May 29, 2013

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

To Whom It May Concern:

Entity & BEN	Liberty Center Public Library (BEN 129281)
FCC Registration Number	0012304549
Contact Person	Jessica Troyer
Contact Information Mailing Address Phone Number Email	Liberty Center Public Library 124 East St, PO Box 66, Liberty Center, OH 43532 419-533-5721 director@libertycenterlibrary.org
Service Provider	CenturyLink United Telephone Co. of Ohio FKA Embarq (SPIN: 143001680) Verizon Business Global LLC (SPIN: 143001197)
Funding Year	2013
Application Type & Application Number	FORM 470 Application Number: 469190001132814 FORM 471 Application Number: 933289
FRNs	2551089, 2551090
Reason for Waiver Request	Change of personnel

Request Explanation:

This letter is to request a waiver of the FCC Form 471 submission deadline due to special staffing circumstances which could not be avoided. The previous Library Director, Brian Hare, resigned in 2012, and an Interim Director was appointed until a new director was hired. The new director's start date was delayed by several months due to maternity leave. The Interim Director, Arla Fry, had received no training or experience with applying for e-rate. She was overwhelmed with managing the library and being short staffed and was forced to wait and allow the new director to file the 470 and 471 after her start date on March 4, 2013.

I started as the new director at the Liberty Center Public Library beginning March 4, 2013, and submitted the Form 470 on March 5, 2013. I waited the required 28 days to file the Form 471, and it was necessarily filed out of window due to these special circumstances. Due to a glitch in the system, the first time I tried to electronically certify the form, it did not certify correctly. As soon as I became aware of this, I recertified the form out of window on May 29, 2013.

Enclosed is a copy of our Form 471. We would like to request that you please waive the FCC deadline because this is a new process for all involved, and there was no way for our personnel to avoid this missed deadline, even with careful planning. This funding is very important to our library and our service to the community. Thank you for your time and attention to this matter.

Sincerely,

Jessica Troyer

Jessica Troyer, Library Director

Liberty Center Public Library

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)	Form 471 Application #:
FY2013-471	933289 (To be assigned by administrator)

Block 1: Billed Entity Address and Identifications

1 Name of Billed Entity
LIBERTY CENTER PUBLIC LIBRARY

2 Funding Year 2013

3a Entity Number 129281

3b FCC Registration Number 0012304549

4a Street Address, P.O. Box, or Route Number
PO BOX 66

City LIBERTY CENTER State OH Zip Code 43532-0066

4b Telephone Number (419) 533-5721

4c Fax Number (419) 533-4849

5a Type of Application (check only one)
- ○ Individual School (individual public or non-public school)
- ○ School District (LEA; public or non-public [e.g. diocesan] local district representing multiple schools)
- ◉ Library (including library system, library outlet/branch or library consortium as defined under LSTA)
- ○ Consortium (intermediate service agencies, states, state networks, special consortia of schools and/or libraries)
- ○ Statewide application for (enter 2-letter state code) representing (check all that apply)
  - ☐ All public schools/districts in the state
  - ☐ All non-public schools in the state
  - ☐ All libraries in the state

5b Recipient(s) of Services:
☐ Private ☑ Public ☐ Charter
☐ Tribal ☐ Head Start ☐ State Agency

Submitted online out of window 4/11/13

Entity Number: 129281	Applicant's Form Identifier: FY2013-471
Contact Person: Jessica Troyer	Contact Phone Number: (419) 533-5721

Block 1: Billed Entity Address and Identifications (continued)

6a Contact Person's Name
Jessica Troyer

If the Contact Person's Street Address is the same as Item 4 above, check here. ☐ If not, complete Item 6b.

6b Street Address, P.O. Box, or Route Number
NOTE: USAC will use this address to mail correspondence about this form.
PO BOX 66

City LIBERTY CENTER State OH Zip Code 43532-0066

Check the box next to your preferred mode of contact and provide your contact information. One box MUST be checked and an entry provided.

☐ 6c Telephone Number (419) 533 - 5721
☐ 6d Fax Number (419) 533 - 4849
☑ 6e E-Mail Address director@libertycenterlibrary.org
Re-enter E-mail Address director@libertycenterlibrary.org

6f Holiday/vacation/summer contact information: please include name of alternate contact (if applicable) and alternate phone, fax or E-mail address

If a consultant is assisting you with your application process, please complete Item 6g below:

6g Consultant Name
Name of Consultant's Employer
Consultant's Street Address

City State Zip Code
Consultant's Telephone Number Ext.
Consultant's Fax Number

Consultant's E-mail Address
Re-enter E-mail Address
Consultant Registration Number

Entity Number: 129281	**Applicant's Form Identifier: FY2013-471**
Contact Person: Jessica Troyer	**Contact Phone Number: (419) 533-5721**

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	5400
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: 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	1
	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]

Entity Number: 129281	Applicant's Form Identifier: FY2013-471
Contact Person: Jessica Troyer	Contact Phone Number: (419) 533-5721

Block 4: Discount Calculation Worksheet

Worksheet - 1612961
Page 1 of 3

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):
School District or Library System Name:

(For Administrator's Use)
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 NF	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 Justicem E = ESA, D = Dormatory	Entity Number of School District in which Library Outlet/Branch is Located	Discount of Member Entity	Shared Discount
ALL ENTITIES			SCHOOLS AND LIBRARES							Schools with shared services	Schools	Library Outlet/Branch	Consortia	
LIBERTY CENTER PUBLIC LIBRARY	129281 OH 120 002	R	1296	454	35.031%	60	N	N	N			129280		

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.				60								60%
CONSORTIA: Calculate the total of Column 14. Divide this total by the number of member entities. Enter the result in Column 15.												

Entity Number:	Applicant's Form Identifier:
Contact Person:	Contact Phone Number:

Block 4: Discount Calculation Worksheet

Worksheet - 1612962
Page 2 of 3

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 Cons tructi on	Admin Entity or NF	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 Justicem E = ESA, D = Dormatory	Entity Number of School District in which Library Outlet/Branch is Located	Discount of Member Entity	Shared Discount
ALL ENTITIES			SCHOOLS AND LIBRARES							Schools with shared services	Schools	Library Outlet/Branch	Consortia	
LIBERTY CENTER PUBLIC LIBRARY	129281 OH 120 002	R	1296	454	35.031%	60	N	N	N			129280		

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.						60								60%
CONSORTIA: Calculate the total of Column 14. Divide this total by the number of member entities. Enter the result in Column 15.														

Entity Number:	Applicant's Form Identifier:
Contact Person:	Contact Phone Number:

Block 4: Discount Calculation Worksheet

Worksheet - 1612963
Page 3 of 3

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 Cons tructi on	Admin Entity or NF	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 Justicem E = ESA, D = Dormatory	Entity Number of School District in which Library Outlet/Branch is Located	Discount of Member Entity	Shared Discount
ALL ENTITIES			SCHOOLS AND LIBRARES							Schools with shared services	Schools	Library Outlet/Branch	Consortia	
LIBERTY CENTER PUBLIC LIBRARY	129281 OH 120 002	R	1231	399	32.413%	60	N	N	N			129280		

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.						60								60%
CONSORTIA: Calculate the total of Column 14. Divide this total by the number of member entities. Enter the result in Column 15.														

Entity Number: 129281	Applicant's Form Identifier: FY2013-471
Contact Person: Jessica Troyer	Contact Phone Number: (419) 533-5721

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 2

FRN 2551089
(to be assigned by administrator)

10 ☐ 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)

PRIORITY 1	PRIORITY 2
☑ Telecommunications Service	☐ Internal Connections Other than Basic Maintenance
☐ Internet Access	☐ Basic Maintenance of Internal Connections

12 Form 470 Application Number
469190001132814

13 SPIN – Service Provider Identification Number
143001680

14 Service Provider Name
CenturyLink United Telephone Co. of Ohio FKA Embarq

15a ☑ Check this box if this Funding Request is for non-contracted tariffed or month-to-month services.

15b Contract Number
MTM

15c ☐ 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 ☐ 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)
419-533-5721

16b ☐ 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)
04/02/2013

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)

23 Calculations

Recurring Charges	A. Monthly charges (total amount per month for service)	$201.64
	B. How much of the amount in A is ineligible?	$0.00
	C. Eligible monthly pre-discount amount (A minus B)	$201.64
	D. Number of months service provided in funding year	12
	E. Annual pre-discount amount for eligible recurring charges (C x D)	$2,419.68
Non-Recurring Charges	F. Annual non-recurring charges	$0.00
	G. How much of the amount in F is ineligible?	$0.00
	H. Annual eligible pre-discount amount for non-recurring charges (F minus G)	$0.00
Total Charges	I. Total funding year pre-discount amount (E + H)	$2,419.68
	J. Discount from Block 4 Worksheet	60.00
	K. Funding Commitment Request (I x J)	$1,451.81

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: 129281

b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., 1):

Entity Number: 129281	Applicant's Form Identifier: FY2013-471
Contact Person: Jessica Troyer	Contact Phone Number: (419) 533-5721

Block 5: Discount Funding Request(s)
Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as needed, and number the completed pages to assure that they are all processed correctly.

Block 5, page 2 of 2

FRN 2551090
(to be assigned by administrator)

10 ☐ 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)

PRIORITY 1	PRIORITY 2
☑ Telecommunications Service	☐ Internal Connections Other than Basic Maintenance
☐ Internet Access	☐ Basic Maintenance of Internal Connections

12 Form 470 Application Number
469190001132814

13 SPIN – Service Provider Identification Number
143001197

14 Service Provider Name
Verizon Business Global LLC

15a ☑ Check this box if this Funding Request is for non-contracted tariffed or month-to-month services.

15b Contract Number
MTM

15c ☐ 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 ☐ 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)
419-533-5721

16b ☐ 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)
04/02/2013

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)

23 Calculations

Recurring Charges	A. Monthly charges (total amount per month for service)	$30.37
	B. How much of the amount in A is ineligible?	$0.00
	C. Eligible monthly pre-discount amount (A minus B)	$30.37
	D. Number of months service provided in funding year	12
	E. Annual pre-discount amount for eligible recurring charges (C x D)	$364.44
Non-Recurring Charges	F. Annual non-recurring charges	$0.00
	G. How much of the amount in F is ineligible?	$0.00
	H. Annual eligible pre-discount amount for non-recurring charges (F minus G)	$0.00
Total Charges	I. Total funding year pre-discount amount (E + H)	$364.44
	J. Discount from Block 4 Worksheet	60.00
	K. Funding Commitment Request (I x J)	$218.66

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: 129281

b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., 1):

Entity Number: 129281	Applicant's Form Identifier: FY2013-471
Contact Person: Jessica Troyer	Contact Phone Number: (419) 533-5721

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.)	2784.12
b	Total funding commitment request amount on this Form 471 (Add the entries from Items 23K on all Block 5 Discount Funding Requests.)	1670.47
c	Total applicant non-discount share (Subtract Item 25b from Item 25a.)	1113.65
d	Total budgeted amount allocated to resources not eligible for E-rate support	3250
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.)	4363.65
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: 129281	Applicant's Form Identifier: FY2013-471
Contact Person: Jessica Troyer	Contact Phone Number: (419) 533-5721

Block 6: Certification and Signature (Continued)

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

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

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

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

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

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

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

38 Signature of authorized person ☐	39 Date

40 Printed name of authorized person Jessica S Troyer

41 Title or position of authorized person Director

☐ Check here if the consultant in Item 6g is the Authorized Person.

42a Street Address, P.O. Box, or Route Number
PO Box 66

City Liberty Center
State OH Zip Code 43532-

Entity Number: 129281	Applicant's Form Identifier: FY2013-471
Contact Person: Jessica Troyer	Contact Phone Number: (419) 533-5721

42b Telephone Number of authorized Person (419) 533-5721 Ext.

42c Fax Number of Authorized Person

(419) 533-4849

42d E-mail Address of authorized Person director@libertycenterlibrary.org

Re-enter E-mail Address director@libertycenterlibrary.org

42e Name of Authorized Person's Employer Liberty Center Public Library

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

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

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

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

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

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

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

Please submit this form to:
SLD-Form 471
P.O. Box 7026
Lawrence, Kansas 66044-7026

For express delivery services or U.S. Postal Service, Return Receipt Requested, mail this form to:
SLD Forms
ATTN: SLD Form 471
3833 Greenway Drive
Lawrence, Kansas 66046
(888) 203-8100

FCC Form 471 - October 2010

Close Print Preview

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USAC Schools & Libraries

Item 21 Attachment

Telecommunications - Funding Year 2013

Applicant Name	LIBERTY CENTER PUBLIC LIBRARY
Billed Entity Number	129281
Form 471 Application Number	933289
Funding Request Number	2551089
Service Provider	CenturyLink United Telephone Co. of Ohio FKA Embarq
Attachment Number	
Narrative description of this Funding Request	basic local phone service for 3 lines

	Service Type	Service Description	Eligible Pre-Discount Cost
1	Local/Long Distance Telephone Service		$2,419.68

Number of Telecom Lines (if applicable) 3

Recurring Charges		Non Recurring Charges	
Monthly Recurring Charges	$201.64	**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	**$2,419.68**	**Eligible non-recurring charges**	**$0.00**
		Line item TOTAL	**$2419.68**

Total:	$2,419.68
Funding Requested on 471:	$2,419.68

Date Submitted **4/11/2013 1:39:46 PM**

USAC Schools & Libraries

Item 21 Attachment

Telecommunications - Funding Year 2013

Applicant Name	LIBERTY CENTER PUBLIC LIBRARY
Billed Entity Number	129281
Form 471 Application Number	933289
Funding Request Number	2551090
Service Provider	Verizon Business Global LLC
Attachment Number	
Narrative description of this Funding Request	basic long distance phone service for 3 lines

	Service Type	Service Description	Eligible Pre-Discount Cost
1	Local/Long Distance Telephone Service		$364.44

Number of Telecom Lines (if applicable) 3

Recurring Charges		Non Recurring Charges	
Monthly Recurring Charges	$30.37	**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	**$364.44**	**Eligible non-recurring charges**	**$0.00**
		Line item TOTAL	**$364.44**

Total:	$364.44
Funding Requested on 471:	$364.44

Date Submitted **4/11/2013 1:41:27 PM**

FCC Form 471
Services Ordered and Certification Form

Applicant's Form Identifier: FY2013-471 **Entity Number: 129281**
Contact Person: Jessica Troyer **Phone Number: (419) 533-5721**

Block 6: Certifications and Signature

date online submitted 4/11/13

471 Application Number: 933289

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.)	$2,784.12
b.	Total funding commitment request amount on this Form 471 (Add the entries from Items 23k on all Block 5 Discount Funding Requests.)	$1,670.47
c.	Total applicant non-discount share (Subtract Item 25b from Item 25a.)	$1,113.65
d.	Total budgeted amount allocated to resources not eligible for E-rate support	$3,250.00
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.)	$4,363.65
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.

38. PIN: ●●●●●●●	39.Date
40. Printed name of authorized person **Jessica S Troyer**	
41. Title or position of authorized person **Director** ☐ Check here if the consultant in Item 6g is the Authorized Person.	
42a. Street Address, P.O Box or Route Number **PO Box 66** **Liberty Center, OH 43532**	
42b. Telephone number of authorized person: **(419) 533-5721**	
42c. Fax number of authorized person: **(419) 533-4849**	
42d. E-mail of authorized person: **director@libertycenterlibrary.org**	
42e. Name of authorized person's employer **Liberty Center 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** ☑	

471 Application Number: 933289
LIBERTY CENTER PUBLIC LIBRARY
PO BOX 66
LIBERTY CENTER, OH 43532 -0066

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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.

Done

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Electronically Certified

Cert ID: 1183374