

December 12, 2012

Letter of Appeal
CC Docket No. 02-6

Received & Inspected
DEC 28 2012
FCC Mail Room

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

Re: USAC Funding Commitment Decision Letter dated August 21, 2012
Administrator's Decision on Appeal dated November 16, 2012

Ms. Marlene H. Dortch

This letter is to appeal the Universal Service Administrative Company (USAC)'s rejection of our appeal of the denial of funding of Ben Gamla Palm Beach Charter School (FCC Registration #0021588181) based on insufficient information showing that the school met the definition of an elementary school. The rejection was based solely on the appeal being postmarked more than 60 days after the date of the Funding Commitment Decision Letter.

The appeal letter was originally prepared and dated October 12th 2012 well within the window for an appeal. Due to a clerical error the letter was not actually mailed until the 29th. The delay resulted from the letter sitting on the desk of an administrative assistant who was not at work.

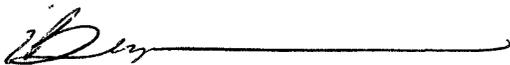
The appeal letter included information showing that school is recognized as a charter school by the School District of Palm Beach County, Florida. We are confident that if USAC were to accept and review the appeal that the charter school would receive funding for telephone and internet services. We do not believe that the school should be denied funding solely because of a clerical error.

We request that the deadline for appealing the USAC Funding Commitment Decision letter dated August 21, 2012 be extended so that the appeal can be accepted by USAC.

Appellant: the Ben Gamla Palm Beach Public Charter School
Contact: Eileen Beyra
Address: Academica Corp.
6340 Sunset Drive
Miami, FL 33143
Phone: 305-669-2906
Email: ebeyra@academica.org

Thank you very much for your time. If you require any other information, I may be contacted through the contact information above.

Sincerely,



Eileen Beyra
Administrator/Academica Corp.

No. of Copies rec'd _____
List ABCDE _____



Universal Service Administrative Company
Schools & Libraries Division

Administrator's Appeal Acknowledgement Letter
(Funding Year 2012: 07/01/2012 – 06/30/2013)

November 8, 2012

Eileen Beyra
BEN GAMLA PALM BEACH
Academica
6340 Sunset Drive
Miami, FL 33143

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Subject: BEN GAMLA PALM BEACH

Eileen Beyra,

Universal Service Administrative Company has received your correspondence, dated October 12, 2012, on November 5, 2012, regarding the FY 2012 funding decision of your Form 471 Application Numbers; 862285 – for all FRNs.

These are the steps that will now follow:

1. We will review your correspondence carefully to identify the specific issue(s) it raises.
2. We will consult the Program Integrity Assurance records and all supporting documentation for the application. Our goal is to determine whether the program rules were administered appropriately in processing your application.
3. Once the review process is completed we will respond in writing and state whether your appeal is approved, denied or approved in part. A Revised Funding Commitment Decision Letter will follow for any approved appeal resulting in additional discounts for your application. Funds have been set aside to implement funding decisions for appeals approved by the USAC and/or the Federal Communications Commission.

We will perform an in-depth review of your appeal. Our goal is to respond to you as promptly as possible. We thank you in advance for your patience as we handle your appeal with the care and attention it deserves.

Universal Service Administrative Company

October 12, 2012

Letter of Appeal
Schools and Libraries Division – Correspondence Unit
30 Lanidex Plaza West
P.O. Box 685
Whippany, NJ 07054-0685

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FCC Mail Room

RE: Form 471 #862285
Funding Commitment Decision Letter dated August 21,2012
School District of Palm Beach County board listing
National Ben Gamla Charter School Foundation Inc. filing information

To Whom It May Concern:

We are appealing the USAC decision not to fund the Ben Gamla Palm Beach Public Charter School (BEN16068530). The form 471 (#862285) funding requests were denied because insufficient information was supplied to show that the school met the definition of an elementary school.

Ben Gamla Palm Beach PCS was approved by the School District of Palm Beach County as a public charter school in February of 2012. Attached is partial listing of the School District of Palm Beach County board showing that it is serving students from K-5. Ben Gamla Palm Beach PCS is part of the National Ben Gamla Charter School Foundation Inc. which is a non-profit corporation. A copy of their listing from the Florida Department of State Division of Corporations is attached confirming their non-profit status.

This information shows that Ben Gamla Palm Beach PCS is an eligible school for the purposes of the universal service fund. Therefore it is requested that the decision not to fund the school be changed and that the school be funded.

Our E-Rate information is as follows:
Appellant: the Ben Gamla Palm Beach Public Charter School
Contact: Eileen Beyra
Address: Academica Corp.
6340 Sunset Drive
Miami, FL 33143
Phone: 305-669-2906
Email: ebeyra@academica.org
Billed Entity Number: 16068530
Form 471 Application # 862285

Thank you very much for your time. If you require any other information, I may be contacted through the contact information above.

Sincerely,

Eileen Beyra
Administrator/Academica Corp.

7012 0470 0001 2393 3055

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
10/29/12 Postmark Here	
Sent To <u>Letter of Appeal USAC-</u>	
Street, Apt. No., or PO Box No.	
City, State, ZIP+4	

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Schools and Libraries Division

Jul 25, 2012

Eileen Beyra
 BEN GAMLA PALM BEACH
 Telephone:
 Application Number

(305) 6692906
 862285

Response Due Date: 08/09/2012

The Program Integrity Assurance (PIA) team is in the process of reviewing all Funding Year 2012 FCC Form 471 Applications to ensure that they are in compliance with the rules of the Universal Service program. We are currently in the process of reviewing your Funding Year 2012 FCC Form 471 Application. To complete our review, we need some additional information. The information needed to complete the review is listed below.

I of II:

Based upon review of your Funding Year 2012 FCC Form 471 application and/or the documentation you provided, we were not able to determine the eligibility of **Ben Gamla Palm Beach (Entity # 16068530)**. In order to be eligible to receive discounted services, under the program rules, schools must meet the statutory definition of an elementary or secondary school found in the No Child Left Behind Act of 2001 (20 U.S.C. Section 7801 (18) and (38)) and they must not be operating as for-profit businesses, and may not have an endowment exceeding \$50 million. Please provide documentation that will verify that the entity meets the statutory definition provided above.

For further information on the eligibility requirements please refer to the USAC web site- Before You Begin Eligibility <http://www.usac.org/sl/applicants/beforeyoubegin/default.aspx>.

II of II:

Based upon review of your Funding Year 2012 FCC Form 471 application, we were not able to validate your requested discount percentage of 40% for **Ben Gamla Palm Beach**. In order to validate this discount percentage, please provide the appropriate documentation as described in the options listed below.

Option 1. If the school participates in the National School Lunch Program (NSLP), please provide a signed copy (preferably by the Principal, Vice-Principal, Superintendent or Director of Food Services) of a Reimbursement Claim Form that the school sends to the state each month as part of their participation in the program. Make sure that the following three items are identified on the claim form:

- a. The entity name
- b. The total number of students enrolled at the entity

- c. The total number of students eligible for participation in the Free or Reduced Lunch Program for the entity

If the school district fills out an aggregate claim form for the school, please provide a signed letter on school letterhead from a school official (preferably the Superintendent or other chief school official) that lists the enrollment and Free/Reduced information for each school in the district. The enrollment and Free/Reduced information provided in your letter should match the information that appears on the claim form.

Option 2. If the discount percentage was determined by information obtained from an income survey or application (NSLP Lunch Application forms cannot be used as survey or application instruments), please provide the following information on school letterhead signed by a chief school official (such as the Principal, Vice Principal, Superintendent or Director of Food Services):

- a. Total number of students enrolled at the school
- b. Total number of surveys/applications sent out (If a single survey is sent to households with more than one student, please indicate the total number of students represented by the surveys)
- c. Total number of surveys/applications returned (If a single survey is sent to households with more than one student, please indicate the total number of students represented by the surveys)
- d. Total number of students qualified for participation in NSLP based upon the information provided in the returned surveys/applications
- e. Are the surveys/applications and results kept on file? Yes No
 - a. If so, for how long are they kept on file?
- f. A statement that confirms that only students who meet the Income Eligibility Guidelines of the National School Lunch Program have been included in Column 5 of Item 9a of Block 4 of the FCC Form 471

Provide a sample copy of a FILLED OUT SURVEY OR APPLICATION with the child's personal information crossed out for confidentiality. **Be advised that in order for a survey to be acceptable it must contain the family's name, student's name, the size of the family and the income level of the family.**

A school cannot include in their numbers other alternative methods, such as sibling match, direct certification etc., and then extrapolate as well. Schools may combine multiple alternative methods, such as survey results, sibling match, direct certification etc., but must ensure that the same students are not counted multiple times, and cannot extrapolate the results from multiple surveys.

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

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

- g. A statement that confirms that only students who meet the Income Eligibility Guidelines of the National School Lunch Program have been included in Column 5 of Item 9a of Block 4 of the Form 471

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

Option 4: Provide a letter from your State Department of Education (on state letterhead and signed by a chief official at the State Department of Education) verifying that the total student enrollment and the free and reduced figures you provided are accurate.

Option 5: Provide a letter from your State Food/ or Nutrition Service Authority officials (on state letterhead and signed by a chief official of the State or Nutrition Service Authority) verifying the total student enrollment and the free and reduced figures you provided are accurate.

Option 6: If the discount percentage was determined using a different method than any of the methods identified above, please clearly describe and explain the survey method that was used and provide all relevant data , forms, or other tools that were used during the survey process.

Option 7: If the discount options mentioned above are not applicable to your entity, please clearly describe what type of instructional facility the entity is. For example, the entity is a school with changing student population in a given school year as the school provides educational services to students drawn from other schools.

Please fax or email the requested information to my attention. If you have any questions or if you require a further explanation of this request, please feel free to contact me.

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

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

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

Lisette LaForge
Associate Manager, Program Integrity Assurance
30 Lanidex Plaza West | Parsippany, NJ 07054
Direct: 973.581.5203 | F: 973.599.6538
Lisette.LaForge@sl.universalservice.org

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Ben Gamla Palm Beach

8600 Jog Road, Boynton Beach, FL 33472 ♦ Phone: (561) 742-8017 Fax: (561) 742-8018

Elanit Weizman, Principal

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To whom this may concern:

- A. Total number of students enrolled at the school = 284 students
- B. Total number of survey/applications sent out = 284
- C. Total number of Direct Certification= 10 students
- D. Total number of survey/applications returned = 15
- E. Total number of students qualified for participation in NSLP based upon the information provided in returned survey/applications = 15 students
- F. Are the surveys/applications and results kept on file? X Yes
 No

If so, for how long are they kept on file? 5 years

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

Sincerely,

Principal

Elanit Weizman



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FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

PART 1. ALL HOUSEHOLD MEMBERS

Names of all household members (First, Middle Initial, Last)	Name of school for each child/or indicate "NA" if child is not in school	Check if a foster child (legal responsibility of welfare agency or court) * If all children listed below are foster children, skip to Part 5 to sign this form.	Check if NO income
Hammy [redacted]	[redacted]	<input type="checkbox"/>	<input type="checkbox"/>
Nicole [redacted]	[redacted]	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Inara [redacted]	Ben Gamla	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Lodan [redacted]	N/A	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Jordan Joy [redacted]	N/A	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		<input type="checkbox"/>	<input checked="" type="checkbox"/>

Part 2. BENEFITS

IF ANY MEMBER OF YOUR HOUSEHOLD RECEIVES Florida SNAP, FDIPIR OR Florida TANF Cash Assistance, PROVIDE THE NAME AND CASE NUMBER FOR THE PERSON WHO RECEIVES BENEFITS AND SKIP TO PART 5. IF NO ONE RECEIVES THESE BENEFITS, SKIP TO PART 3.

NAME: _____ CASE NUMBER: _____

PART 3. IF ANY CHILD YOU ARE APPLYING FOR IS HOMELESS, MIGRANT, OR A RUNAWAY CHECK THE APPROPRIATE BOX AND CALL your school or Kim Williams, 561 738-2966 or Celia Elrod, 561 434-8444. HOMELESS MIGRANT RUNAWAY

PART 4. TOTAL HOUSEHOLD GROSS INCOME. You must tell us how much and how often.

1 NAME (List only household members with income)	2. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED			
	Earnings From Work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security, SSI, VA benefits	All Other Income
Hammy [redacted] (Example) Jane Smith	\$199.99/weekly	\$149.99/every other week	\$99.99/monthly	\$50.00/monthly
	\$ 0	\$ 0	2900/mo	\$ 0
	\$ /	\$ /	\$ /	\$ /
	\$ /	\$ /	\$ /	\$ /
	\$ /	\$ /	\$ /	\$ /
	\$ /	\$ /	\$ /	\$ /

PART 5. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (ADULT MUST SIGN)

An adult household member must sign the application. If Part 4 is completed, the adult signing the form also must list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.

Sign here: [redacted] Print name: [redacted] Date: 9/7/12

Address: [redacted] Phone Number: _____

City: [redacted] State: [redacted] Zip Code: [redacted]

four digits of Social Security Number: [redacted] I do not have a Social Security Number

NOTICE TO HOUSEHOLDS OF APPROVAL/DENIAL OF BENEFITS

Parent/Guardian:

You applied for free or reduced-meals for the following child(ren);

Inara [REDACTED]

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Your application was:

- Approved for free meals
- Approved for reduced price meals at \$.40 for lunch, \$.30 for breakfast.
- Denied for the following reason(s):
 - Income over the allowable amount
 - Incomplete application because _____
 - Other _____

If you do not agree with the decision, you may discuss it with Ms. Brown at 561 742-8017 or at lbrown@bengamlapalmbeach.org. If you wish to review the decision further, you have a right to a fair hearing. This can be done by calling or writing the following official:

NAME: Ben Gamla Boynton Beach

ADDRESS: 8600 Jog Road, Boynton Beach, Florida 33472

PHONE NUMBER: 561 742-8017 E-MAIL: eweizman@bengamlacharter.org

Sincerely,

Administrative Assistant

Name [Signature] Title _____ Date 9/7/12

Non-Discrimination Statement: This explains what to do if you believe you have been treated unfairly. "In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer."

Part 6. Children's ethnic and racial identities (optional)

Choose one ethnicity: <input type="checkbox"/> ispanic/Latino <input checked="" type="checkbox"/> Hispanic/Latino	Choose one or more (regardless of ethnicity): <input checked="" type="checkbox"/> Asian <input checked="" type="checkbox"/> White <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input checked="" type="checkbox"/> Black or African American
---	---

DO NOT FILL OUT THIS PART. THIS IS FOR SCHOOL USE ONLY.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24 Monthly x 12

Total Income: _____ Per: Week, Every 2 Weeks, Twice A Month, Month, Year Household size: _____

Categorical Eligibility: _____ Date Withdrawn: _____ Eligibility: Free _____ Reduced _____ Denied _____

Reason: _____

Temporary: Free _____ Reduced _____ Time Period: _____ (expires after _____ days)

Determining Official's Signature: M. Levine Date: 9/17/12

Confirming Official's Signature: _____ Date: _____

Verifying Official's Signature: _____ Date: _____

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Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.

Household size	Yearly	Monthly	Weekly
1	20,147	1,679	388
2	27,214	2,268	524
3	34,281	2,857	660
4	41,348	3,446	796
5	48,415	4,035	932
6	55,482	4,624	1,067
7	62,549	5,213	1,203
8	69,616	5,802	1,339
Each additional person:	7,067	589	136

Privacy Act Statement: THIS explains how we will use the information you give us.

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly. "In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer."

APPLICATION COVER SHEET

NAME OF PROPOSED CHARTER SCHOOL: Ben Gamla Charter School (Palm Beach)

NAME OF FLORIDA NONPROFIT CORPORATION THAT WILL HOLD THE CHARTER: National Ben Gamla Charter School Foundation, Inc.

The Corporation has applied for 501-C3 Non-profit Status: Yes X No _____

Provide the name of the person who will serve as **the primary contact** for this Application. **The primary contact** should serve as the contact for follow-up, interviews, and notices regarding this Application.

NAME OF CONTACT PERSON: Adri Lima

TITLE/RELATIONSHIP TO NONPROFIT: Authorized Representative

MAILING ADDRESS: c/o 6361 Sunset Drive, Miami, FL 33143

PRIMARY TELEPHONE: (786) 201.0946 **ALTERNATE TELEPHONE:** () _____

E-MAIL ADDRESS: adri5283@gmail.com

NAME OF EDUCATION SERVICE PROVIDER (if any): ACADEMICA

NAME OF PARTNER ORGANIZATION (if any):

Projected School Opening: Fall X Spring _____ **School Year** 2011

Term of Charter Requested 5 years

School Year	Grade Levels	Total Projected Student Enrollment
First Year	K-8	300
Second Year	K-8	512
Third Year	K-8	640
Fourth Year	K-8	662
Fifth Year	K-8	662

I certify that I have the authority to submit this application and that all information contained herein is complete and accurate, realizing that any misrepresentation could result in disqualification from the application process or revocation after award. I understand that incomplete applications will not be considered. The person named as the contact person for the application is so authorized to serve as the primary contact for this application on behalf of the organization.

Signature

Title

Debra Klein, Board Chair

Printed Name

7/26/10

Date