

APR 11 2013

School Administrative District Eight**FCC Mail Room**

22 Arcola Lane
Vinalhaven, ME 04863

tel. (207) 863-4800
tel. (207) 863-4664
Principal Fax: (207) 863-2035
Superintendent Fax: (207) 863-4574

Maine School Admin District 8
BEN : 121719
Contact: Katherine JH Warren
22 Arcola Lane
Vinalhaven, Maine 04863
PH: 207-863-4664
Fax: 207-863-4572
kwarren@vinalhavenschool.org

This letter is a waiver request regarding the submission of our FY 2013-2014 Form 471 beyond the filing window deadline. We are formally requesting a waiver of the 471 application filing window deadline due to extenuating circumstances.

The Form 471 for BEN 121719, Maine School Admin District 8 was filed on April 5th, 2013. It includes FRN 2551106 for SPIN 143000553
FRN 2551107 for SPIN 143001192
FRN 2551108 for SPIN 143032501

This 471 represents the POTS, Cell and Out of State Long Distance service for our small island school district. We are located 12 miles off the coast of Maine, accessible by ferry, and serve 186 K-12 students.

Due to our small size and limited staffing we unintentionally missed this years 471 deadline. I have been filing E-Rate forms for the last 14 years and am generally well aware of the deadlines. I can assure you that this years mistake, due to an unexpected absence, and family emergency, will not be repeated.

The E-Rate reimbursement for this Form 471 represents \$7,300.00. This may not seem like a large issue but for a small district such as ours it is a significant amount of money and losing it will represent a hardship in our budget. We plan our expenses carefully and this is an important revenue for us.

Please consider our request seriously. I apologize sincerely for this error and once again assure you that asking for exceptions is not and will not become our norm.

Thank you for your time and consideration.



Katherine JH Warren
Business Manager MSAD#8 (BEN 121719)
22 Arcola Lane, Vinalhaven, Maine 04863

No. of Copies rec'd _____
List ABCDE _____

0

FCC Form 471

Approval by OMB
3060-0806

**Schools and Libraries Universal Service
Description of Services Ordered and Certification Form 471**

Estimated Average Burden Hours per Response: 4 hours

This form is designed to help schools and libraries to list the eligible services they have ordered and estimate the annual charges for them so that the Fund Administrator can set aside sufficient support to reimburse providers for services. **Please read instructions before beginning this application. (You can also file online at www.usac.org/sl.)**
The instructions include information on the deadlines for filing this application.

Applicant's Form Identifier (Create an identifier for your own reference) 1314-121719	Form 471 Application # 933227 (To be assigned by administrator)
Block 1: Billed Entity Address and Identifications	
<p>1 Name of Billed Entity SCHOOL ADMIN DISTRICT 08</p> <p>2 Funding Year 2013</p> <p>3a Entity Number 121719</p> <p>3b FCC Registration Number 0011820511</p> <p>4a Street Address, P.O. Box, or Route Number ARCOLA LANE</p> <p>City VINALHAVEN State ME Zip Code 04863-</p> <p>4b Telephone Number (207) 863-4800</p> <p>4c Fax Number (207) 863-4572</p> <p>5a Type of Application (check only one)</p> <p><input type="checkbox"/> Individual School (individual public or non-public school)</p> <p><input checked="" type="checkbox"/> School District (LEA, public or non-public [e.g. diocesan] local district representing multiple schools)</p> <p><input type="checkbox"/> Library (including library system, library outlet/branch or library consortium as defined under LSTA)</p> <p><input type="checkbox"/> Consortium (intermediate service agencies, states, state networks, special consortia of schools and/or libraries)</p> <p><input type="checkbox"/> Statewide application for (enter 2-letter state code) representing (check all that apply)</p> <p><input type="checkbox"/> All public schools/districts in the state</p> <p><input type="checkbox"/> All non-public schools in the state</p> <p><input type="checkbox"/> All libraries in the state</p> <p>5b Recipient(s) of Services:</p> <p><input type="checkbox"/> Private <input checked="" type="checkbox"/> Public <input type="checkbox"/> Charter</p> <p><input type="checkbox"/> Tribal <input type="checkbox"/> Head Start <input type="checkbox"/> State Agency</p>	
Entity Number: 121719	Applicant's Form Identifier: 1314-121719
Contact Person: Katherine JH Warren	Contact Phone Number: (207) 863-4800
Block 1: Billed Entity Address and Identifications (continued)	
<p>6a Contact Person's Name Katherine JH Warren</p> <p>If the Contact Person's Street Address is the same as Item 4 above, check here <input type="checkbox"/> If not, complete Item 6b</p> <p>6b Street Address, P.O. Box, or Route Number NOTE: USAC will use this address to mail correspondence about this form ARCOLA LANE</p> <p>City VINALHAVEN State ME Zip Code 04863-</p> <p>Check the box next to your preferred mode of contact and provide your contact information. One box MUST be checked and an entry provided</p> <p><input type="checkbox"/> 6c Telephone Number (207) 863 - 4800</p> <p><input type="checkbox"/> 6d Fax Number (207) 863 - 4572</p> <p><input checked="" type="checkbox"/> 6e E-Mail Address kwarren@vinalhavenschool.org Re-enter E-mail Address kwarren@vinalhavenschool.org</p> <p>6f Holiday/vacation/summer contact information please include name of alternate contact (if applicable) and alternate phone, fax or E-mail address</p> <p>If a consultant is assisting you with your application process, please complete Item 6g below:</p> <p>6g Consultant Name Name of Consultant's Employer Consultant's Street Address</p> <p>City State Zip Code Consultant's Telephone Number Ext Consultant's Fax Number Consultant's E-mail Address Re-enter E-mail Address Consultant Registration Number</p>	
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Complete this information on EVERY Form 471 you file for the services requested on that form. Please complete all rows that apply to services for which you are requesting discounts.

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

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

		Schools	Libraries	
7a	Number of students or patrons to be served	186	0	
b	Telephone service Number of classrooms or rooms with phone service	30	0	
c	Direct connections to the Internet Number of drops	240	0	
d	Number of classrooms or rooms with Internet access	30	0	
e	Number of computers or other devices with Internet access	319	0	
f	Number of dial-up Internet access and other connections of up to 200 kbps	2	0	
g	High-speed Internet access services Number of buildings served at the following speeds (please use advertised download speed coming into building, not actual speed in classroom or work area)	At or greater than 200 kbps and less than 1.5 mbps	0	0
		At or greater than 1.5 mbps and less than 3 mbps	0	0
		At or greater than 3 mbps and less than 10 mbps	0	0
		At or greater than 10 mbps and less than 25 mbps	0	0
		At or greater than 25 mbps and less than 50 mbps	1	0
		At or greater than 50 mbps and less than 100 mbps	0	0
		Greater than 100 mbps	0	0
Block 3				
8 [Reserved]				

Entity Number: 121719					Applicant's Form Identifier: 1314-121719									
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Block 4: Discount Calculation Worksheet										Worksheet - 1613264				
										Page 1 of 1				
<p>The Block 4 worksheet is used to calculate your discount for services. You will complete one or more worksheets depending on the type of application you are filing. If you file more than one worksheet, please number the completed worksheets to assure that they are all processed correctly. Please refer to the instructions for information specific to the Type of Application you indicated in Block 1, Item 5.</p> <p><input type="checkbox"/> Check here if this worksheet contains all eligible entities in the school district or library system.</p>														
9a List entities and calculate discount(s):										(For Administrator's Use)				
School District or Library System Name:										School District or Library System Entity Number:				
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Name of Eligible Entity	Entity Number AND NCES Code (for Schools) or FSCS Code (for Libraries)	Urban or Rural U or R	Total Number of Students	Number of Students Eligible for NSLP	Percent of Students Eligible for NSLP (Col 5 / Col 4)	Disc from Disc Matrix	New Construction	Admin Entity or NIF	Alt Disc Mech	Weighted Product for Calculating Shared Discount (Col 4 x Col 7)	Insert appropriate code(s) P= pre-K, H= Head Start, A= Adult Education, J= Juvenile Justice Center, E= ESA, D= Dormitory	Entity Number of School Outlet/Branch is Located	Discount of Member Entity	Shared Discount
ALL ENTITIES			SCHOOLS AND LIBRARIES							Schools with shared services	Schools	Library Outlet/Branch	Consortia	
THE VINALHAVEN SCHOOL	225427 23 11850 00731	R	186	92	49.462%	70	N	N	N	13020				
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.			186							13020				70%
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.														

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207-542-7424																														
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13 SPIN – Service Provider Identification Number 143032501		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td rowspan="2" style="width:10%; vertical-align: middle;">Total Charges</td> <td style="width:10%;">I. Total funding year pre-discount amount (E + H)</td> <td style="width:10%;"></td> <td style="width:80%;">\$4,800 00</td> </tr> <tr> <td>J. Discount from Block 4 Worksheet</td> <td></td> <td>70 00</td> </tr> <tr> <td></td> <td>K. Funding Commitment Request (I x J)</td> <td></td> <td>\$3,360 00</td> </tr> </table>		Total Charges	I. Total funding year pre-discount amount (E + H)		\$4,800 00	J. Discount from Block 4 Worksheet		70 00		K. Funding Commitment Request (I x J)		\$3,360 00											
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14 Service Provider Name Northern New England Telephone Operations LLC																									
15a <input checked="" type="checkbox"/> Check this box if this Funding Request is for non-contracted tariffed or month-to-month services																									
15b Contract Number MTM																									
15c <input type="checkbox"/> Check this box if this Funding Request is covered under a master contract (a contract negotiated by a third party, the terms and conditions of which are then made available to an eligible entity that purchases directly from the service provider)																									
15d <input type="checkbox"/> Check this box if this Funding Request is a continuation of an FRN from a previous funding year based on a multi-year contract. If so, provide that FRN here																									
16a Billing Account Number (e.g., billed telephone number)																									
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) 03/08/2013																									
18 Contract Award Date (mm/dd/yyyy)																									
19 Service Start Date (mm/dd/yyyy) 07/01/2013																									
20a Service End Date (mm/dd/yyyy) 06/30/2014																									
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. 3																									
22 Entity/Entities Receiving This Service:		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">a If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service</td> <td style="width:20%;">225427</td> </tr> <tr> <td colspan="2">b If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., 1)</td> </tr> </table>		a If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service	225427	b If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., 1)																			
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Entity Number: 121719	Applicant's Form Identifier: 1314-121719
Contact Person: Katherine JH Warren	Contact Phone Number: (207) 863-4800

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)	9240
b Total funding commitment request amount on this Form 471 (Add the entries from Items 23K on all Block 5 Discount Funding Requests)	6468
c Total applicant non-discount share (Subtract Item 25b from Item 25a)	2772
d Total budgeted amount allocated to resources not eligible for E-rate support	71211
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)	73983

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: 121719		Applicant's Form Identifier: 1314-121719	
Contact Person: Katherine JH Warren		Contact Phone Number: (207) 863-4800	
Block 6: Certification and Signature (Continued)			
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		
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.		
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.		
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.		
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).		
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).		
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.		
38	Signature of authorized person <input checked="" type="checkbox"/>	39	Date 04/04/2013
40	Printed name of authorized person Bruce Mailloux		
41	Title or position of authorized person Superintendent of Schools <input type="checkbox"/> Check here if the consultant in Item 6g is the Authorized Person		
42a	Street Address, P.O. Box, or Route Number 22 Arcola Lane City Vinalhaven State ME Zip Code 04863-		

Entity Number: 121719		Applicant's Form Identifier: 1314-121719	
Contact Person: Katherine JH Warren		Contact Phone Number: (207) 863-4800	
42b	Telephone Number of authorized Person	(207) 863-4664	Ext
42c	Fax Number of Authorized Person	(207) 457-4572	
42d	E-mail Address of authorized Person	BMAILLOUX@VINALHAVENSCHOOL.ORG	
	Re-enter E-mail Address	BMAILLOUX@VINALHAVENSCHOOL.ORG	
42e	Name of Authorized Person's Employer	MSAD#8	

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

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