687, 2391688  
Your Correspondence Dated: November 09, 2012

The Universal Service Administrative Company (USAC) received your request for a waiver of the Application Filing Deadline for Funding Year 2012 of the Schools and Libraries Universal Service Support Mechanism.

Federal Communications Commission (FCC) rules do not permit USAC to consider requests for waivers. If you believe there is a basis for further examination of your request, you may file a waiver request with the FCC. You should refer to CC Docket No. 02-6 on the first page of your waiver request to the FCC. If you are submitting your waiver request via United States Postal Service, send to: FCC, Office of the Secretary, 445 12th Street SW, Washington, DC 20554. Further information and options for filing a waiver request with the FCC can be found in the "Appeals Procedure" posted in the Reference Area of the SLD section of the USAC website or by contacting the Client Service Bureau. We strongly recommend that you use the electronic filing options.

Schools and Libraries Division  
Universal Service Administrative Company

Received & Inspected

DEC 10 2012

FCC Mail Room

Donna Leonard  
Cardinal Foley Regional Catholic School  
300 E. Eagle Road  
Havertown, PA 19083-1621

Billed Entity Number: 20112  
Form 471 Application Number: 875905  
Form 486 Application Number:

Cardinal John Foley Regional Catholic School  
300 E. Eagle Road  
Havertown, PA 19083

Received & Inspected

DEC 10 2012

FCC Mail Room

November 9, 2012

RE: Applicant's Form Identifier: mercy12-13  
Form 471 Application Number: 875905

1). Cardinal John Foley Regional Catholic School  
300 E. Eagle Road  
Havertown, PA 19083  
610.446.0200  
610.446-5705 (fax)  
[dleonard@stdenishavertown.org](mailto:dleonard@stdenishavertown.org)

2). This letter is an appeal.  
Appellant name: Donna Leonard, Business Manager  
Cardinal John Foley Regional Catholic School  
Billed Entity Number: 20112  
Application Number: 875905  
Funding Year 2012 Form 471 – postmarked outside of window

Cardinal John Foley Regional Catholic School is a merged school that is on the campus of the former St. Denis School. At the time the forms were due to the USAC we were not in a position to file because we did not have EIN numbers and information for the new school. Included in this packet is an email submitted on 6.22.12 explaining our position.

We thank you for your consideration and help in this matter. Please advise us of the next step or if you require anything further.

Donna Leonard  
Business Manager



**FUNDING YEAR 2012 FORM 471  
POSTMARKED OUTSIDE OF WINDOW**

October 2, 2012

Donna Leonard  
CARDINAL FOLEY REGIONAL CATHOLIC SCHOOL  
300 E EAGLE RD  
HAVERTOWN, PA 19083-1621

**Re: Applicant's Form Identifier: mercyl2-13  
Form 471 Application Number: 875905**

We're sending this letter to thank you for your recent Form 471 application. Your Form 471 application and/or certification was submitted online or postmarked AFTER the deadline for an application to be considered as filed within the window.

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

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

**TO APPEAL THIS DECISION:**

If you wish to appeal a decision indicated in this letter, your appeal must be received by USAC or postmarked within 60 days of the date of this letter. Failure to meet this requirement will result in automatic dismissal of your appeal. In your letter of appeal:

1. Include the name, address, telephone number, fax number, and email address for the person who can most readily discuss this appeal with us.
2. State outright that your letter is an appeal. Include the following to identify the decision letter and the decision you are appealing:
  - Appellant name,
  - Applicant or service provider name,
  - BEN,
  - Application number 875905 as assigned by USAC,
  - "Funding Year 2012 Form 471 Postmarked Outside of Window Letter,"AND
  - The exact text or the decision that you are appealing.
3. Please keep your letter to the point, and provide documentation to support your appeal. Be sure to keep a copy of your entire appeal, including any correspondence and documentation.

**USAC**  
Universal Service Administrative Company  
Schools and Libraries Division  
Correspondence Unit  
30 Lanidex Plaza West  
PO Box 685  
Parsippany, NJ 07054-0685



**TIME SENSITIVE MATERIAL**

00327  
Donna Leonard  
CARDINAL FOLEY REGIONAL CATHOLIC SCHOOL  
300 E EAGLE RD  
HAVERTOWN, PA 19083-1621

*Follow up - Fec  
Naomi Riley  
202-418-0991*



**Please provide the following additional information...**

BEN?	20112
Applicant Form Identifier?	mercy12-13
Form 471 Application Number?	875905
Funding Year?	FY15 (07/01/2012 - 06/30/2013) ▼
SPIN?	143001398
FRN?	2391688
Question?	<p>I contacted USAC in April in reference to submitting the 471 late for Cardinal Foley school because of the merger of two schools to one regional everything is very much behind schedule. I was told to go ahead and submit the late 471 and to appeal for a waiver when I received the letter stating we were outside the filing window. To date I have not received a letter so I have not submitted a waiver.</p> <p>Can you tell me when a letter might be sent so that I can submit a request for a waiver?</p> <p>thanks for your assistance. Terri Giangiulio Cardinal Foley Regional School</p>
<input type="button" value="Submit"/>	

[SLD Home](#) | Client Service Bureau: 1-888-203-8100

1997-2012 © , Universal Service Administrative Company, All Rights Reserved.

DEC 10 2012

FCC Mail Room

**FCC Form 471**  
Services Ordered and Certification Form



**Applicant's Form Identifier:** mercy12-13

**Entity Number:** 20112

**Contact Person:** Donna Leonard

**Phone Number:** (610) 446-4608

**Block 6: Certifications and Signature**

**471 Application Number: 875905**

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 in this application have secured access to all of the resources to pay the discounted charges for eligible services from funds to which access has been secured in the current funding year. I certify that the Billed Entity will pay the non-discount portion of the cost of the goods and services to the service provider(s).

a.	Total funding year pre-discount amount on this Form 471 (Add the entries from Item 23i on all Block 5 Discount Funding Requests.)	\$2,876.16
b.	Total funding commitment request amount on this Form 471 (Add the entries from Items 23k on all Block 5 Discount Funding Requests.)	\$1,150.46
c.	Total applicant non-discount share (Subtract Item 25b from Item 25a.)	\$1,725.70
d.	Total budgeted amount allocated to resources not eligible for E-rate support	\$2,000.00
e.	Total amount necessary for the applicant to pay the non-discount share of the services requested on this application AND to secure access to the resources necessary to make effective use of the discounts. (Add Items 25c and 25d.)	\$3,725.70
f.	<input type="checkbox"/> Check this box if you are receiving any of the funds in Item 25e directly from a service provider listed on any Forms 471 filed by this Billed Entity for this funding	

year, or if a service provider listed on any of the Forms 471 filed by this Billed Entity for this funding year assisted you in locating funds in 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 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.

31.  I acknowledge that the discount level used for shared services is conditional, for future years, upon ensuring that the most disadvantaged schools and libraries that are treated as sharing in the service, receive an appropriate share of benefits from those services.

32.  I certify that I will retain required documents for a period of at least five years after the last day of service delivered. I certify that I will retain all documents necessary to demonstrate compliance with the statute and Commission rules regarding the application for, receipt of, and delivery of services receiving schools and libraries discounts, and that if

audited, I will make such records available to the Administrator. I acknowledge that I may be audited pursuant to participation in the schools and libraries program.

33.  I certify that I am authorized to order telecommunications and other supported services for the eligible entity(ies) listed on this application. I certify that I am authorized to submit this request on behalf of the eligible entity(ies) listed on this application, that I have examined this request, that all of the information on this form is true and correct to the best of my knowledge, that the entities that are receiving discounts pursuant to this application have complied with the terms, conditions and purposes of this 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 the 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 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.

<b>38.PIN:</b>	<b>39.Date</b>
<b>40. Printed name of authorized person Donna Leonard</b>	
<b>41. Title or position of authorized person Business Manager</b>	
<input type="checkbox"/> Check here if the consultant in Item 6g is the Authorized Person.	
<b>42a. Street Address, P.O Box or Route Number 2401 Saint Denis Lane</b>	
<b>Havertown, PA 19083</b>	

<b>42b. Telephone number of authorized person: (610) 446-0200</b>
<b>42c. Fax number of authorized person: (610) 570-5705</b>
<b>42d. E-mail of authorized person: dleonard@stdenishavertown.org</b>
<b>42e. Name of authorized person's employer Saint Denis Parish</b>
<b>ATTENTION: If you are signing Form 471 using the PIN assigned to you by SLD, you are reminded that using the PIN is equivalent to your handwritten signature on the form. Your use of the PIN to affirm these certifications means that should they prove untrue, you will be held to the same enforcement standards as those who affirm the certifications on paper. Also, by using the PIN, you are affirming that you have the authority to make these certifications and represent the entity featured in Block One of this funding request.</b>
<b>Please Check to affirm your compliance <input type="checkbox"/></b>

**471 Application Number: 875905**  
**CARDINAL FOLEY REGIONAL CATHOLIC SCHOOL**  
**300 E EAGLE RD**  
**HAVERTOWN, PA 19083 -1621**

**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 47 C.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 retain a copy of this page and submit a copy with any communications to the SLD. Please enclose a copy of this confirmation page when mailing your Item 21 attachments. If you wish to submit your required Item 21 Attachment at this time using our online system, choose the icon below for the Item 21 Attachment.**

Done

---

**1997 - 2012 © , Universal Service Administrative Company, All Rights Reserved**

---



Received & inspected

DEC 10 2012

FCC Mail Room

**Item 21 Attachment**  
**Telecommunications - Funding Year 2012**

**Information NOT yet sent to USAC.**

**Applicant Name** CARDINAL FOLEY REGIONAL CATHOLIC SCHOOL  
**Billed Entity Number** 20112  
**Form 471 Application Number** 875905  
**Funding Request Number** 2391687  
**Service Provider** Verizon Pennsylvania Inc.  
**Attachment Number** 1  
**Narrative description of this Funding Request** For telephone services

Service Type	Service Description	Eligible Pre-Discount Cost
1 Local/Long Distance Telephone Service		\$1,796.28
		Total: \$1,796.28
		Funding Requested on 471: \$1,796.28

**Date Submitted** - pending submission -



Received & Inspected

DEC 10 2012

FCC Mail Room

**Item 21 Attachment**  
**Internet Access - Funding Year 2012**

---

**Applicant Name** CARDINAL FOLEY REGIONAL CATHOLIC SCHOOL  
**Billed Entity Number** 20112  
**Form 471 Application Number** 875905  
**Funding Request Number** 2391688  
**Service Provider** Verizon Online LLC  
**Attachment Number** 2  
**Narrative description of this Funding Request** DSL

Service Type	Service Description	Eligible Pre-Discount Cost
1 DSL		\$1,079.88
	Total:	\$1,079.88
	Funding Requested on 471:	\$1,079.88

**Date Submitted** 4/19/2012 4:01:16 PM

Received & Inspected

FCC Form 471

Approval by OMB  
3060-0806

DEC 10 2012

**Schools and Libraries Universal Service**  
**FCC MAIL ROOM 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](http://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) mercy12-13		Form 471 Application # 875905 (To be assigned by administrator)
<b>Block 1: Billed Entity Address and Identifications</b>		
<p><b>1</b> Name of Billed Entity CARDINAL FOLEY REGIONAL CATHOLIC SCHOOL</p> <p><b>2</b> Funding Year 2012</p> <p><b>3a</b> Entity Number 20112</p> <p><b>3b</b> FCC Registration Number 0012148862</p> <p><b>4a</b> Street Address, P.O. Box, or Route Number 300 E EAGLE RD</p> <p>City HAVERTOWN State PA Zip Code 19083-1621</p> <p><b>4b</b> Telephone Number (610) 446-4608</p> <p><b>4c</b> Fax Number (610) 446-5705</p> <p><b>5a</b> Type of Application (check only one)</p> <p><input checked="" type="checkbox"/> Individual School (individual public or non-public school)</p> <p><input type="checkbox"/> School District (LEA; public or non-public [e.g. diocesan] local district representing multiple schools)</p> <p><input type="checkbox"/> Library (including library system, library outlet/branch or library consortium as defined under LSTA)</p> <p><input type="checkbox"/> Consortium (intermediate service agencies, states, state networks, special consortia of schools and/or libraries)</p> <p><input type="checkbox"/> Statewide application for (enter 2-letter state code) representing (check all that apply)</p> <p><input type="checkbox"/> All public schools/districts in the state</p> <p><input type="checkbox"/> All non-public schools in the state</p> <p><input type="checkbox"/> All libraries in the state</p> <p><b>5b</b> Recipient(s) of Services</p> <p><input checked="" type="checkbox"/> Private <input type="checkbox"/> Public <input type="checkbox"/> Charter</p> <p><input type="checkbox"/> Tribal <input type="checkbox"/> Head Start <input type="checkbox"/> State Agency</p>		
Entity Number: 20112		Applicant's Form Identifier: mercy12-13
Contact Person: Donna Leonard		Contact Phone Number: (610) 446-4608
<b>Block 1: Billed Entity Address and Identifications (continued)</b>		
<p><b>6a</b> Contact Person's Name Donna Leonard</p> <p>If the Contact Person's Street Address is the same as Item 4 above, check here <input type="checkbox"/> If not, complete Item 6b</p> <p><b>6b</b> Street Address, P.O. Box, or Route Number NOTE USAC will use this address to mail correspondence about this form 300 E EAGLE RD</p> <p>City HAVERTOWN State PA Zip Code 19083-1621</p> <p>Check the box next to your preferred mode of contact and provide your contact information One box MUST be checked and an entry provided</p> <p><input type="checkbox"/> <b>6c</b> Telephone Number (610) 446 - 4608</p> <p><input type="checkbox"/> <b>6d</b> Fax Number (610) 446 - 5705</p> <p><input checked="" type="checkbox"/> <b>6e</b> E-Mail Address dleonard@stdenishavertown.org Re-enter E-mail Address dleonard@stdenishavertown.org</p> <p><b>6f</b> Holiday/vacation/summer contact information please include name of alternate contact (if applicable) and alternate phone, fax or E-mail address</p> <p>If a consultant is assisting you with your application process, please complete Item 6g below:</p> <p><b>6g</b> Consultant Name Name of Consultant's Employer Consultant's Street Address</p> <p>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</p>		
Entity Number: 20112		Applicant's Form Identifier: mercy12-13
Contact Person: Donna Leonard		Contact Phone Number: (610) 446-4608
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 requesting 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	430	0
b Telephone service: Number of classrooms or rooms with phone service	12	0
c Direct connections to the Internet: Number of drops	200	0
d Number of classrooms or rooms with Internet access	25	0
e Number of computers or other devices with Internet access	200	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
	At or greater than 1.5 mbps and less than 3 mbps	0
	At or greater than 3 mbps and less than 10 mbps	0
	At or greater than 10 mbps and less than 25 mbps	2
	At or greater than 25 mbps and less than 50 mbps	0
	At or greater than 50 mbps and less than 100 mbps	0
	Greater than 100 mbps	0
Block 3:		
8 [Reserved]		

Entity Number: 20112										Applicant's Form Identifier: mercy12-13				
Contact Person: Donna Leonard										Contact Phone Number: (610) 446-4608				
Block 4: Discount Calculation Worksheet										Worksheet - 149968 Page 1 of 1				
<p>The Block 4 worksheet is used to calculate your discount for services. You will complete one or more worksheets depending on the type of application you are filing. If you file more than one worksheet, please number the completed worksheets to assure that they are all processed correctly. Please refer to the instructions for information specific to the Type of Application you indicated in Block 1, Item 5.</p> <p><input type="checkbox"/> Check here if this worksheet contains all eligible entities in the school district or library system.</p>														
9a List entities and calculate discount(s).										(For Administrator's Use)				
School District or Library System Name:										School District or Library System Entity Number:				
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
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 Construction	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 Justice, E = ESA, D = Dormitory	Entity Number of School District in which Library Outlet/Branch is Located	Discount of Member Entity	Shared Discount
ALL ENTITIES			SCHOOLS AND LIBRARIES							Schools with shared services	Schools	Library Outlet/Branch	Consortia	
CARDINAL FOLEY REGIONAL CATHOLIC SCHOOL	20112 01 18520 4	U	430	26	6.047%	40	N	N	N	17200				
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.			430							17200				40%
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: 20112		Applicant's Form Identifier: mercy12-13																																															
Contact Person: Donna Leonard		Contact Phone Number: (610) 446-4608																																															
Block 5: Discount Funding Request(s)		Block 5, page 1 of 2																																															
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		FRN 2391687 (to be assigned by administrator)																																															
10 <input type="checkbox"/> 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)		23 Calculations																																															
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">PRIORITY 1</td> <td style="width:50%;">PRIORITY 2</td> </tr> <tr> <td><input checked="" type="checkbox"/> Telecommunications Service</td> <td><input type="checkbox"/> Internal Connections Other than Basic Maintenance</td> </tr> <tr> <td><input type="checkbox"/> Internet Access</td> <td><input type="checkbox"/> Basic Maintenance of Internal Connections</td> </tr> </table>		PRIORITY 1	PRIORITY 2	<input checked="" type="checkbox"/> Telecommunications Service	<input type="checkbox"/> Internal Connections Other than Basic Maintenance	<input type="checkbox"/> Internet Access	<input type="checkbox"/> Basic Maintenance of Internal Connections	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td rowspan="5" style="width:10%; vertical-align: middle;">Recurring Charges</td> <td style="width:10%;">A. Monthly charges (total amount per month for service)</td> <td style="width:10%;"></td> <td style="width:10%;"></td> </tr> <tr> <td></td> <td>\$156.69</td> <td></td> </tr> <tr> <td>B. How much of the amount in A is ineligible?</td> <td></td> <td>\$7.00</td> </tr> <tr> <td>C. Eligible monthly pre-discount amount (A minus B)</td> <td></td> <td>\$149.69</td> </tr> <tr> <td>D. Number of months service provided in funding year</td> <td></td> <td>12</td> </tr> <tr> <td></td> <td>E. Annual pre-discount amount for eligible recurring charges (C x D)</td> <td></td> <td>\$1,796.28</td> </tr> <tr> <td rowspan="3" style="vertical-align: middle;">Non-Recurring Charges</td> <td>F. Annual non-recurring charges</td> <td></td> <td>\$0.00</td> </tr> <tr> <td>G. How much of the amount in F is ineligible?</td> <td></td> <td>\$0.00</td> </tr> <tr> <td>H. Annual eligible pre-discount amount for non-recurring charges (F minus G)</td> <td></td> <td>\$0.00</td> </tr> <tr> <td rowspan="3" style="vertical-align: middle;">Total Charges</td> <td>I. Total funding year pre-discount amount (E + H)</td> <td></td> <td>\$1,796.28</td> </tr> <tr> <td>J. Discount from Block 4 Worksheet</td> <td style="text-align: right;">40.00</td> <td></td> </tr> <tr> <td>K. Funding Commitment Request (I x J)</td> <td></td> <td>\$718.51</td> </tr> </table>		Recurring Charges	A. Monthly charges (total amount per month for service)				\$156.69		B. How much of the amount in A is ineligible?		\$7.00	C. Eligible monthly pre-discount amount (A minus B)		\$149.69	D. Number of months service provided in funding year		12		E. Annual pre-discount amount for eligible recurring charges (C x D)		\$1,796.28	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 charges (F minus G)		\$0.00	Total Charges	I. Total funding year pre-discount amount (E + H)		\$1,796.28	J. Discount from Block 4 Worksheet	40.00		K. Funding Commitment Request (I x J)		\$718.51
PRIORITY 1	PRIORITY 2																																																
<input checked="" type="checkbox"/> Telecommunications Service	<input type="checkbox"/> Internal Connections Other than Basic Maintenance																																																
<input type="checkbox"/> Internet Access	<input type="checkbox"/> Basic Maintenance of Internal Connections																																																
Recurring Charges	A. Monthly charges (total amount per month for service)																																																
		\$156.69																																															
	B. How much of the amount in A is ineligible?		\$7.00																																														
	C. Eligible monthly pre-discount amount (A minus B)		\$149.69																																														
	D. Number of months service provided in funding year		12																																														
	E. Annual pre-discount amount for eligible recurring charges (C x D)		\$1,796.28																																														
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 charges (F minus G)		\$0.00																																														
Total Charges	I. Total funding year pre-discount amount (E + H)		\$1,796.28																																														
	J. Discount from Block 4 Worksheet	40.00																																															
	K. Funding Commitment Request (I x J)		\$718.51																																														
12 Form 470 Application Number 23083000955965																																																	
13 SPIN – Service Provider Identification Number 143001398																																																	
14 Service Provider Name  Venzon Pennsylvania Inc																																																	
15a <input checked="" type="checkbox"/> Check this box if this Funding Request is for non-contracted tariffed or month-to-month services																																																	
15b Contract Number  MTM																																																	
15c <input type="checkbox"/> 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 <input type="checkbox"/> Check this box if this Funding Request is a continuation of an FRN from a previous funding year based on a multi-year contract. If so, provide that FRN here																																																	
16a Billing Account Number (e.g., billed telephone number)																																																	
16b <input type="checkbox"/> 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)  12/30/2011																																																	
18 Contract Award Date (mm/dd/yyyy)																																																	
19 Service Start Date (mm/dd/yyyy) 07/01/2012																																																	
20a Service End Date (mm/dd/yyyy) 06/30/2013																																																	
Contract Expiration Date 20b (mm/dd/yyyy)																																																	
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:		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">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</td> <td style="width:50%;">20112</td> </tr> <tr> <td>b If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., 1)</td> <td></td> </tr> </table>		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	20112	b If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., 1)																																											
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	20112																																																
b If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., 1)																																																	

Entity Number: 20112		Applicant's Form Identifier: mercy12-13																																									
Contact Person: Donna Leonard		Contact Phone Number: (610) 446-4608																																									
Block 5: Discount Funding Request(s)		Block 5, page 2 of 2																																									
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.		FRN 2391688 (to be assigned by administrator)																																									
10 <input type="checkbox"/> 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) <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">                     PRIORITY 1  <input type="checkbox"/> Telecommunications Service                 </td> <td style="width:50%;">                     PRIORITY 2  <input type="checkbox"/> Internal Connections Other than Basic Maintenance                 </td> </tr> <tr> <td> <input checked="" type="checkbox"/> Internet Access                 </td> <td> <input type="checkbox"/> Basic Maintenance of Internal Connections                 </td> </tr> </table>		PRIORITY 1 <input type="checkbox"/> Telecommunications Service	PRIORITY 2 <input type="checkbox"/> Internal Connections Other than Basic Maintenance	<input checked="" type="checkbox"/> Internet Access	<input type="checkbox"/> Basic Maintenance of Internal Connections	23 Calculations <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td rowspan="5" style="width:10%; text-align: center; vertical-align: middle;">Recurring Charges</td> <td style="width:10%;">A. Monthly charges (total amount per month for service)</td> <td style="width:10%; text-align: right;">\$89.99</td> <td style="width:10%;"></td> </tr> <tr> <td>B. How much of the amount in A is ineligible?</td> <td style="text-align: right;">\$0.00</td> <td></td> </tr> <tr> <td>C. Eligible monthly pre-discount amount (A minus B)</td> <td style="text-align: right;">\$89.99</td> <td></td> </tr> <tr> <td>D. Number of months service provided in funding year</td> <td style="text-align: center;">12</td> <td></td> </tr> <tr> <td>E. Annual pre-discount amount for eligible recurring charges (C x D)</td> <td style="text-align: right;">\$1,079.88</td> <td></td> </tr> <tr> <td rowspan="3" style="text-align: center; vertical-align: middle;">Non-Recurring Charges</td> <td>F. Annual non-recurring charges</td> <td style="text-align: right;">\$0.00</td> <td></td> </tr> <tr> <td>G. How much of the amount in F is ineligible?</td> <td style="text-align: right;">\$0.00</td> <td></td> </tr> <tr> <td>H. Annual eligible pre-discount amount for non-recurring charges (F minus G)</td> <td style="text-align: right;">\$0.00</td> <td></td> </tr> <tr> <td rowspan="3" style="text-align: center; vertical-align: middle;">Total Charges</td> <td>I. Total funding year pre-discount amount (E + H)</td> <td style="text-align: right;">\$1,079.88</td> <td></td> </tr> <tr> <td>J. Discount from Block 4 Worksheet</td> <td style="text-align: right;">40.00</td> <td></td> </tr> <tr> <td>K. Funding Commitment Request (I x J)</td> <td style="text-align: right;">\$431.95</td> <td></td> </tr> </table>		Recurring Charges	A. Monthly charges (total amount per month for service)	\$89.99		B. How much of the amount in A is ineligible?	\$0.00		C. Eligible monthly pre-discount amount (A minus B)	\$89.99		D. Number of months service provided in funding year	12		E. Annual pre-discount amount for eligible recurring charges (C x D)	\$1,079.88		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 charges (F minus G)	\$0.00		Total Charges	I. Total funding year pre-discount amount (E + H)	\$1,079.88		J. Discount from Block 4 Worksheet	40.00		K. Funding Commitment Request (I x J)	\$431.95	
PRIORITY 1 <input type="checkbox"/> Telecommunications Service	PRIORITY 2 <input type="checkbox"/> Internal Connections Other than Basic Maintenance																																										
<input checked="" type="checkbox"/> Internet Access	<input type="checkbox"/> Basic Maintenance of Internal Connections																																										
Recurring Charges	A. Monthly charges (total amount per month for service)	\$89.99																																									
	B. How much of the amount in A is ineligible?	\$0.00																																									
	C. Eligible monthly pre-discount amount (A minus B)	\$89.99																																									
	D. Number of months service provided in funding year	12																																									
	E. Annual pre-discount amount for eligible recurring charges (C x D)	\$1,079.88																																									
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 charges (F minus G)	\$0.00																																									
Total Charges	I. Total funding year pre-discount amount (E + H)	\$1,079.88																																									
	J. Discount from Block 4 Worksheet	40.00																																									
	K. Funding Commitment Request (I x J)	\$431.95																																									
12 Form 470 Application Number 230830000955965																																											
13 SPIN – Service Provider Identification Number 143026397																																											
14 Service Provider Name  Verizon Online LLC																																											
15a <input checked="" type="checkbox"/> Check this box if this Funding Request is for non-contracted tariffed or month-to-month services.																																											
15b Contract Number  MTM																																											
15c <input type="checkbox"/> 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 <input type="checkbox"/> 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)  8563011738																																											
16b <input type="checkbox"/> 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)  12/30/2011																																											
18 Contract Award Date (mm/dd/yyyy)																																											
19 Service Start Date (mm/dd/yyyy) 07/01/2012																																											
20a Service End Date (mm/dd/yyyy) 06/30/2013																																											
Contract Expiration Date 20b (mm/dd/yyyy)																																											
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. 20112  b If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., 1)																																									

<b>Entity Number:</b> 20112	<b>Applicant's Form Identifier:</b> mercy12-13
<b>Contact Person:</b> Donna Leonard	<b>Contact Phone Number:</b> (610) 446-4608

**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 23l on all Block 5 Discount Funding Requests.)	2876.16
b Total funding commitment request amount on this Form 471 (Add the entries from Items 23K on all Block 5 Discount Funding Requests.)	1150.46
c Total applicant non-discount share (Subtract Item 25b from Item 25a.)	1725.7
d Total budgeted amount allocated to resources not eligible for E-rate support	2000
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.)	3725.7

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 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: 20112		Applicant's Form Identifier: mercy12-13	
Contact Person: Donna Leonard		Contact Phone Number: (610) 446-4608	
<b>Block 6: Certification and Signature (Continued)</b>			
<p>31 <input checked="" type="checkbox"/> 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.</p> <p>32 <input checked="" type="checkbox"/> 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.</p> <p>33 <input checked="" type="checkbox"/> 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.</p> <p>34 <input checked="" type="checkbox"/> 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.</p> <p>35 <input checked="" type="checkbox"/> 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).</p> <p>36 <input checked="" type="checkbox"/> 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).</p> <p>37 <input checked="" type="checkbox"/> 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.</p>			
38 Signature of authorized person <input checked="" type="checkbox"/>		39 Date 04/19/2012	
<p>40 Printed name of authorized person Donna Leonard</p> <p>41 Title or position of authorized person Business Manager</p> <p><input type="checkbox"/> Check here if the consultant in Item 6g is the Authorized Person</p> <p>42a Street Address, P O Box, or Route Number 2401 Saint Denis Lane</p> <p>City Havertown State PA Zip Code 19083-</p>			

<b>Entity Number: 20112</b>		<b>Applicant's Form Identifier: mercy12-13</b>	
<b>Contact Person: Donna Leonard</b>		<b>Contact Phone Number: (610) 446-4608</b>	
<b>42b</b>	Telephone Number of authorized Person	(610) 446-0200	Ext.
<b>42c</b>	Fax Number of Authorized Person	(610) 570-5705	
<b>42d</b>	E-mail Address of authorized Person	dleonard@stdenishavertown.org	
	Re-enter E-mail Address	dleonard@stdenishavertown.org	
<b>42e</b>	Name of Authorized Person's Employer	Saint Denis Pansh	

**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 47 C.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 - October 2010

Close Print Preview  
 Previous

1997 - 2012 ©, Universal Service Administrative Company, All Rights Reserved