

Please see the attached.

Felicia Evans

Associate Manager, Program Integrity Assurance Reviewer

30 Lanidex Plaza West | Parsippany, NJ 07054

T: 973.581.5195 | F: 973.599.6579

fevans@sl.universalservice.org



Schools and Libraries Division

Apr 03, 2012

Richard Senturia
ST CHARLES SCHOOL, NEWPORT

Telephone:

(314) 2823676

Application Number

839622

Fax Number

[fax:Richard.Senturia@1-314-3955882]

E-mail

rsenturia@erateprogram.com

Response Due Date: April 18, 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.

Part I of II

I. Based upon our review of your Funding Year 2012 FCC Form 471 application **839622** for the Billed Entity **ST CHARLES SCHOOL, NEWPORT (54577)**, the associated FCC Registration Number ("FCC RN") you submitted for this entity is **0021556288**.

The number you provided is not recognized as the FCC Registration Number for <List Block 1 BEN Name> through information found on the FCC CORES website (Commission Registration System) <https://fjallfoss.fcc.gov/coresWeb/publicHome.do>. We believe that the FCC RN for your entity is **0012556288**.

The FCC RN has been modified to the one found for your entity through the FCC website and identified above.

Please confirm your concurrence with this modification.

YES ___ or NO ___

If NO, and you have alternative information to support the FCC RN you submitted, please provide your supporting documentation.

Part II of II

II. Based upon review of your Funding Year 2012 FCC Form 471 application, we were not able to validate your requested discount percentage of 50% for **ST CHARLES SCHOOL, NEWPORT (54577)**. 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.

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

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

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

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