

December 20, 2012

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

Dear Federal Communications Commission:

We are enclosing a request for reconsideration of the Bureau's Decision , DA No. 12-1998, Released December 12, 2012, proceeding 02-6, for the appeal submitted by East Haven Public Schools on October 9, 2012 related to Form 471 # 876867, Erate FY 2012.

Respectfully submitted,



Deborah Sovereign, Consultant

Enclosures

Before the  
FEDERAL COMMUNICATIONS COMMISSION  
Washington, D.C. 20554

In the Matter of )  
)  
Petition for Reconsideration ) CC Docket No. 02-6  
DA No. 12-1998, released December 12, 2012 )  
East Haven Public Schools )  
East Haven, Connecticut )  
Form 471 # 876867 )  
Erate FY2012 )  
)

**PETITION FOR RECONSIDERATION**

**EAST HAVEN PUBLIC SCHOOLS**

December 20, 2012

Deborah Sovereign  
Jane Kellogg

Original Filing 10/9/2012  
Confirm # 2012109292609  
(Submitted by: Randel Osborne)

Kellogg & Sovereign Consulting, LLC  
1101 Stadium Drive  
Ada, OK 74820  
(580) 332-1444  
(580) 332-2532 (facsimile)  
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On October 9, 2012, East Haven Public Schools ("East Haven") submitted an appeal to the FCC to request a waiver for filing their Form 471 # 876867 for services to be provided by FiberTech, SPIN 143019354. See Docket No. 02-6, filing receipt number 2012109292609.

The appeal submitted by East Haven was denied by the Commission's Order DA 12-1998, released December 12, 2012. The reason for denial was that "the 33 petitioners have failed to present special circumstances justifying waivers of the Commission's rules."

The FCC appeal that was submitted by East Haven was for waiver for out of window application # 876867 which is a re-file for Form 471 # 832870 that East Haven thought had been properly submitted and certified online on February 7, 2012. We are providing the special circumstances in this case which we believe justify the waiver of the Commission's rules as originally requested by East Haven.

East Haven's Superintendent had assigned the duties of completing the E-Rate applications to the technology department. During February, 2012, the technology director, Mr. Randel Osborne was responsible for a district- wide computer upgrade project and implementation of upgrading the nearly 2,000 workstations in the district to the most current version of Microsoft Office along with implementing Class Link at all sites. Mr. Osborne therefore assigned the duties of completing the E-Rate applications to the technology department's Help Desk assistant, Carmen Ruotolo. Ms. Ruotolo was new to the Erate filing process and had to learn as much as she could from the USAC web site and support calls to the Client Services Bureau. She relied on notes from the person who had filed the applications the previous year and submitted the applications to the best of her ability while at the same time handling the duties of the technology department in support of the large projects and roll out of the new systems in February.

East Haven filed three separate Form 471 applications on February 7, 2012. Form 471 # 832901 and 471 # 832884 were filed just before they filed Form 471 # 832870. Ms. Ruotolo entered, submitted, and certified online each application in sequence on February 7, 2012. On

February 8, 2012, they submitted their online 21 attachments. Since the Item 21 attachments were the last step of the process and since the system showed that the Item 21 attachments were received by USAC, they assumed that all three applications had been successfully completed.

The table below summarizes the timeline of filings for the three applications as shown by date and time stamps on the documents saved in their E-rate files (See attachments A, B and C for supporting documentation).

Attachment #	A	B	C
Form 471 Application #	832870	832884	832901
Applicant's Form Identifier	Fiber2012-2013	Centra Link 2012-2013	Cell, LD 2012
Funding Request Numbers	2261015	2261048	2261083, 2261070, and 2261076
Pre-Discount Amount	\$125,799.96	\$76,068.00	\$16,046.28
E-Rate Discount	66%	66%	66%
Funding Requested	\$83,027.97	\$50,204.88	\$10,590.54
Form 471 completed – date/time printed	2/7/12 1:11 PM	2/7/12 12:36 PM	2/7/12 11:54 AM
Item 21 Attachments submitted online	2/8/2012 10:45:08 am	2/8/2012 10:24:58 am	2/8/2012 11:01:54 am*

\*Item 21 attachments for Form 471 # 832901 for FRN 2261076 was submitted 4/25/2012 1:24:52 pm and FRN 2261070 was submitted 4/27/2012 1:56:19 pm. These were submitted when the applicant was notified that their Item 21 attachments for these requests had not yet been received by USAC.

It has been our experience when submitting and certifying multiple applications online, the computer's caching of the previous application can make the current application appear submitted and/or certified even though it isn't actually submitted and certified. In addition to filing multiple applications, Ms. Ruotolo used Safari web browser instead of Internet Explorer which could be another factor in why the 471 application # 832870 did not get submitted and certified even though she thought she had submitted and certified the application online. Unfortunately for Ms. Ruotolo, there are no instructions on either the USAC web site nor the

FCC Form 471 that specify which browser to use or that you need to close out in between applications to clear the computer's cache.

We have attached the Item 21 Attachment Confirmation for Form 471 # 832870 – See Attachment D. The confirmation states “Your Item 21 Attachment for FRN 2261015, Application 122533 has been received on 2/8/2012 10:45:08 AM. “ Since Ms. Ruotolo received confirmations that Item 21 attachments for each Form 471 number that she filed, she assumed that everything had been properly filed.

In April 2012, East Haven received notification that the Item 21 attachments for FRNs 2261070 and 2261070 on Form 471 application # 832901 had not been submitted. Ms. Ruotolo immediately filed the online Item 21 attachments for these funding requests. And once again East Haven assumed that their applications were properly taken care of.

In June 2012, Ms. Ruotolo became concerned about their Form 471 # 832870, Fiber2012-2013, since they had not received any further correspondence from USAC regarding the application. This particular application reflects the largest funding request for the district with a pre-discount amount of \$125,799.96 for the year. Additionally, the FiberTech contract is a multi-year contract for monthly recurring services for a period of five years from the date of service. The contract was signed March 7, 2011 and services were finally installed and operational beginning in September, 2011. East Haven cannot afford the high bandwidth wide area network services provided by FiberTech without support provided by the E-rate program. Thus, Ms. Ruotolo and Mr. Osborne were deeply concerned when they did not receive correspondence from USAC regarding this application.

Ms. Ruotolo subsequently called the USAC help line (Case # 22-413118) to find out status on Form 471 application # 832870. She was told that the application had never been submitted and certified and that the filing window was closed. Scared and extremely worried, Ms. Ruotolo asked what they could do. The client services bureau support person (CSB) recommended that East Haven mail in the Form 471 with certification pages. CSB also advised East Haven to then file a waiver with the FCC. Following the advice provided by CSB, East

Haven immediately mailed in their Form 471 application. USAC assigned a new 471 number 876867 to the out of window application and recorded the certification date of June 11, 2012. (See Attachment E).

East Haven then submitted a waiver request to the FCC on 10/9/2012, docket number 02-6, filing receipt number: 2012109292609. (See Attachment F).

The circumstances in this case are very unusual and from our review of the documentation provided by the applicant, it appears that East Haven experienced a technology problem in the filing of the Form 471 # 832870 and took action as soon as they were aware of the problem. By following the guidance provided by USAC's Client Services Bureau, East Haven mailed in the Form 471 which was certified June 11, 2012 and assigned # 876867. They respectfully requested a waiver from the FCC so that the replacement 471 #876867 can be considered as being filed in window and considered for funding for FY2013-14 as timely filed and certified.

Respectfully Submitted,



Deborah J. Sovereign, Consultant

**ATTACHMENTS**

- A. Form 471 # 832870 (Fiber 2012-2013)
- B. Form 471 # 832884 (Centra Link 2012-2013)
- C. Form 471 # 832901 (Cell, LD 2012)
- D. Form 471 # 832870 – Item 21 Attachment confirmation
- E. Form 471 # 876867 – Resubmission of Fiber requests
- F. FCC Waiver request submitted by East Haven 10/9/2012
- G. Letter of Agency

# **ATTACHMENT A**

**Form 471 # 832870  
Fiber 2012-2013**

(Item 21 done)

HOME CANCEL SAVE & EXIT HELP

# FCC Form 471

Services Ordered and Certification Form



Block 1 Block 2 & 3 Block 4 Block 5 Block 6

Applicant's Form Identifier: Fiber2012-2013  
Contact Person: Randel Osborne

Entity Number: 122533  
Phone Number: (203) 468-3911

### IMPORTANT

Please record your Form 471 application number and security code. You will need this information if you wish to exit and return later to this online Form 471 application or if you wish to file your Item 21 Attachment Online.

471 Application Number: 832870  
Billed Entity Number: 122533  
Security Code Number -----

Continue >>

Print Now

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FIBER NETWORK

888-203-8100

ATTACHMENT # A-1

Fiber Network

**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) Fiber2012-2013	Form 471 Application #: 832870 (To be assigned by administrator)
---	--

**Block 1: Billed Entity Address and Identifications**

1 Name of Billed Entity  
EAST HAVEN PUBLIC SCHOOLS

2 Funding Year 2012

3a Entity Number 122533

3b FCC Registration Number 0011931276

4a Street Address, P.O. Box, or Route Number  
35 WHEELBARROW LN

City EAST HAVEN State CT Zip Code 06513-

4b Telephone Number (203) 468-3261

4c Fax Number (203) 468-3289

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: 122533	Applicant's Form Identifier: Fiber2012-2013
Contact Person: Randel Osborne	Contact Phone Number: (203) 468-3911

**Block 1: Billed Entity Address and Identifications (continued)**

6a Contact Person's Name  
Randel Osborne

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.  
35 WHEELBARROW LN

City EAST HAVEN State CT Zip Code 06513-0000

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 (203) 468 - 3911
- 6d Fax Number (203) 468 - 3912
- 6e E-Mail Address rosbome@mail.east-haven.k12.ct.us  
Re-enter E-mail Address rosbome@mail.east-haven.k12.ct.us

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: 122533		Applicant's Form Identifier: Fiber2012-2013	
Contact Person: Randel Osborne		Contact Phone Number: (203) 468-3911	
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.			
<b>Block 2: Impact of Services Ordered for Schools and Libraries from this Form 471</b>			
		Schools	Libraries
7a	Number of students or patrons to be served	3528	0
b	Telephone service: Number of classrooms or rooms with phone service	254	0
c	Direct connections to the Internet: Number of drops	3344	0
d	Number of classrooms or rooms with Internet access	254	0
e	Number of computers or other devices with Internet access	2438	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	0
		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	10	0
<b>Block 3:</b>			
8 [Reserved]			

<b>Entity Number:</b> 122533	<b>Applicant's Form Identifier:</b> Fiber2012-2013
<b>Contact Person:</b> Randel Osborné	<b>Contact Phone Number:</b> (203) 468-3911

**Block 4: Discount Calculation Worksheet** Worksheet - 1401681  
Page 1 of 1

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

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

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	
DEER RUN ELEMENTARY SCHOOL	5950 09 01290 00214	U	357	129	36.134%	60	N	N	N	21420				
EAST HAVEN ACADEMY	5951 09 01290 00605	U	290	70	24.138%	50	N	N	N	14500				
MOMAGUIN ELEMENTARY SCHOOL	5952 09 01290 00219	U	188	121	64.362%	80	N	N	N	15040				
JOSEPH MELLILLO MIDDLE SCHOOL	5954 09 01290 00217	U	688	341	49.564%	80	N	N	N	55040				
PATHWAYS	235186 09 01290 00985	U	45	40	88.889%	90	N	N	N	4050				
EAST HAVEN HIGH SCHOOL	5959 09 01290 00216	U	948	365	38.502%	60	N	N	N	56880				
GROVE J TUTTLE ELEM SCHOOL	5961 09 01290 00218	U	204	118	57.843%	80	N	N	N	16320				
D C MOORE ELEMENTARY SCHOOL	5964 09 01290 00213	U	252	120	47.619%	60	N	N	N	15120				
DOMINICK FERRARA ELEM SCHOOL	5966 09 01290 00215	U	257	122	47.471%	60	N	N	N	15420				
OVERBROOK ELEMENTARY SCHOOL	5957 09 01290 00219	U	226	100	44.248%	60	N	N	N	13560				

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.	3455									227350				66%
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: 122533		Applicant's Form Identifier: Fiber2012-2013																																							
Contact Person: Randal Osborne		Contact Phone Number: (203) 468-3911																																							
<b>Block 5: Discount Funding Request(s)</b> 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 1  FRN 2261015 (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  <input checked="" type="checkbox"/> Telecommunications Service  <input type="checkbox"/> Internet Access                 </td> <td style="width:50%;">                     PRIORITY 2  <input type="checkbox"/> Internal Connections Other than Basic Maintenance  <input type="checkbox"/> Basic Maintenance of Internal Connections                 </td> </tr> </table>		PRIORITY 1 <input checked="" type="checkbox"/> Telecommunications Service <input type="checkbox"/> Internet Access	PRIORITY 2 <input type="checkbox"/> Internal Connections Other than Basic Maintenance <input type="checkbox"/> Basic Maintenance of Internal Connections	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td rowspan="5" style="width:15%; vertical-align: middle;">Recurring Charges</td> <td style="width:5%;">A.</td> <td style="width:45%;">Monthly charges (total amount per month for service)</td> <td style="width:35%; text-align: right;">\$10,483.33</td> </tr> <tr> <td>B.</td> <td>How much of the amount in A is ineligible?</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>C.</td> <td>Eligible monthly pre-discount amount (A minus B)</td> <td style="text-align: right;">\$10,483.33</td> </tr> <tr> <td>D.</td> <td>Number of months service provided in funding year</td> <td style="text-align: right;">12</td> </tr> <tr> <td>E.</td> <td>Annual pre-discount amount for eligible recurring charges (C x D)</td> <td style="text-align: right;">\$125,799.96</td> </tr> <tr> <td rowspan="3" style="vertical-align: middle;">Non-Recurring Charges</td> <td>F.</td> <td>Annual non-recurring charges</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>G.</td> <td>How much of the amount in F is ineligible?</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>H.</td> <td>Annual eligible pre-discount amount for non-recurring charges (F minus G)</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td rowspan="3" style="vertical-align: middle;">Total Charges</td> <td>I.</td> <td>Total funding year pre-discount amount (E + H)</td> <td style="text-align: right;">\$125,799.96</td> </tr> <tr> <td>J.</td> <td>Discount from Block 4 Worksheet</td> <td style="text-align: right;">66.00</td> </tr> <tr> <td>K.</td> <td>Funding Commitment Request (I x J)</td> <td style="text-align: right;">\$83,027.97</td> </tr> </table>		Recurring Charges	A.	Monthly charges (total amount per month for service)	\$10,483.33	B.	How much of the amount in A is ineligible?	\$0.00	C.	Eligible monthly pre-discount amount (A minus B)	\$10,483.33	D.	Number of months service provided in funding year	12	E.	Annual pre-discount amount for eligible recurring charges (C x D)	\$125,799.96	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)	\$125,799.96	J.	Discount from Block 4 Worksheet	66.00	K.	Funding Commitment Request (I x J)	\$83,027.97
PRIORITY 1 <input checked="" type="checkbox"/> Telecommunications Service <input type="checkbox"/> Internet Access	PRIORITY 2 <input type="checkbox"/> Internal Connections Other than Basic Maintenance <input type="checkbox"/> Basic Maintenance of Internal Connections																																								
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12 Form 470 Application Number 58924000904122																																									
13 SPIN - Service Provider Identification Number 143019354																																									
14 Service Provider Name  Fiber Technologies Networks, L.L.C.																																									
15a <input type="checkbox"/> Check this box if this Funding Request is for non-contracted tariffed or month-to-month services.																																									
15b Contract Number n/a																																									
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) 03/07/2011																																									
18 Contract Award Date (mm/dd/yyyy) 03/10/2011																																									
19 Service Start Date (mm/dd/yyyy) 07/01/2012																																									
20a Service End Date (mm/dd/yyyy)																																									
Contract Expiration Date 20b (mm/dd/yyyy) 03/09/2016																																									
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:  b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., 1): 1401681																																							

Entity Number: 122533	Applicant's Form Identifier: Fiber2012-2013
Contact Person: Randel Osborn	Contact Phone Number: (203) 468-3911

**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.)	125799.96
b Total funding commitment request amount on this Form 471 (Add the entries from Items 23K on all Block 5 Discount Funding Requests.)	83027.97
c Total applicant non-discount share (Subtract Item 25b from Item 25a.)	42771.99
d Total budgeted amount allocated to resources not eligible for E-rate support	0
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.)	42771.99

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: 122533		Applicant's Form Identifier: Fiber2012-2013	
Contact Person: Randel Osborne		Contact Phone Number: (203) 468-3911	
<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 type="checkbox"/>	39	Date
40	Printed name of authorized person Randel Osborne		
41	Title or position of authorized person District Technology Director		
<input type="checkbox"/> Check here if the consultant in Item 6g is the Authorized Person.			
42a	Street Address, P.O. Box, or Route Number 35 Wheelbarrow Ln		
City East Haven		State CT	
Zip Code 06513			

<b>Entity Number: 122533</b>		<b>Applicant's Form Identifier: Fiber2012-2013</b>	
<b>Contact Person: Randel Osbörrie</b>		<b>Contact Phone Number: (203) 468-3911</b>	
<b>42b</b>	Telephone Number of authorized Person	(203) 468-3911	Ext.
<b>42c</b>	Fax Number of Authorized Person	(203) 468-3911	
<b>42d</b>	E-mail Address of authorized Person	rosborne@mail.east-haven.k12.ct.us	
	Re-enter E-mail Address	rosborne@mail.east-haven.k12.ct.us	
<b>42e</b>	Name of Authorized Person's Employer	East Haven Public Schools	

**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) 283-8100

FCC Form 471 - October 2010

Close Print Preview

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ATTACHMENT # A-9

## Item 21 Attachment Telecommunications - Funding Year 2012

Information NOT yet sent to USAC. (See confirmation next page)

**Applicant Name** EAST HAVEN PUBLIC SCHOOLS  
**Billed Entity Number** 122533  
**Form 471 Application Number** 832870  
**Funding Request Number** 2261015  
**Service Provider** Fiber Technologies Networks, L.L.C.  
**Attachment Number**

**Narrative description of this Funding Request**  
 This funding request is for a high-speed optical network that will service each building in the East Haven Public Schools. The network will include dedicated Gigabit bandwidth from outlying school buildings to one to two hub sites, and dedicated 10 Gigabit bandwidth between the hub sites. The optical network will terminate in distribution frames and data closets in interior rooms of each of the buildings.

Service Type	Service Description	Eligible Pre-Discount Cost	
1 Leased Lit Fiber Services	Circuit #1 - 1GB connection from East Haven High School to Deer Run School Circuit #2 - 1 GB connection from East Haven High School to Ferrara School Circuit #3 - 10 GB Connection from East Haven High School to Joseph Melillo Middle School Circuit #4 - 1GB connection from Joseph Melillo Middle School to Tuttle School Circuit #5 - 1GB connection from Joseph Melillo Middle School to Overbrook School Circuit #6 - 1GB connection from Joseph Melillo Middle School to Momauguin School Circuit #7 - 1GB connection from Joseph Middle School to DC Moore School Circuit #8 - 1 GB connection from Joseph Melillo Middle School to Pathways School	8	\$125,799.96
	<b>Recurring Charges</b>	<b>Non Recurring Charges</b>	
<b>Monthly Recurring Charges</b>	\$10,483.33	<b>One-time non-recurring charges</b>	\$0.00
<b>Less Ineligible Amount (if any)</b>	\$0.00	<b>Less Ineligible Amount (if any)</b>	\$0.00
<b>Number of Months</b>	12		
<b>Eligible recurring charges</b>	<b>\$125,799.96</b>	<b>Eligible non-recurring charges</b>	<b>\$0.00</b>
		<b>Line item TOTAL</b>	<b>\$125799.96</b>
	Total:		\$125,799.96
	Funding Requested on 471:		\$125,799.96

Date Submitted - pending submission -

Fiber Network



[FRN listing](#)

### Online Item 21 Attachment

Your Item 21 Attachment for FRN 2261015, Application 122533 has been received on 2/8/2012 10:45:08 AM.

← CONFIRMATION OF RECEIPT

Please press the PRINT button for a copy of your Item 21 Attachment.

Retain that printout as confirmation of your submission of your Item 21 Attachment. You must retain all records (including bills, invoices, and contracts) related to your application for receipt and delivery of discounted services for a period of five years after the last day of services delivered for a particular Funding Year.

**Print Summary Listing** | ▶

**Print Detailed Listing** | ▶

[SLD Home](#) | Phone: 1-888-203-8100 | [Submit a Question](#)

471 # 832870



ATTACHMENT # A-11

# **ATTACHMENT B**

**Form 471 # 832884  
Centra link 2012-2013**

**Schools and Libraries Universal Service Program  
Services Ordered and Certification Form 471  
Application Display**

**Block 1**

**Block 2 & 3**

**Block 4**

**Block 5**

**Block 6**

**Misc**

471 Application No: 832884  
Form Status: **CERTIFIED - In Window**  
Out of Window Letter Date: Not applicable

Funding Year: 7/1/2012 - 6/30/2013  
RAL Date: 02/21/2012

Cert. Postmark Date: 02/07/2012

Applicant's Form Identifier: Central Link 2012-2013

**Block 1: Billed Entity Information**

**Billed Entity Number:** 122533  
**FCC Registration Number:** 0011931276  
**Applicant Name:** EAST HAVEN PUBLIC SCHOOLS  
**Address:** 35 WHEELBARROW LN  
**City:** EAST HAVEN **State:** CT **Zip:** 06513-  
**Contact Name:** Randel Osborne  
**Address:** 35 WHEELBARROW LN  
**City:** EAST HAVEN **State:** CT **Zip:** 06513  
**Type of Application:** SCHOOL DISTRICT  
**Entity Sub-Type:** Public  
**Consultant Name:**  
**Name of Consultant's Employer:**  
**Consultant's Address:**  
**Consultant Registration Number :**

Ineligible Orgs: N

[Previous](#)

[Display Entire Application](#)

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---

ATTACHMENT # B 1

Central Link  
3100

(Item 21 done)

HOME CANCEL SAVE & EXIT HELP

# FCC Form 471

Services Ordered and Certification Form



Block 2 & 3 Block 4 Block 5 Block 6

Applicant's Form Identifier: Central Link 2012-2013

Entity Number: 122533

Contact Person: Randel Osborne

Phone Number: (203) 468-3911

**IMPORTANT**

Please record your Form 471 application number and security code. You will need this information if you wish to exit and return later to this online Form 471 application or if you wish to file your Item 21 Attachment Online.

471 Application Number: 832884  
Billed Entity Number: 122533  
Security Code Number: 00000

Continue >> Print Now

CENTRAL LINK

ATTACHMENT # B-2

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](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) Central Link 2012-2013	Form 471 Application #: 832884 (To be assigned by administrator)
---	--

**Block 1: Billed Entity Address and Identifications**

1 Name of Billed Entity  
EAST HAVEN PUBLIC SCHOOLS

2 Funding Year 2012

3a Entity Number 122533

3b FCC Registration Number 0011931276

4a Street Address, P.O. Box, or Route Number  
35 WHEELBARROW LN

City EAST HAVEN State CT Zip Code 06513-

4b Telephone Number (203) 468-3261

4c Fax Number (203) 468-3289

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: 122533	Applicant's Form Identifier: Central Link 2012-2013
Contact Person: Randel Osborne	Contact Phone Number: (203) 468-3911

**Block 1: Billed Entity Address and Identifications (continued)**

6a Contact Person's Name  
Randel Osborne

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  
35 WHEELBARROW LN

City EAST HAVEN State CT Zip Code 06513-

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 (203) 468 - 3911
- 6d Fax Number (203) 468 - 3912
- 6e E-Mail Address [rosborne@mail.east-haven.k12.ct.us](mailto:rosborne@mail.east-haven.k12.ct.us)  
Re-enter E-mail Address [rosborne@mail.east-haven.k12.ct.us](mailto:rosborne@mail.east-haven.k12.ct.us)

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:

<b>6g Consultant Name</b>			
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			

ATTACHMENT # B-4

Entity Number: 122533		Applicant's Form Identifier: Central Link 2012-2013	
Contact Person: Randel Osborne		Contact Phone Number: (203) 468-3911	
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.			
<b>Block 2: Impact of Services Ordered for Schools and Libraries from this Form 471</b>			
		Schools	Libraries
7a	Number of students or patrons to be served	3528	0
b	Telephone service: Number of classrooms or rooms with phone service	254	0
c	Direct connections to the Internet: Number of drops	3344	0
d	Number of classrooms or rooms with Internet access	254	0
e	Number of computers or other devices with Internet access	2439	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	0
		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	10	0
<b>Block 3</b>			
8 [Reserved]			

ATTACHMENT # B 5

<b>Entity Number: 122533</b>	<b>Applicant's Form Identifier: Central Link 2012-2013</b>
<b>Contact Person: Randel Osborne</b>	<b>Contact Phone Number: (203) 468-3911</b>

**Block 4: Discount Calculation Worksheet** **Worksheet - 1401717**  
Page 1 of 1

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

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

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 FSGS 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	All 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
DEER RUN ELEMENTARY SCHOOL	5950 09 01290 00214	U	357	129	36.134%	60	N	N	N	21420				
EAST HAVEN ACADEMY	5951 09 01290 00605	U	290	70	24.138%	50	N	N	N	14500				
MOMAUQUIN ELEMENTARY SCHOOL	5952 09 01290 00219	U	188	121	64.362%	80	N	N	N	15040				
JOSEPH MELLLO MIDDLE SCHOOL	5954 09 01290 00217	U	698	341	49.564%	80	N	N	N	55040				
PATHWAYS	235186 09 01290 00985	U	45	40	88.889%	90	N	N	N	4050				
EAST HAVEN HIGH SCHOOL	5959 09 01290 00216	U	948	365	38.502%	60	N	N	N	56880				
GROVE J TUTTLE ELEM SCHOOL	5961 09 01290 00218	U	204	118	57.843%	80	N	N	N	16320				
D C MOORE ELEMENTARY SCHOOL	5964 09 01290 00213	U	252	120	47.619%	60	N	N	N	15120				
DOMINICK FERRARA ELEM SCHOOL	5966 09 01290 00215	U	257	122	47.471%	60	N	N	N	15420				
OVERBROOK ELEMENTARY SCHOOL	5957 09 01290 00219	U	226	100	44.248%	60	N	N	N	13560				

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.	3455									227350				66%
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.														

ATTACHMENT # B-6

Entity Number: 122533		Applicant's Form Identifier: Central Link 2012-2013																																													
Contact Person: Randel Osborne		Contact Phone Number: (203) 468-3911																																													
<b>Block 5: Discount Funding Request(s)</b> 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 1 FRN 2261048 (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  <input checked="" type="checkbox"/> Telecommunications Service  <input type="checkbox"/> Internet Access                 </td> <td style="width:50%;">                     PRIORITY 2  <input type="checkbox"/> Internal Connections Other than Basic Maintenance  <input type="checkbox"/> Basic Maintenance of Internal Connections                 </td> </tr> </table>		PRIORITY 1 <input checked="" type="checkbox"/> Telecommunications Service <input type="checkbox"/> Internet Access	PRIORITY 2 <input type="checkbox"/> Internal Connections Other than Basic Maintenance <input type="checkbox"/> Basic Maintenance of Internal Connections	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;"></td> <td>A. Monthly charges (total amount per month for service)</td> </tr> <tr> <td></td> <td style="text-align: right;">\$6,339.00</td> </tr> <tr> <td></td> <td>B. How much of the amount in A is ineligible?</td> </tr> <tr> <td></td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td style="vertical-align: middle;">Recurring Charges</td> <td>C. Eligible monthly pre-discount amount (A minus B)</td> </tr> <tr> <td></td> <td style="text-align: right;">\$6,339.00</td> </tr> <tr> <td></td> <td>D. Number of months service provided in funding year</td> </tr> <tr> <td></td> <td style="text-align: right;">12</td> </tr> <tr> <td></td> <td>E. Annual pre-discount amount for eligible recurring charges (C x D)</td> </tr> <tr> <td></td> <td style="text-align: right;">\$76,068.00</td> </tr> <tr> <td style="vertical-align: middle;">Non-Recurring Charges</td> <td>F. Annual non-recurring charges</td> </tr> <tr> <td></td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td></td> <td>G. How much of the amount in F is ineligible?</td> </tr> <tr> <td></td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td></td> <td>H. Annual eligible pre-discount amount for non-recurring charges (F minus G)</td> </tr> <tr> <td></td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td style="vertical-align: middle;">Total Charges</td> <td>I. Total funding year pre-discount amount (E + H)</td> </tr> <tr> <td></td> <td style="text-align: right;">\$76,068.00</td> </tr> <tr> <td></td> <td>J. Discount from Block 4 Worksheet 66.00</td> </tr> <tr> <td></td> <td>K. Funding Commitment Request (I x J)</td> </tr> <tr> <td></td> <td style="text-align: right;">\$50,204.88</td> </tr> </table>			A. Monthly charges (total amount per month for service)		\$6,339.00		B. How much of the amount in A is ineligible?		\$0.00	Recurring Charges	C. Eligible monthly pre-discount amount (A minus B)		\$6,339.00		D. Number of months service provided in funding year		12		E. Annual pre-discount amount for eligible recurring charges (C x D)		\$76,068.00	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 charges (F minus G)		\$0.00	Total Charges	I. Total funding year pre-discount amount (E + H)		\$76,068.00		J. Discount from Block 4 Worksheet 66.00		K. Funding Commitment Request (I x J)		\$50,204.88
PRIORITY 1 <input checked="" type="checkbox"/> Telecommunications Service <input type="checkbox"/> Internet Access	PRIORITY 2 <input type="checkbox"/> Internal Connections Other than Basic Maintenance <input type="checkbox"/> Basic Maintenance of Internal Connections																																														
	A. Monthly charges (total amount per month for service)																																														
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	\$50,204.88																																														
12 Form 470 Application Number 176020000884318																																															
13 SPIN - Service Provider Identification Number 143001305																																															
14 Service Provider Name The Southern New England Telephone Company																																															
15a <input type="checkbox"/> Check this box if this Funding Request is for non-contracted tarified or month-to-month services.																																															
15b Contract Number Local CentralLink 3100 Service Agreement																																															
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) 203-468-3255																																															
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) 02/07/2011																																															
18 Contract Award Date (mm/dd/yyyy) 03/10/2011																																															
19 Service Start Date (mm/dd/yyyy) 07/01/2012																																															
20a Service End Date (mm/dd/yyyy)																																															
Contract Expiration Date (mm/dd/yyyy) 20b 03/09/2016																																															
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: b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., 1) 1401717																																													

ATTACHMENT # B-7

<b>Entity Number:</b> 122533	<b>Applicant's Form Identifier:</b> Central Link 2012-2013
<b>Contact Person:</b> Randel Osborne	<b>Contact Phone Number:</b> (203) 468-3911

**Block 8: 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.)	76068
b Total funding commitment request amount on this Form 471 (Add the entries from Items 23K on all Block 5 Discount Funding Requests.)	50204.88
c Total applicant non-discount share (Subtract Item 25b from Item 25a.)	25863.12
d Total budgeted amount allocated to resources not eligible for E-rate support	
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.)	25863.12
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 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.

ATTACHMENT # B-8

Entity Number: 122533	Applicant's Form Identifier: Central Link 2012-2013
Contact Person: Randel Osborne	Contact Phone Number: (203) 468-3911

**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.
- 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 <input type="checkbox"/>	39 Date
40 Printed name of authorized person	
41 Title or position of authorized person <input type="checkbox"/> 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 _____	

ATTACHMENT #     B 9

<b>Entity Number: 122533</b>		<b>Applicant's Form Identifier: Central Link 2012-2013</b>	
<b>Contact Person: Randel Osborne</b>		<b>Contact Phone Number: (203) 468-3911</b>	
<b>42b</b>	Telephone Number of authorized Person	Ext.	
<b>42c</b>	Fax Number of Authorized Person		
<b>42d</b>	E-mail Address of authorized Person		
	Re-enter E-mail Address		
<b>42e</b>	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 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](#)

ATTACHMENT # B-10



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

**Applicant Name** EAST HAVEN PUBLIC SCHOOLS  
**Billed Entity Number** 122533  
**Form 471 Application Number** 832884  
**Funding Request Number** 2261048  
**Service Provider** The Southern New England Telephone Company  
**Attachment Number**  
**Narrative description of this Funding Request** Basic phone service for school system

Service Type	Service Description	Eligible Pre-Discount Cost	
1 Local Phone Service	Local phone service for 254 lines		\$76,068.00
		<b>Number of Telecom Lines (if applicable)</b>	<b>254</b>
	<b>Recurring Charges</b>		<b>Non Recurring Charges</b>
<b>Monthly Recurring Charges</b>		\$6,339.00	<b>One-time non-recurring charges</b> \$0.00
<b>Less Ineligible Amount (if any)</b>		\$0.00	<b>Less Ineligible Amount (if any)</b> \$0.00
<b>Number of Months</b>		12	
<b>Eligible recurring charges</b>		<b>\$76,068.00</b>	<b>Eligible non-recurring charges</b> \$0.00
			<b>Line item TOTAL \$76068</b>
		<b>Total:</b>	<b>\$76,068.00</b>
		<b>Funding Requested on 471:</b>	<b>\$76,068.00</b>

**Date Submitted**                      **2/8/2012 10:24:58 AM**

ATTACHMENT # B-11

# **ATTACHMENT C**

**Form 471 # 832901  
Cell, LD**

**Schools and Libraries Universal Service Program  
Services Ordered and Certification Form 471  
Application Display**

**Block 1**

**Block 2 & 3**

**Block 4**

**Block 5**

**Block 6**

**Misc**

471 Application No: 832901  
Form Status: **CERTIFIED - In Window**  
Out of Window Letter Date: Not applicable

Funding Year: 7/1/2012 - 6/30/2013  
RAL Date: 02/21/2012

Cert. Postmark Date: 02/07/2012

Applicant's Form Identifier: Cell, LD 2012

**Block 1: Billed Entity Information**

**Billed Entity Number:** 122533  
**FCC Registration Number:** 0011931276  
**Applicant Name:** EAST HAVEN PUBLIC SCHOOLS  
**Address:** 35 WHEELBARROW LN  
**City:** EAST HAVEN **State:** CT **Zip:** 06513-  
**Contact Name:** Randel Osborne  
**Address:** 35 WHEELBARROW LN  
**City:** EAST HAVEN **State:** CT **Zip:** 06513  
**Type of Application:** SCHOOL DISTRICT  
**Entity Sub-Type:** Public  
**Consultant Name:**  
**Name of Consultant's Employer:**  
**Consultant's Address:**  
**Consultant Registration Number :**

Ineligible Orgs: N

[Previous](#)

[Display Entire Application](#)

---

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ATTACHMENT # C-1

HOME CANCEL SAVE & EXIT HELP

# FCC Form 471

Services Ordered and Certification Form



Block 2 & 3 Block 4 Block 5 Block 6

Applicant's Form Identifier: Cell, LD 2012  
Contact Person: Randel Osborne

Entity Number: 122533  
Phone Number: (203) 468-3911

**IMPORTANT**

Please record your Form 471 application number and security code. You will need this information if you wish to exit and return later to this online Form 471 application or if you wish to file your Item 21 Attachment Online.

471 Application Number: 832901  
Billed Entity Number: 122533  
Security Code Number: \*\*\*\*\*

Continue >> Print Now

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*CELL +  
LOW DISTANCE*

*Certification ID 718264*

*28-317342*

**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](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) Cell, LD 2012	Form 471 Application #: 832901 (To be assigned by administrator)
--	--

**Block 1: Billed Entity Address and Identifications**

1 Name of Billed Entity  
EAST HAVEN PUBLIC SCHOOLS

2 Funding Year 2012

3a Entity Number 122533

3b FCC Registration Number 0011931276

4a Street Address, P.O. Box, or Route Number  
35 WHEELBARROWLN

City EAST HAVEN State CT Zip Code 06513-

4b Telephone Number (203) 468-3261

4c Fax Number (203) 468-3289

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: 122533	Applicant's Form Identifier: Cell, LD 2012
Contact Person: Randel Osborne	Contact Phone Number: (203) 468-3911

**Block 1: Billed Entity Address and Identifications (continued)**

6a Contact Person's Name  
Randel Osborne

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.  
35 WHEELBARROWLN

City EAST HAVEN State CT Zip Code 06513-

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 (203) 468 - 3911
- 6d Fax Number (203) 468 - 3912
- 6e E-Mail Address [rosborne@mail.east-haven.k12.ct.us](mailto:rosborne@mail.east-haven.k12.ct.us)  
Re-enter E-mail Address [rosborne@mail.east-haven.k12.ct.us](mailto:rosborne@mail.east-haven.k12.ct.us)

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:

<p>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</p>
--

ATTACHMENT #     c-4

Entity Number: 122533 Applicant's Form Identifier: Cell, LD 2012  
 Contact Person: Randal Osborne Contact Phone Number: (203) 468-3911

Block 4: Discount Calculation Worksheet Worksheet - 1401741  
 Page 1 of 1

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

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

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	All 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	
DEER RUN ELEMENTARY SCHOOL	5950 09 01290 00214	U	357	129	36.134%	60	N	N	N	21420					
EAST HAVEN ACADEMY	5951 09 01290 00605	U	290	70	24.138%	50	N	N	N	14500					
MOMAUQUIN ELEMENTARY SCHOOL	5952 09 01290 00219	U	188	121	64.362%	80	N	N	N	15040					
JOSEPH MELLIO MIDDLE SCHOOL	5954 09 01290 00217	U	688	341	49.564%	80	N	N	N	55040					
PATHWAYS	235186 09 01290 00985	U	45	40	88.889%	90	N	N	N	4050					
EAST HAVEN HIGH SCHOOL	5959 09 01290 00216	U	948	365	38.502%	60	N	N	N	56880					
GROVE J TUTTLE ELEM SCHOOL	5981 09 01290 00218	U	204	118	57.843%	80	N	N	N	16320					
D C MOORE ELEMENTARY SCHOOL	5964 09 01290 00213	U	252	120	47.619%	60	N	N	N	15120					
DOMINICK FERRARA ELEM SCHOOL	5966 09 01290 00215	U	257	122	47.471%	60	N	N	N	15420					
OVERBROOK ELEMENTARY SCHOOL	5957 09 01290 00219	U	226	100	44.248%	60	N	N	N	13560					

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.	3455									227350				66%
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.														

ATTACHMENT # C-5

Entity Number: 122633		Applicant's Form Identifier: Cell, LD 2012							
Contact Person: Randel Osborne		Contact Phone Number: (203) 468-3911							
Block 5; Discount Funding Request(s) Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as needed, and number the completed pages to assure that they are all processed correctly.		Block 5, page 3 of 3 FRN 2261083 (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"> <tr> <td>PRIORITY 1</td> <td>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		
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								
12 Form 470 Application Number 525410000795844		Recurring Charges							
13 SPIN - Service Provider Identification Number 143025240									
14 Service Provider Name AT&T Mobility		A. Monthly charges (total amount per month for service) \$523.00							
15a <input checked="" type="checkbox"/> Check this box if this Funding Request is for non-contracted tariffed or month-to-month services.		B. How much of the amount in A is ineligible? \$0.00							
15b Contract Number MTM		C. Eligible monthly pre-discount amount (A minus B) \$523.00							
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).		D. Number of months service provided in funding year 12							
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:		E. Annual pre-discount amount for eligible recurring charges (C x D) \$6,276.00							
16a Billing Account Number (e.g., billed telephone number)		Non-Recurring Charges							
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) 01/11/2010		F. Annual non-recurring charges \$0.00							
18 Contract Award Date (mm/dd/yyyy)		G. How much of the amount in F is ineligible? \$0.00							
19 Service Start Date (mm/dd/yyyy) 07/01/2012		H. Annual eligible pre-discount amount for non-recurring charges (F minus G) \$0.00							
20a Service End Date (mm/dd/yyyy) 06/30/2013		Total Charges							
20b Contract Expiration Date (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.		I. Total funding year pre-discount amount (E + H) \$6,276.00							
22 Entity/Entities Receiving This Service:		J. Discount from Block 4 Worksheet 66.00							
		K. Funding Commitment Request (I x J) \$4,142.16							
		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:							
		b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., 1): 1401741							

ATTACHMENT # C-6

Entity Number: 122533		Applicant's Form Identifier: Cell, LD 2012							
Contact Person: Randel Osborne		Contact Phone Number: (203) 468-3911							
Block 5: Discount Funding Request(s) Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as needed, and number the completed pages to assure that they are all processed correctly.		Block 5, page 1 of 3 FRN 2261070 (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"> <tr> <td>PRIORITY 1</td> <td>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		
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								
12 Form 470 Application Number 525410000795844		A. Monthly charges (total amount per month for service) \$317.36							
13 SPIN - Service Provider Identification Number 143001305		B. How much of the amount in A is ineligible? \$0.00							
14 Service Provider Name The Southern New England Telephone Company		C. Eligible monthly pre-discount amount (A minus B) \$317.36							
15a <input checked="" type="checkbox"/> Check this box if this Funding Request is for non-contracted tariffed or month-to-month services.		D. Number of months service provided in funding year 12							
15b Contract Number MTM		E. Annual pre-discount amount for eligible recurring charges (C x D) \$3,808.32							
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)		F. Annual non-recurring charges \$0.00							
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.		G. How much of the amount in F is ineligible? \$0.00							
16a Billing Account Number (e.g., billed telephone number) 203-215-0934		H. Annual eligible pre-discount amount for non-recurring charges (F minus G) \$0.00							
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.		I. Total funding year pre-discount amount (E + H) \$3,808.32							
17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 01/11/2010		J. Discount from Block 4 Worksheet 66.00							
18 Contract Award Date (mm/dd/yyyy)		K. Funding Commitment Request (I x J) \$2,513.49							
19 Service Start Date (mm/dd/yyyy) 07/01/2012		Total Charges							
20a Service End Date (mm/dd/yyyy) 06/30/2013									
20b Contract Expiration Date (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:							
		b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., 1): 1401741							

Cell Spin  
Should be  
143025240

LD Spin  
Should be  
143001305

Entity Number: 122533		Applicant's Form Identifier: Cell, LD 2012							
Contact Person: Randel Osborne		Contact Phone Number: (203) 468-3911							
Block 5: Discount Funding Request(s) Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as needed, and number the completed pages to assure that they are all processed correctly.		Block 5, page 2 of 3 FRN 2261076 (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		
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								
12 Form 470 Application Number 625410000795844		Recurring Charges							
13 SPIN - Service Provider Identification Number 143000677									
14 Service Provider Name Verizon Wireless		A. Monthly charges (total amount per month for service) \$496.83							
15a <input checked="" type="checkbox"/> Check this box if this Funding Request is for non-contracted (anfied or month-to-month services.		B. How much of the amount in A is ineligible? \$0.00							
15b Contract Number MTM		C. Eligible monthly pre-discount amount (A minus B) \$496.83							
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).		D. Number of months service provided in funding year 12							
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:		E. Annual pre-discount amount for eligible recurring charges (C x D) \$5,961.96							
16a Billing Account Number (e.g., billed telephone number) 203-410-9458		Non-Recurring Charges							
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) 01/11/2010		F. Annual non-recurring charges \$0.00							
18 Contract Award Date (mm/dd/yyyy)		G. How much of the amount in F is ineligible? \$0.00							
19 Service Start Date (mm/dd/yyyy) 07/01/2012		H. Annual eligible pre-discount amount for non-recurring charges (F minus G) \$0.00							
20a Service End Date (mm/dd/yyyy) 06/30/2013		Total Charges							
20b Contract Expiration Date (mm/dd/yyyy)									
		I. Total funding year pre-discount amount (E + H) \$5,961.96							
		J. Discount from Block 4 Worksheet 68.00							
		K. Funding Commitment Request (I x J) \$3,934.89							
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: b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., 1): 1401741							

ATTACHMENT # C-8

Entity Number: 122533	Applicant's Form Identifier: Cell, LD 2012
Contact Person: Randel Osborne	Contact Phone Number: (203) 468-3911

**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.
- 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 <input type="checkbox"/>	39 Date
40 Printed name of authorized person	
41 Title or position of authorized person	
<input type="checkbox"/> Check here if the consultant in Item 6g is the Authorized Person.	
42a Street Address, P.O. Box, or Route Number	
City	Zip Code -

ATTACHMENT # C-9

<b>Entity Number:</b> 122533	<b>Applicant's Form Identifier:</b> Cell, LD 2012
<b>Contact Person:</b> Randol Osborne	<b>Contact Phone Number:</b> (203) 468-3911
<b>42b</b> Telephone Number of authorized Person	Ext
<b>42c</b> Fax Number of Authorized Person	
<b>42d</b> E-mail Address of authorized Person	
Re-enter E-mail Address	
<b>42e</b> 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 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

ATTACHMENT # C-10

**Item 21 Attachment**

**Telecommunications - Funding Year 2012**

**Applicant Name** EAST HAVEN PUBLIC SCHOOLS  
**Billed Entity Number** 122533  
**Form 471 Application Number** 832901  
**Funding Request Number** 2261083  
**Service Provider** AT&T Mobility  
**Attachment Number**  
**Narrative description of this Funding Request** 16 Cellular Telephone lines

Service Type	Service Description	Eligible Pre-Discount Cost	
1 Cellular (including PCS)	Cellular Telephone Service		\$6,276.00
		<b>Number of Telecom Lines (if applicable)</b>	16
		<b>Recurring Charges</b>	<b>Non Recurring Charges</b>
<b>Monthly Recurring Charges</b>		\$523.00	<b>One-time non-recurring charges</b> \$0.00
<b>Less Ineligible Amount (if any)</b>		\$0.00	<b>Less Ineligible Amount (if any)</b> \$0.00
<b>Number of Months</b>		12	
<b>Eligible recurring charges</b>		<b>\$6,276.00</b>	<b>Eligible non-recurring charges</b> \$0.00
			<b>Line item TOTAL \$6276</b>
		Total:	\$6,276.00
		Funding Requested on 471:	\$6,276.00

Date Submitted

2/8/2012 11:01:54 AM

ATTACHMENT # C-11



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

**Applicant Name** EAST HAVEN PUBLIC SCHOOLS  
**Billed Entity Number** 122533  
**Form 471 Application Number** 832901  
**Funding Request Number** 2261076  
**Service Provider** Verizon Wireless  
**Attachment Number**  
**Narrative description of this Funding Request** 10 cellular telephone lines

Service Type	Service Description	Eligible Pre-Discount Cost	
1 Cellular (including PCS)			\$5,961.96
		<b>Number of Telecom Lines (if applicable)</b>	10
	<b>Recurring Charges</b>		<b>Non Recurring Charges</b>
	<b>Monthly Recurring Charges</b>	\$496.83	<b>One-time non-recurring charges</b> \$0.00
	<b>Less Ineligible Amount (if any)</b>	\$0.00	<b>Less Ineligible Amount (if any)</b> \$0.00
	<b>Number of Months</b>	12	
	<b>Eligible recurring charges</b>	<b>\$5,961.96</b>	<b>Eligible non-recurring charges</b> \$0.00
			<b>Line item TOTAL \$5961.96</b>
		Total:	\$5,961.96
		Funding Requested on 471:	\$5,961.96

**Date Submitted** 4/25/2012 1:24:52 PM

ATTACHMENT # C-12

## Item 21 Attachment

Telecommunications - Funding Year 2012

**Applicant Name** EAST HAVEN PUBLIC SCHOOLS  
**Billed Entity Number** 122533  
**Form 471 Application Number** 832901  
**Funding Request Number** 2261070  
**Service Provider** The Southern New England Telephone Company  
**Attachment Number**  
**Narrative description of this Funding Request** Long Distance Telephone Service

Service Type	Service Description	Eligible Pre-Discount Cost	
1 Local/Long Distance Telephone Service			\$3,808.32
		<b>Number of Telecom Lines (if applicable)</b>	254
	<b>Recurring Charges</b>		<b>Non Recurring Charges</b>
	<b>Monthly Recurring Charges</b>	\$317.36	<b>One-time non-recurring charges</b> \$0.00
	<b>Less Ineligible Amount (if any)</b>	\$0.00	<b>Less Ineligible Amount (if any)</b> \$0.00
	<b>Number of Months</b>	12	
	<b>Eligible recurring charges</b>	<b>\$3,808.32</b>	<b>Eligible non-recurring charges</b> <b>\$0.00</b>
			<b>Line item TOTAL \$3808.32</b>
		Total:	\$3,808.32
		Funding Requested on 471:	\$3,808.32

Date Submitted

4/27/2012 1:56:19 PM

ATTACHMENT # C-13

# **ATTACHMENT D**

**Form 471 # 832870  
Item 21 Attachment Confirmation of Submission**

Fiber Network  
471 # 832870



[FRN listing](#)

## Online Item 21 Attachment

Your Item 21 Attachment for FRN 2261015, Application 122533 has been received on 2/8/2012 10:45:08 AM.

Please press the PRINT button for a copy of your Item 21 Attachment.

Retain that printout as confirmation of your submission of your Item 21 Attachment. You must retain all records (including bills, invoices, and contracts) related to your application for receipt and delivery of discounted services for a period of five years after the last day of services delivered for a particular Funding Year.

[Print Summary Listing](#) ▶

[Print Detailed Listing](#) ▶

[SLD Home](#) | Phone: 1-888-203-8100 | [Submit a Question](#)

ATTACHMENT #     D

# **ATTACHMENT E**

**Form 471 # 876867  
Fiber 2012-2013  
Resubmission of Requests on 832870**

Schools and Libraries Universal Service Program  
Services Ordered and Certification Form 471  
Application Display

Block 1

Block 2 & 3

Block 4

Block 5

Block 6

Misc



471 Application No: 876867  
Form Status: **INCOMPLETE**  
Out of Window Letter Date: 10/02/2012

Funding Year: 7/1/2012 - 6/30/2013  
RAL Date: Not applicable

Cert. Postmark Date: 06/11/2012

Applicant's Form Identifier: FIBER2012-2013

**Block 1: Billed Entity Information**

Billed Entity Number: 122533  
FCC Registration Number: 0011931276  
Applicant Name: EAST HAVEN PUBLIC SCHOOLS  
Address: 35 WHEELBARROW LN  
City: EAST HAVEN State: CT Zip: 06513-  
Contact Name: RANDEL OSBORNE  
Address: 35 WHEELBARROW LN  
City: EAST HAVEN State: CT Zip: 06513  
Type of Application: SCHOOL DISTRICT  
Entity Sub-Type: Public  
Consultant Name:  
Name of Consultant's Employer:  
Consultant's Address:  
Consultant Registration Number :

Ineligible Orgs: N

Previous

Display Entire Application

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ATTACHMENT # E-1

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](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) FIBER2012-2013	Form 471 Application #: 876867 (To be assigned by administrator)
---	--

**Block 1: Billed Entity Address and Identifications**

1 Name of Billed Entity  
EAST HAVEN PUBLIC SCHOOLS

2 Funding Year 2012

3a Entity Number 122533

3b FCC Registration Number 0011931276

4a Street Address, P.O. Box, or Route Number  
35 WHEELBARROW LN

City EAST HAVEN State CT Zip Code 06513-

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: 122533	Applicant's Form Identifier: FIBER2012-2013
Contact Person: RANDEL OSBORNE	Contact Phone Number:

**Block 1: Billed Entity Address and Identifications (continued)**

6a Contact Person's Name  
RANDEL OSBORNE

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.  
35 WHEELBARROW LN

City EAST HAVEN State CT Zip Code 06513-

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

ATTACHMENT #           E-2

Consultant's E-mail Address Re-enter E-mail Address Consultant Registration Number		
Entity Number: 122533		Applicant's Form Identifier: FIBER2012-2013
Contact Person: RANDEL OSBORNE		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 requesting discounts.  Schools/school districts complete the left-hand column and libraries complete the right-hand column. Consortia complete all that apply.		
<b>Block 2: Impact of Services Ordered for Schools and Libraries from this Form 471</b>		
	<b>Schools</b>	<b>Libraries</b>
7a Number of students or patrons to be served	0	0
b Telephone service: Number of classrooms or rooms with phone service	0	0
c Direct connections to the Internet: Number of drops	0	0
d Number of classrooms or rooms with Internet access	0	0
e Number of computers or other devices with Internet access	0	0
f Number of dial-up Internet access and other connections of up to 200 kbps:	0	0
9 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	0
	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	0
<b>Block 3:</b>		
8 [Reserved]		
Entity Number: 122533		Applicant's Form Identifier: FIBER2012-2013
Contact Person: RANDEL OSBORNE		Contact Phone Number:

ATTACHMENT #     E-3

Entity Number: 122533		Applicant's Form Identifier: FIBER2012-2013																												
Contact Person: RANDEL OSBORNE		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 1 FRN 2392874 (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%; padding: 2px;">                     PRIORITY 1  <input checked="" type="checkbox"/> Telecommunications Service  <input type="checkbox"/> Internet Access                 </td> <td style="width:50%; padding: 2px;">                     PRIORITY 2  <input type="checkbox"/> Internal Connections Other than Basic Maintenance  <input type="checkbox"/> Basic Maintenance of Internal Connections                 </td> </tr> </table>		PRIORITY 1 <input checked="" type="checkbox"/> Telecommunications Service <input type="checkbox"/> Internet Access	PRIORITY 2 <input type="checkbox"/> Internal Connections Other than Basic Maintenance <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:15%; text-align: center; vertical-align: middle;">Recurring Charges</td> <td style="padding: 2px;">A. Monthly charges (total amount per month for service)</td> <td style="text-align: right; padding: 2px;">\$0.00</td> </tr> <tr> <td style="padding: 2px;">B. How much of the amount in A is ineligible?</td> <td style="text-align: right; padding: 2px;">\$0.00</td> </tr> <tr> <td style="padding: 2px;">C. Eligible monthly pre-discount amount (A minus B)</td> <td style="text-align: right; padding: 2px;">\$0.00</td> </tr> <tr> <td style="padding: 2px;">D. Number of months service provided in funding year</td> <td style="text-align: center; padding: 2px;">12</td> </tr> <tr> <td style="padding: 2px;">E. Annual pre-discount amount for eligible recurring charges (C x D)</td> <td style="text-align: right; padding: 2px;">\$0.00</td> </tr> <tr> <td rowspan="3" style="width:15%; text-align: center; vertical-align: middle;">Non-Recurring Charges</td> <td style="padding: 2px;">F. Annual non-recurring charges</td> <td style="text-align: right; padding: 2px;">\$0.00</td> </tr> <tr> <td style="padding: 2px;">G. How much of the amount in F is ineligible?</td> <td style="text-align: right; padding: 2px;">\$0.00</td> </tr> <tr> <td style="padding: 2px;">H. Annual eligible pre-discount amount for non-recurring charges (F minus G)</td> <td style="text-align: right; padding: 2px;">\$0.00</td> </tr> <tr> <td rowspan="3" style="width:15%; text-align: center; vertical-align: middle;">Total Charges</td> <td style="padding: 2px;">I. Total funding year pre-discount amount (E + H)</td> <td style="text-align: right; padding: 2px;">\$0.00</td> </tr> <tr> <td style="padding: 2px;">J. Discount from Block 4 Worksheet</td> <td style="text-align: right; padding: 2px;">66.00</td> </tr> <tr> <td style="padding: 2px;">K. Funding Commitment Request (I x J)</td> <td style="text-align: right; padding: 2px;">\$0.00</td> </tr> </table>		Recurring Charges	A. Monthly charges (total amount per month for service)	\$0.00	B. How much of the amount in A is ineligible?	\$0.00	C. Eligible monthly pre-discount amount (A minus B)	\$0.00	D. Number of months service provided in funding year	12	E. Annual pre-discount amount for eligible recurring charges (C x D)	\$0.00	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 charges (F minus G)	\$0.00	Total Charges	I. Total funding year pre-discount amount (E + H)	\$0.00	J. Discount from Block 4 Worksheet	66.00	K. Funding Commitment Request (I x J)	\$0.00
PRIORITY 1 <input checked="" type="checkbox"/> Telecommunications Service <input type="checkbox"/> Internet Access	PRIORITY 2 <input type="checkbox"/> Internal Connections Other than Basic Maintenance <input type="checkbox"/> Basic Maintenance of Internal Connections																													
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	J. Discount from Block 4 Worksheet	66.00																												
	K. Funding Commitment Request (I x J)	\$0.00																												
12 Form 470 Application Number 56924000904122																														
13 SPIN – Service Provider Identification Number 143019354																														
14 Service Provider Name  Fiber Technologies Networks, L.L.C.																														
15a <input type="checkbox"/> Check this box if this Funding Request is for non-contracted tariffed or month-to-month services.																														
15b Contract Number  N/A																														
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)  03/07/2011																														
18 Contract Award Date (mm/dd/yyyy) 06/12/2012																														
19 Service Start Date (mm/dd/yyyy) 06/12/2012																														
20a Service End Date (mm/dd/yyyy)																														
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: 122533  b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., 1):																												

ATTACHMENT # E-4

<b>Entity Number:</b> 122533	<b>Applicant's Form Identifier:</b> FIBER2012-2013
<b>Contact Person:</b> RANDEL OSBORNE	<b>Contact Phone Number:</b>
<b>Block 6: Certifications and Signature</b>	
<p>24 <input type="checkbox"/> I certify that the entities listed in Block 4 of this application are eligible for support because they are: (Check one or both.)</p> <p style="margin-left: 20px;">a <input type="checkbox"/> 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</p> <p style="margin-left: 20px;">b <input type="checkbox"/> 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.</p> <p>25 <input type="checkbox"/> 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).</p>	
<p>a Total funding year pre-discount amount on this Form 471 (Add the entries from Items 23I on all Block 5 Discount Funding Requests.)</p>	125799.96
<p>b Total funding commitment request amount on this Form 471 (Add the entries from Items 23K on all Block 5 Discount Funding Requests.)</p>	83027.97
<p>c Total applicant non-discount share (Subtract Item 25b from Item 25a.)</p>	42771.99
<p>d Total budgeted amount allocated to resources not eligible for E-rate support</p>	
<p>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.)</p>	42771.99
<p>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 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.</p>	
<p>26 <input type="checkbox"/> 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.</p> <p style="margin-left: 20px;">Or <input type="checkbox"/> I certify that no technology plan is required by Commission rules.</p> <p>27 <input type="checkbox"/> 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.</p> <p>28 <input type="checkbox"/> 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.</p> <p>29 <input type="checkbox"/> 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.</p> <p>30 <input type="checkbox"/> 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.</p>	

ATTACHMENT #   E-5

Entity Number: 122533	Applicant's Form Identifier: FIBER2012-2013
Contact Person: RANDEL OSBORNE	Contact Phone Number:
<b>Block 6: Certification and Signature (Continued)</b>	
<p>31 <input 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 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 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 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 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 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 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 type="checkbox"/>	39 Date
<p>40 Printed name of authorized person</p> <p>41 Title or position of authorized person</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</p> <p>City State      Zip Code -</p>	

USAC  
Certified 6-11-2012

ATTACHMENT #     E-6

Entity Number: 122533		Applicant's Form Identifier: FIBER2012-2013	
Contact Person: RANDEL OSBORNE		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 - October 2010

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Previous

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*USAC Certified  
6-11-2012*

ATTACHMENT # E-7

NOTES:

I called USAC at the end of June to check the status of our 471 application number 832870 and was told that the application had not been submitted and at that we were out of window at this point. I asked what I could do and was advised to mail in the application and wait for an out of window response and then request a waiver. That was call number 22-413118. I overnighted the application on 6/21/2012.

I received an outside of window letter from USAC on 10/9/2012 in which they assigned a new 471 number (876867) I called them on 10/9/2012 call number 22-421202 and was told to file a waiver request with the FCC. We filed 10/9/2012, docket number: 02-6 and filing receipt number: 2012109292609..

[ memo to file  
Carmen Ruotolo ]

ATTACHMENT # E-8



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

October 2, 2012

**RANDEL OSBORNE  
EAST HAVEN PUBLIC SCHOOLS  
35 WHEELBARROW LN  
EAST HAVEN, CT 06513**

**Re: Applicant's Form Identifier: FIBER2012-2013  
Form 471 Application Number: 876867**

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 876867 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.

ATTACHMENT #     E-9    

---

Schools and Libraries Division - Correspondence Unit  
30 Lanidex Plaza West, PO Box 685, Parsippany, NJ 07054-0685  
Visit us online at: [www.usac.org/sl](http://www.usac.org/sl)

English

Customer Service

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Search USPS.com or Track Packages

Quick Tools

Ship a Package

Send Mail

Manage Your Mail

Shop

Business Solutions

# Track & Confirm

GET EMAIL UPDATES

PRINT DETAILS

YOUR LABEL NUMBER	SERVICE	STATUS OF YOUR ITEM	DATE & TIME	LOCATION	FEATURES
9504 1000 0000 0000 0000 0000	Express Mail®	Delivered	June 12, 2012, 10:22 am	LAWRENCE, KS 66046	<b>Guaranteed By:</b> June 12, 2012, 12:00 PM <b>Proof of Delivery</b>
		Arrival at Post Office	June 12, 2012, 9:59 am	LAWRENCE, KS 66046	
		Depart USPS Sort Facility	June 12, 2012	KANSAS CITY, MO 64121	
		Processed through USPS Sort Facility	June 12, 2012, 7:51 am	KANSAS CITY, MO 64121	
		Depart USPS Sort Facility	June 11, 2012	HARTFORD, CT 06199	
		Processed through USPS Sort Facility	June 11, 2012, 7:04 pm	HARTFORD, CT 06199	
		Dispatched to Sort Facility	June 11, 2012, 5:26 pm	EAST HAVEN, CT 06512	
		Acceptance	June 11, 2012, 1:12 pm	EAST HAVEN, CT 06512	

### Check on Another Item

What's your label (or receipt) number?

Find

#### LEGAL

- Privacy Policy >
- Terms of Use >
- FOIA >
- No FEAR Act EEO Data >

#### ON USPS.COM

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- Inspector General >
- Postal Explorer >

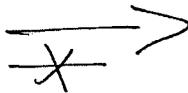
ATTACHMENT # E-10

# **ATTACHMENT F**

**FCC Waiver Request submitted by East Haven  
10/9/2012**

**Your submission has been accepted**

<b>ECFS Filing Receipt - Confirmation number: 2012109292609</b>		
<b>Proceeding</b>		
<b>Name</b>	<b>Subject</b>	
02-6	In the Matter of Schools and Libraries Universal Service Support Mechanism	
<b>Contact Info</b>		
Name of Filer: Randel Osborne		
Email Address: rosborne@mail.east-haven.k12.ct.us		
<b>Address</b>		
Address Line 1: 35 Wheelbarrow Ln		
City: East Haven		
State: CONNECTICUT		
Zip: 06516		
<b>Details</b>		
Small Business Impact: NO		
Type of Filing: WAIVER		
<b>Document(s)</b>		
<b>File Name</b>	<b>Custom Description</b>	<b>Size</b>
usac waiver request1.doc		23 KB
<b>Disclaimer</b>		
<p>This confirmation verifies that ECFS has received and accepted your filing. However, your filing will be rejected by ECFS if it contains macros, passwords, redlining, read-only formatting, a virus, or automated links to other documents.</p> <p>Filings are generally processed and made available for online viewing within one business day of receipt. You may use the link below to check on the status of your filing:  <a href="http://apps.fcc.gov/ecfs/comment/confirm?confirmation=2012109292609">http://apps.fcc.gov/ecfs/comment/confirm?confirmation=2012109292609</a></p> <p>For any problems please contact the Help Desk at 202-418-0193.</p>		



ATTACHMENT # F-1

October 9, 2012

Ref: Waiver Request

471 Application Number: 876867

Form Identifier: FIBER2012-2013

Entity Number: 122533

To whom it may concern:

We originally thought we filed a 471 on February 7, 2012, which also included the item 21 form for a high-speed optical network to service each of our buildings, that was 471 application number 832870. We used our PIN number and were under the impression it was completed and submitted. Looking through our file at a later date we realized we did not get a confirmation letter and called USAC, call # 22-381431, we were informed the application had not been submitted and were out window. We asked what could we do and were told to go ahead and mail the application which we did on 6/11/2012 and wait for an out of window letter at which time we could file a waiver.

We just received the out of window letter with a new 471 application number, 876867. We are requesting a date waiver if possible and would appreciate if this application could be processed. We are puzzled by the mix up since we have been filing for these funds for over fifteen years and to our knowledge it is the first time we have had this issue. We, like many other school districts, depend on these funds to provide up to date technology to our students and staff and it would be detrimental if this request was not granted.

Thank you very much for your time and attention.

Sincerely,

R.Osborne

District Technology Director

[rosborne@mail.east-haven.k12.ct.us](mailto:rosborne@mail.east-haven.k12.ct.us)

203-468-3911

ATTACHMENT # F-2

# **ATTACHMENT G**

## **Letter of Agency**



## **LETTER OF AGENCY – E-Rate Funding Years 2011-2015**

I authorize Jane Kellogg, Debi Sovereign, Mel Van Patten, and/or Mandy Harmon Wood - representatives of Kellogg & Sovereign® Consulting, LLC (collectively "KSLLC") – to submit Federal Communications Commission ("FCC") Forms 470, 471, 486, 500, 472 and other forms requested by the Schools and Libraries Division ("SLD") of the Universal Service Administrative Company ("USAC") on behalf of our school and/or school district. We also authorize the aforementioned representatives to act as our agents in soliciting and receiving proposals, and preparing comparisons of proposals from service providers.

Name of Applicant (Entity #): EAST HAVEN PUBLIC SCHOOLS, EAST HAVEN, CT (122533)

Although not exclusive, KSLLC is specifically authorized to conduct the following actions:

- ♦ Prepare and submit documentation on behalf of the Applicant to USAC and/or the FCC in compliance with E-Rate program rules and regulations.
- ♦ Act as our agent in working with representatives of the FCC, USAC, and/or SLD to provide information as requested during application review, selective reviews, site visits, audits and any other activity associated with review of our applications.
- ♦ Prepare Requests for Proposal ("RFPs") to be posted to the KSLLC website and distributed to appropriate service providers.
- ♦ Provide information to service providers as needed to clarify information in RFPs and Forms 470.
- ♦ Solicit and receive proposals from service providers for requested services.
- ♦ Complete contracts for eligible E-Rate services as specifically directed by the Applicant's authorized representative.

**I also understand that in submitting these forms on our behalf, representatives of Kellogg & Sovereign® Consulting, LLC are making certifications for our school and/or school district. By signing this letter of agency under oath, I make the following certifications as required by the FCC<sup>1</sup>:**

I certify that the school(s) I represent are eligible for support because they are 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.

I certify that the entities I represent will secure 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 I have considered what financial resources should be available to cover these costs. I certify that the entities I represent will secure access to all of the resources to pay the discounted charges for eligible services from funds to which access will be secured in the applicable funding year(s). 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).

I certify that, if required by Commission rules, all of the individual school(s) I represent are covered by technology plans that cover all 12 months of the applicable funding year(s), 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.

I authorize Kellogg & Sovereign® Consulting, LLC to post my Form 470 and (if applicable) make my RFP available for at least 28 days before the applicant considers all bids received and selects service providers. I certify that all bids submitted will be carefully considered and the bid(s) selected will be for the most cost-effective service or

<sup>1</sup> Certifications per FCC Forms 470, 471 and 486. <http://www.usac.org/sl/tools/forms.aspx> 5/15/2012

equipment offering, with price being the primary factor, and will be the most cost-effective means of meeting educational needs and technology plan goals.

I certify that I will review all applicable FCC, state, and local procurement/competitive bidding requirements and that the entity or entities I represent will comply with them.

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 our forms have or will not receive anything of value or a promise of anything of value, other than services and equipment sought by means of forms submitted with the Schools & Libraries Division, from the service provider, or any representative or agent thereof or any consultant in connection with the request for services.

I certify that I and the entity(ies) I represent will comply 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 will be signed contracts covering all of the services listed on the 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.

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.

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 form for, receipt of, and delivery of services receiving schools and libraries discounts. I acknowledge that I may be audited pursuant to participation in the schools and libraries program.

I certify that I am authorized to order telecommunications and other supported services for the eligible entity(ies) I represent. I certify that I am authorized to sign this Letter of Agency and all information to be provided to Kellogg & Sovereign® Consulting, LLC for the E-Rate submission will be true and correct to the best of my knowledge, that the entities that are receiving discounts pursuant to the associated applications have complied with the terms, conditions, and purposes of this program, that no kickbacks were or will be paid to anyone and that false statements on FCC forms 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.

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 our FCC forms, or any person associated in any way with my entity and/or the entities listed on our FCC forms, is convicted of a criminal violation or held civilly liable for acts arising from their participation in the schools and libraries support mechanism.

I certify that if any of the funding requests listed on our FCC forms are for discounts for products or services that contain both eligible and ineligible components that Kellogg & Sovereign® Consulting, LLC on our behalf will allocate the cost of the contract to eligible and ineligible components as required by the Commission's rules at 47 C.F. R. § 54.504(g)(1),(2).

I certify that funding requests included on the related FCC forms will 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).

ATTACHMENT # 4-2

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 the applicable FCC forms will be 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.

I certify that prior to the commencement of service, the school(s) I represent will be in compliance with the requirements of the Children's Internet Protection Act, as codified at 47 U.S.C. § 254(h) and (l).

I certify that I am authorized to sign this Letter of Agency and, to the best of my knowledge, information and belief, all information provided to KLLC for E-Rate submission is true. If any of the statements made above are incorrect, fraudulent or misleading, the undersigned and their institution agrees to indemnify KLLC, its members, employees and agents of any and all liability, legal fees or actions that may arise from the incorrect, fraudulent or misleading statement(s).

Applicant Name, City, State: EAST HAVEN PUBLIC SCHOOLS, EAST HAVEN, CT 06513

Signature of Authorized Person: RANDEL OSBORNE Date: 11.16.12

Printed Name of Authorized Person: RANDEL OSBORNE Title: TECH. DIRECTOR

*This authorization shall remain in effect until KSLLC is notified of its cancellation in writing via certified mail.*

State of Connecticut

County of New Haven ss. (Town/City)

On this the 16th day of November, 20 12, before me, Virginia Ferriouolo (name of notary), the undersigned officer, personally appeared Randel Osborne (name of individual or individuals), known to me (or satisfactorily proven) to be the person(s) whose name(s) (is or are) subscribed to the within instrument and acknowledged that (he, she or they) executed the same for the purposes therein contained.

In witness whereof I hereunto set my hand.

Virginia Ferriouolo  
Signature of Notary Public

Date Commission Expires: 5/31/17

ATTACHMENT # G-3