



SANDOWN PUBLIC LIBRARY

305 Main Street • P.O. Box 580 • Sandown, N.H. 03873 • 887-3428

(603)887-3428

(603) 887-0590 (fax)

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

Received & Inspected

March 27, 2013 APR 02 2013

RE: **REQUEST FOR WAIVER**
USAC E-Rate Form 471 Deadline
CC Docket No. 02-6
Billed Entity Name: Sandown Public Library
Billed Entity Number: 121309
FCC Registration Number: 0020712683
Funding Year: July 1, 2013-June 30, 2014

FCC Mail Room

Dear Ms. Dortch,

I respectfully request a waiver for the filing deadline of USAC E-Rate Form 471, which I filed on March 26, 2013 (Form 471 #932775). This form was certified (1169635) but the application Status says "Certified – Out of Window." A window waiver from the FCC is now required.

I thought I was following the correct guidelines that are stated on my Form 470 Receipt Notification Letter (copy enclosed) which clearly states that the allowable contract date is 3/25/2013, following the 28-day required posting. So I waited until 3/26/2013 (just to be on the safe side) to file Form 471. I was completely surprised and dismayed when I returned to the USAC e-rate site and the sign was posted that the deadline had passed to file Form 471. I have re-read my Form 470 notification letter a number of times and there is nothing on that form to indicate that I filed late or that Form 471 would be filed after the deadline. I truly thought I was right on track and filing appropriately.

Confusion aside, I take full responsibility for not making the required deadline. I ask you to please consider granting this waiver so that the Library is not penalized for my mistake. Sandown Public Library is a small town library (pop. 6001) in southern New Hampshire. I am the only full-time staff member. We are very busy with over 41,000 visits and 65,000 items circulated in 2012. We are very appreciative of the e-rate program. This e-rate discount grant greatly serves the public interest in Sandown by assisting us to provide telecommunications services at the library that allow our budget to be manageable for the town residents to afford.

Thank you for your consideration of this request. I sincerely hope that you will grant the waiver.

Sincerely,

Barbara Lachance

Barbara Lachance
Library Director
Sandown Public Library
PO Box 580
Sandown NH 03873
Email: blachance@sandownlibrary.us

No. of Copies rec'd 0
List ABCDE

CANCEL

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

APR 02 2013

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For an explanation of your Application Status, please scroll down to the Explanation table below.

Billed Entity Number: 121309 Funding Year: 2013

Page 1 of 1

Form 471 Application Number	Applicant Form Identifier	Application Status
932775	13SANDOWN471	Certified - Out of Window

Application Status	Explanation
Canceled	Your Form 471 has been canceled. No further action will be taken on this form.
Incomplete	Block 1 of your Form 471 has been successfully data entered. However, no further action will be taken on this form until it is completed and certified (whether online or on paper) and moves to Certified - In Window status.
Complete	THIS STATUS IS FOR ONLINE FILERS ONLY: You have clicked the "Submit" button to file your Form 471, but the Block 6 certification process (whether online or on paper) has not been completed.
Certified - In Window	Your Form 471 was successfully certified within the filing window for the Funding Year and is awaiting assignment for Initial Review.
Certified - Out of Window	Your Form 471 was certified outside of the filing window for the Funding Year.
Initial Review	Your Form 471 has been assigned for Initial Review and is being reviewed by Program Integrity Assurance (PIA) for compliance with program rules. All applications must receive both an Initial Review and a Final Review. NOTE: Your Form 471 may return to Initial Review status at any time before a Funding Commitment Decision Letter is issued.
Available for Final Review	Your Form 471 review has completed Initial Review and is awaiting assignment for Final Review. All applications must complete both an Initial Review and a Final Review.
Final Review	Your Form 471 has been assigned for Final Review. All applications must receive both an Initial Review and a Final Review. NOTE: Your Form 471 may return to Final Review status at any time before a Funding Commitment Decision Letter is issued.
Available for Quality Assurance	Your Form 471 has completed Final Review. Your Form 471 may be assigned for Quality Assurance Review. Quality Assurance Review verifies that the Initial Review and Final Review procedures were properly performed.
Quality Assurance 1	Your Form 471 has been assigned for a first-level Quality Assurance Review. Quality Assurance Review verifies that the Initial Review and Final Review procedures were properly performed.
Quality Assurance 2	Your Form 471 has been assigned for a second-level Quality Assurance Review. Quality Assurance Review verifies that the Initial Review and Final Review procedures were properly performed.
Unable to Contact	Your Form 471 is on hold because PIA was unable to reach the Form 471 contact person. If you wish to have PIA re-contact you regarding your pending application, contact your PIA reviewer. If you don't know who your reviewer is, contact our Client Service Bureau at 1-888-203-8100.
Held for further review and other verification	Your Form 471 is on hold because we need to verify additional information. Once we have obtained the information for verification, we will continue to process your Form 471.
Awaiting Applicant Documentation	We have requested information or documentation and you have not responded to our latest inquiry. Please review our questions and provide the necessary information. Once we have obtained the necessary information, we will continue to process your Form 471.
Deferred	

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

APR 02 2013

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.

FCC Mail Room

Applicant's Form Identifier (Create an identifier for your own reference) 13SANDOWN471	Form 471 Application # 932775 (To be assigned by administrator)
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Block 1: Billed Entity Address and Identifications
<p>1 Name of Billed Entity SANDOWN PUBLIC LIBRARY</p> <p>2 Funding Year 2013</p> <p>3a Entity Number 121309</p> <p>3b FCC Registration Number 0020712683</p> <p>4a Street Address, P.O. Box, or Route Number PO BOX 580</p> <p>City SANDOWN State NH Zip Code 03873-0580</p> <p>4b Telephone Number (603) 887-3428</p> <p>4c Fax Number</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 type="checkbox"/> School District (LEA; public or non-public [e.g. diocesan] local district representing multiple schools)</p> <p><input checked="" 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: 121309	Applicant's Form Identifier: 13SANDOWN471
Contact Person: Barbara Lachance	Contact Phone Number: (603) 887-3428

Block 1: Billed Entity Address and Identifications (continued)
<p>6a Contact Person's Name Barbara Lachance</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. PO BOX 580</p> <p>City SANDOWN State NH Zip Code 03873-0580</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 (603) 887 - 3428</p> <p><input type="checkbox"/> 6d Fax Number</p> <p><input checked="" type="checkbox"/> 6e E-Mail Address blachance@sandownlibrary.us Re-enter E-mail Address blachance@sandownlibrary.us</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>

Entity Number: 121309	Applicant's Form Identifier: 13SANDOWN471
Contact Person: Barbara Lachance	Contact Phone Number: (603) 887-3428

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	0	6001	
b	Telephone service. Number of classrooms or rooms with phone service	0	5	
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	
g	High-speed Internet access services 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	0	0
		At or greater than 50 mbps and less than 100 mbps	0	0
		Greater than 100 mbps	0	0

Block 3

8 [Reserved]

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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	
SANDOWN PUBLIC LIBRARY	121309 NH 0096 002	U	1025	180	17.561%	40	N	N	N			121296		

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.														
LIBRARY SYSTEMS: Calculate the total of Column 7. Divide this total by the number of outlets/branches. Enter the result in Column 15.						40								40%
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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Entity Number: 121309		Applicant's Form Identifier: 13SANDOWN471																																														
Contact Person: Barbara Lachance		Contact Phone Number: (603) 887-3428																																														
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 2549053 (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%; 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	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td rowspan="3" style="width:15%; vertical-align: middle;">Recurring Charges</td> <td style="width:5%;">A.</td> <td>Monthly charges (total amount per month for service)</td> <td style="width:10%;"></td> </tr> <tr> <td></td> <td>\$148 00</td> <td></td> </tr> <tr> <td>B.</td> <td>How much of the amount in A is ineligible?</td> <td>\$0 00</td> </tr> <tr> <td rowspan="3" style="vertical-align: middle;">Non-Recurring Charges</td> <td>C.</td> <td>Eligible monthly pre-discount amount (A minus B)</td> <td>\$148.00</td> </tr> <tr> <td>D.</td> <td>Number of months service provided in funding year</td> <td>12</td> </tr> <tr> <td>E.</td> <td>Annual pre-discount amount for eligible recurring charges (C x D)</td> <td>\$1,776 00</td> </tr> <tr> <td rowspan="3" style="vertical-align: middle;">Total Charges</td> <td>F.</td> <td>Annual non-recurring charges</td> <td>\$148 00</td> </tr> <tr> <td>G.</td> <td>How much of the amount in F is ineligible?</td> <td>\$0 00</td> </tr> <tr> <td>H.</td> <td>Annual eligible pre-discount amount for non-recurring charges (F minus G)</td> <td>\$148.00</td> </tr> <tr> <td colspan="2" rowspan="2"></td> <td>I.</td> <td>Total funding year pre-discount amount (E + H)</td> <td>\$1,924.00</td> </tr> <tr> <td>J.</td> <td>Discount from Block 4 Worksheet</td> <td>40 00</td> </tr> <tr> <td colspan="2"></td> <td>K.</td> <td>Funding Commitment Request (I x J)</td> <td>\$769.60</td> </tr> </table>		Recurring Charges	A.	Monthly charges (total amount per month for service)			\$148 00		B.	How much of the amount in A is ineligible?	\$0 00	Non-Recurring Charges	C.	Eligible monthly pre-discount amount (A minus B)	\$148.00	D.	Number of months service provided in funding year	12	E.	Annual pre-discount amount for eligible recurring charges (C x D)	\$1,776 00	Total Charges	F.	Annual non-recurring charges	\$148 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)	\$148.00			I.	Total funding year pre-discount amount (E + H)	\$1,924.00	J.	Discount from Block 4 Worksheet	40 00			K.	Funding Commitment Request (I x J)	\$769.60
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12 Form 470 Application Number 591630001132056																																																
13 SPIN – Service Provider Identification Number 143001293																																																
14 Service Provider Name Granite State Telephone, Inc																																																
15a <input checked="" type="checkbox"/> Check this box if this Funding Request is for non-contracted tariffed or month-to-month services.																																																
15b Contract Number MTM																																																
15c <input type="checkbox"/> Check this box if this Funding Request is covered under a master contract (a contract negotiated by a third party, the terms and conditions of which are then made available to an eligible entity that purchases directly from the service provider).																																																
15d <input type="checkbox"/> Check this box if this Funding Request is a continuation of an FRN from a previous funding year based on a multi-year contract. If so, provide that FRN here:																																																
16a Billing Account Number (e.g., billed telephone number)																																																
16b <input type="checkbox"/> Check this box if there are multiple Billing Account Numbers and attach a complete list of those numbers to this page.																																																
17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 03/25/2013																																																
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.																																																
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: 121309																																														
		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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Applicant's Form Identifier: 13SANDOWN471

Entity Number: 121309

Contact Person: Barbara Lachance

Phone Number: (603) 887-3428

Block 6: Certifications and Signature

Do not write in this area

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471 Application Number: 932775

24. I certify that the entities listed in Block 4 of this application are eligible for support because they are:
(Check one or both.)

a. schools under the statutory definitions of elementary and secondary schools found in the **No Child Left Behind Act of 2001, 20 U.S.C. §§ 7801(18) and (38)**, that do not operate as for-profit businesses, and do not have endowments exceeding \$50 million; and/or

b. libraries or library consortia eligible for assistance from a State library administrative agency under the Library Services and Technology Act of 1996 that do not operate as for-profit businesses and whose budgets are completely separate from any schools including, but not limited to, elementary, secondary schools, colleges, or universities.

25. I certify that the entity I represent or the entities listed on this application have secured access, separately or through this program, to all of the resources, including computers, training, software, internal connections, maintenance, and electrical capacity, necessary to use the services purchased effectively. I recognize that some of the aforementioned resources are not eligible for support. I certify that the entities I represent or the entities listed in this application have secured access to all of the resources to pay the discounted charges for eligible services from funds to which access has been secured in the current funding year. I certify that the Billed Entity will pay the non-discount portion of the cost of the goods and services to the service provider(s).

a.	Total funding year pre-discount amount on this Form 471 (Add the entries from Item 23i on all Block 5 Discount Funding Requests.)	\$1,924.00
b.	Total funding commitment request amount on this Form 471 (Add the entries from Items 23k on all Block 5 Discount Funding Requests.)	\$769.60
c.	Total applicant non-discount share (Subtract Item 25b from Item 25a.)	\$1,154.40
d.	Total budgeted amount allocated to resources not eligible for E-rate support	\$230.00
e.	Total amount necessary for the applicant to pay the non-discount share of the services requested on this application AND to secure access to the resources necessary to make effective use of the discounts. (Add Items 25c and 25d.)	\$1,384.40
f.	Check this box if you are receiving any of the funds in Item 25e directly from a service provider listed on any Forms 471 filed by this Billed Entity for this funding year, or if a service provider listed on any of the Forms 471 filed by this Billed Entity for this funding year assisted you in locating funds in Item 25e.	

26. I certify that, if required by Commission rules, all of the individual schools and libraries receiving services under this form are covered by technology plans that do or will cover all 12 months of the funding year, and that have been or will be approved by a state or other authorized body or an SLD-certified technology plan approver prior to the commencement of service.

Or I certify that no technology plan is required by Commission rules.

27. I certify that (if applicable) I posted my Form 470 and (if applicable) made any related RFP available for at least 28 days before considering all bids received and selecting a service provider. I certify that all bids submitted were carefully considered and the most cost-effective service offering was selected, with price being the primary factor considered, and is the most cost-effective means of meeting educational needs and technology plan goals.

28. I certify that the entity responsible for selecting the service provider(s) has reviewed all applicable FCC, state, and local procurement/competitive bidding requirements and that the entity or entities listed on this application have complied with them.

29. I certify that the services the applicant purchases at discounts provided by 47 U.S.C. § 254 will be used primarily for educational purposes and will not be sold, resold or transferred in consideration for money or any other thing of value, except as permitted by the Commission's rules at 47 C.F.R. §§ 54.500, 54.513. Additionally, I certify that the entity or entities listed on this application have not received anything of value or a promise of anything of value, other than services and equipment sought by means of this form, from the service provider, or any representative or agent thereof or any consultant in connection with this request for services.

30. I certify that I and the entity(ies) I represent have complied with all program rules and I acknowledge that failure to do so may result in denial of discount funding and/or cancellation of funding commitments. There are signed contracts covering all of the services listed on this Form 471 except for those services provided under non-contracted tariffed or month-to-month arrangements. I acknowledge that failure to comply with program rules could result in civil or criminal prosecution by the appropriate law enforcement authorities.

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

32. I certify that I will retain required documents for a period of at least five years after the last day of service delivered. I certify that I will retain all documents necessary to demonstrate compliance with the statute and Commission rules regarding the application for, receipt of, and delivery of services receiving schools and libraries discounts, and that if audited, I will make such records available to the Administrator. I acknowledge that I may be audited pursuant to participation in the schools and libraries program.

33. I certify that I am authorized to order telecommunications and other supported services for the eligible entity(ies) listed on this application. I certify that I am authorized to submit this request on behalf of the eligible entity(ies) listed on this application, that I have examined this request, that all of the information on this form is true and correct to the best of my knowledge, that the entities that are receiving discounts pursuant to this application have complied with the terms, conditions and purposes of this program, that no kickbacks were paid to anyone and that false statements on this form can be punished by fine or forfeiture under the Communications Act, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under the Title 18 of the United States Code, 18 U.S.C. § 1001 and civil violations of the False Claims Act.

34. I acknowledge that FCC rules provide that persons who have been convicted of criminal violations or held civilly liable for certain acts arising from their participation in the schools and libraries support mechanism are subject to suspension and debarment from the program. I will institute reasonable measures to be informed, and will notify USAC should I be informed or become aware that I or any of the entities listed on this application, or any person associated in any way with my entity and/or entities listed on this application, is convicted of a criminal violation or held civilly liable for acts arising from their participation in the schools and libraries support mechanism.

35. I certify that if any of the Funding Requests on this Form 471 are for discounts for products or services that contain both eligible and ineligible components, that I have allocated the eligible and ineligible components as required by the Commission's rules at 47 C.F.R. § 54.504(g)(1),(2).

36. I certify that this funding request does not constitute a request for internal connections services, except basic maintenance services, in violation of the Commission requirement that eligible entities are not eligible for such support more than twice every five funding years as required by the Commission's rules at 47 C.F.R. § 54.506(c).

37. I certify that the non-discount portion of the costs for eligible services will not be paid by the service provider. The pre-discount costs of eligible services featured on this Form 471 are net of any rebates or discounts offered by the service provider. I acknowledge that, for the purpose of this rule, the provision, by the provider of a supported service, of free services or products unrelated to the supported service or product constitutes a rebate of some or all of the cost of the supported services.

40. Printed name of authorized person Barbara Lachance
41. Title or position of authorized person Library 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 PO Box 580 Sandown, NH 03873-0580
42b. Telephone number of authorized person: (603) 887-3428
42c. Fax number of authorized person: (603) 887-0590
42d. E-mail of authorized person: blachance@sandownlibrary.us
42e. Name of authorized person's employer Sandown Public Library
ATTENTION: If you are signing Form 471 using the PIN assigned to you by SLD, you are reminded that using the PIN is equivalent to your handwritten signature on the form. Your use of the PIN to affirm these certifications means that should they prove untrue, you will be held to the same enforcement standards as those who affirm the certifications on paper. Also, by using the PIN, you are affirming that you have the authority to make these certifications and represent the entity featured in Block One of this funding request.
Please Check to affirm your compliance <input checked="" type="checkbox"/>

**471 Application Number:
SANDOWN PUBLIC LIBRARY
PO BOX 580
SANDOWN, NH 03873 -0580**

*Received & Inspected
APR 02 2013
FCC Mail Room*

NOTICE: Section 54.504 of the Federal Communications Commission's rules requires all schools and libraries ordering services that are eligible for and seeking universal service discounts to file this Services Ordered and Certification Form (FCC Form 471) with the Universal Service Administrator 47 C.F.R. § 54.504(c). The collection of information stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended 47 U.S.C. § 254. The data in the report will be used to ensure that schools and libraries comply with the competitive bidding requirement contained in 47 C.F.R. § 54.504. All schools and libraries planning to order services eligible for universal service discounts must file this form themselves or as part of a consortium.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

The FCC is authorized under the Communications Act of 1934, as amended, to collect the information we request in this form. We will use the information you provide to determine whether approving this application is in the public interest. If we believe there may be a violation or a potential violation of any applicable statute, regulation, rule or order, your application may be referred to the Federal, state, or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation or order. In certain cases, the information in your application may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC, or (b) any employee of the FCC; or (c) the United States Government is a party of a proceeding before the body or has an interest in the proceeding. In addition, consistent with the Communications Act of 1934, FCC regulations and orders, the Freedom of Information Act, 5 U.S.C. § 552, or other applicable law, information provided in or submitted with this form or in response to subsequent inquiries may be disclosed to the public.

If you owe a past due debt to the Federal government, the information you provide may also be disclosed to the Department of the Treasury Financial Management Service, other Federal agencies and/or your employer to offset your salary, IRS tax refund or other payments to collect that debt. The FCC may also provide the information to these agencies through the matching of computer records when authorized.

If you do not provide the information we request on the form, the FCC may delay processing of your application or may return your application without action.

The foregoing Notice is required by the Paperwork Reduction Act of 1995, Pub. L. No. 104-13, 44 U.S.C. § 3501, et seq.

Public reporting burden for this collection of information is estimated to average 4 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing, and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the reporting burden to the Federal Communications Commission, Performance Evaluation and Records Management, Washington DC 20554.

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

[Return to SLD Home Page](#) [Create Item 21 Attachment](#)

FCC Form 471

Services Ordered and Certification Form



Block 1

Block 2 & 3

Block 4

Block 5

Block 6

Applicant's Form Identifier: 13SANDOWN471

Entity Number: 121309

Contact Person: Barbara Lachance

Phone Number: (603) 887-3428

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: 932775
Billed Entity Number: 121309
Security Code Number: 94056

Received & Inspected

APR 02 2013

FCC Mail Room

Continue >>

Print Now

Item 21 Attachment
Telecommunications - Funding Year 2013

Received & Inspected
 APR 02 2013
 FCC Mail Room

Applicant Name SANDOWN PUBLIC LIBRARY
Billed Entity Number 121309
Form 471 Application Number 932775
Funding Request Number 2549053
Service Provider Granite State Telephone, Inc.
Attachment Number
Narrative description of this Funding Request Basic phone service for library system.

Service Type	Service Description	Eligible Pre-Discount Cost	
1 Local Phone Service			\$1,768.00
		Number of Telecom Lines (if applicable)	3
	Recurring Charges		Non Recurring Charges
	Monthly Recurring Charges	\$135.00	One-time non-recurring charges \$148.00
	Less Ineligible Amount (if any)	\$0.00	Less Ineligible Amount (if any) \$0.00
	Number of Months	12	
	Eligible recurring charges	\$1,620.00	Eligible non-recurring charges \$148.00
			Line item TOTAL \$1768
2 Voice Mail			\$156.00
		Number of Telecom Lines (if applicable)	2
	Recurring Charges		Non Recurring Charges
	Monthly Recurring Charges	\$13.00	One-time non-recurring charges \$0.00
	Less Ineligible Amount (if any)	\$0.00	Less Ineligible Amount (if any) \$0.00
	Number of Months	12	
	Eligible recurring charges	\$156.00	Eligible non-recurring charges \$0.00
			Line item TOTAL \$156
		Total:	\$1,924.00
		Funding Requested on 471:	\$1,924.00

Date Submitted 3/26/2013 4:49:44 PM



Universal Service Administrative Company

Schools and Libraries Division

COPY

FORM 470 RECEIPT NOTIFICATION LETTER
(Funding Year 2013: 07/01/2013-06/30/2014)

March 11, 2013

BARBARA LACHANCE
SANDOWN PUBLIC LIBRARY
PO BOX 580
SANDOWN, NH 03873-0580

Received & Inspected

APR 02 2013

FCC Mail Room

Re: Form 470 Application Number: 591630001132056
Entity Number: 121309
Applicant's Form Identifier: 13SANDOWNPL
Date Form 470 Posted: 02/25/2013
Allowable Contract Date: 03/25/2013

This is your notification that the above FCC Form 470, "Description of Services Requested and Certification Form" was successfully posted to the USAC website. This posting begins the required 28-day competitive bidding process.

Attached to this Form 470 Receipt Notification Letter (RNL) is a Report summarizing the information you provided to USAC for the FCC Form 470 referenced above. Also included are advisories to assist you in appropriate use of the FCC Form 470 to establish funding requests on your FCC Form 471.

It is important that you review this Report and your FCC Form 470 using the Search Posted tool from the Apply Online page now to make sure the quantities, products, and services you require have been correctly posted and, if necessary, take any appropriate corrective action as soon as possible. You are allowed to correct certain errors on your form but not others. The Report indicates if a correction to a field is allowed.

- If a correction to a field is allowed, follow the instructions below to submit your correction to USAC.
- If a correction to a field is not allowed, you must post a new FCC Form 470 and wait the required 28 days to correct this.

DO NOT SEND CORRECTIONS TO THE CLIENT SERVICE BUREAU. To make an allowable correction, please do the following:

- If you would like to request a correction to a field that does not appear in the attached Report, print a copy of your FCC Form 470 and clearly note your requested correction.
- Verify that the allowed correction can be made through the RNL correction process. Any non-allowable corrections submitted through the RNL correction process will not be made.
- Make a copy of your Report and indicate on the copy any allowable corrections in the spaces indicated.
- Sign the copy and include your name, title, contact information, and date.
- Submit the copy using the guidance posted on the "Ministerial & Clerical Errors" page on our website to make corrections.
- Corrections may be made until a Funding Commitment Decision Letter that features the above Form 470 Application Number is issued.
- Retain a copy of the RNL and any submitted corrections.
- To determine what corrections are allowable and why review of this Report is important to you, see the "Ministerial & Clerical Errors" page posted in the Reference Area of our website.

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

COPY

Form 470 591630001132056 RNL Report
Funding Year 2013

THIS REPORT DOES NOT CONTAIN ANY DECISIONS CONCERNING YOUR REQUESTS FOR DISCOUNTS.
USE THIS REPORT TO LIST OR INDICATE CORRECTIONS YOU WISH TO MAKE TO YOUR FCC FORM 470.

Follow the guidance posted on the "Ministerial & Clerical Errors" page on our website to make allowable corrections. All corrections - including corrections to new fields - are subject to review for Program compliance and approval.

Allowable Contract Date: 03/25/2013

This is the earliest date to execute contracts for contracted services, select your service provider(s) (including tariff/month-to-month service providers), and sign and submit your FCC Form 471 based on this FCC Form 470. Any funding request with earlier dates for these actions that cite this FCC Form 470 as the establishing FCC Form 470 will result in denial.

- NOTE: If you issue an RFP after you post your FCC Form 470, you must wait the required 28 days starting with the day that the RFP becomes publicly available to all bidders.

Received & Inspected

Corrections Below Submitted by:

Signature: _____ Date: _____

APR 02 2013

Printed Name: _____

FCC Mail Room

Title: _____

Email, Fax Number or Phone Number: _____

Item #	Data Entered on FCC Form 470	Make Corrections Here
1. Name of applicant	SANDOWN PUBLIC LIBRARY	
3. Entity Number	121309	
5b. Recipients of Service		
5c. Number of Eligible Entities	1	
6a. Contact Person's Name	BARBARA LACHANCE	
6c. Contact Telephone	603-887-3428	
6d. Contact Fax		
6e. Contact Email	blachance@sandownlibrary.us	
7. Consultant Name		
Consultant Number		
Consultant Employer		
8. Telecommunications Service Posted - No RFP		Corrections not allowed
9. Internet Access	Not Posted	Corrections not allowed
10. Internal Connections Other than Basic Maintenance	Not Posted	Corrections not allowed
11. Basic Maintenance of Internal Connections	Not Posted	Corrections not allowed

- You cannot seek discounts for products or services in a Category of Service on the FCC Form 471 if those services in those categories were not indicated on a FCC Form 470. You must post a new FCC Form 470 indicating all categories where services may be requested and wait the required 28 days to correct this.
- If you indicated in this FCC Form 470 that an RFP is available for a service but one is not, your funding request will be denied. You must post a new FCC Form 470 indicating that an RFP is not available and wait the required 28 days to correct this.

