



North Kingstown School Department
Information Technology

120 Fairway Drive
 North Kingstown, RI 02852-6202
 (401) 268-6500 WWW.NKSD.NET
 Fax: (401) 268-6505

Educate
Inspire
Challenge

CC Docket No. 02-6

February 7, 2014

FCC
 Office of the Secretary
 445 12th Street SW
 Washington, DC 20554

Received & Inspected
 FFR 21 2014
 FCC Mail Room

Dear Mr/Ms Secretary,

I am writing to you today to file a formal appeal of a decision made by the Universal Service Administrative Company (USAC) on our submission for eRate funding .

The problem started with a clerical error on our part where we incorrectly requested funding under Priority 2, instead of Priority 1. Form 471 #850618 was filed requesting Priority 2 funding. I received notification from USAC indicating that my request was denied due to no funding under Priority 2. It is then I notified them of the mistake, and filed an immediate appeal of the decision by US Mail and Fax (888) 276-8736. A copy of that correspondence is attached.

I did not receive a response to my appeal, and called to inquire about its status, only to learn that they had misplaced my appeal. I was asked to submit a duplicate copy via email to Donna. Case # 22-471977 was assigned. I awaited the results of my appeal. I received a call from the service provider, OSHEAN, indicating this was not funded. I immediately went and checked on the appeal, only to learn that it was again lost in the process.

I now have provided the information to USAC three times.

The issue they are standing on is that I did not send the information initially by certified mail and therefore can't verify I sent the appeal within the 30 day window. The instructions I had received with my denial letter listed the appeal steps, and it specifically stated to send the appeal to the Lanidex Plaza address, but did not specify to send by traceable mail. It has always been the accepted practice to retain a copy of the original correspondence marked with the date if you needed to prove it was sent. They are not accepting this.

They are refusing to evaluate the content of my appeal stating that it was not filed in a timely manner.

No. of Copies rec'd 0
 List ABCDE



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Page 2

I have filed my appeal within the 60 day window as required and in good faith. I have retained the proof that I did file such an appeal in the correct window. I had even identified that I made a filing error. Had I been able to change it once certified I would have, but I was advised that once certified, I needed to wait for the rejection then submit a correction. The prior year was submitted correctly, so this was clearly a mistake.

I respectfully request that you grant my appeal and direct USAC to review my appeal request .

Your attention to this is sincerely appreciated.

NORTH KINGSTOWN SCHOOL DEPARTMENT

Rich Booth
Network Manager



SLD - PROBLEM - Resolution @ VANGENT.COM
ATTN: DONNA

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Pg 1 of 2

October 22, 2012

Followup to
CASE # 22-471977

Letter of Appeal
Schools and Libraries Division – Correspondence Unit
30 Lanidex Plaza West
PO Box 685
Parsippany, NY 07054-0685

THIS WAS ORIGINALLY
MAILED IN ACCORDANCE
WITH APPEAL INSTRUCTIONS
ON 10/22/2012

This letter represents an appeal of the FCDL Issued 10/16/2012 for FY2012-2013

1. Contact Information

Richard Booth, 120 Fairway Dr. North Kingstown, RI 02852-6202
richard_booth@nksd.net
(401) 268-6508 v (401) 268-6505 f

2. Letter of Appeal

North Kingstown School Department (Appellant)
OSHEAN (fka RINET) (Service Provider)
BEN: 120799 SPIN: 143005312
Form 471 Application Number 850618
FCDL for FY 2012

Decision appealing: Given Program Demand, the funding cap will not provide for Internal Connections and/or Basic Maintenance of Internal connections at your approved discount level to be funded. Please see <http://www.universalservice.org/sl/> for further details.

3. Reason for appeal

Due to a clerical error, block 5 on Form 471 was incorrectly indicated as "Priority 2". This should have been appropriately checked as "Priority 1" services, as was correctly submitted last year. We are currently in year 2 of a multi year contract for this service.

Please amend the FCDL issued 10/06/2012 to reflect funding of \$11,960.02 as approved. Thank you.

4. Copy to: OSHEAN (fka RINET)

NORTH KINGSTOWN SCHOOL DEPARTMENT

COPY
Richard Booth
Network Manager

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)

<input checked="" type="checkbox"/> PRIORITY 1 Telecommunications Service	<input checked="" type="checkbox"/> PRIORITY 2 Internal Connections Other than Basic Maintenance
<input type="checkbox"/> Internet Access	<input type="checkbox"/> Basic Maintenance of Internal Connections

12 **Form 470 Application Number**
580740000862750

13 **SPIN - Service Provider Identification Number**
143005312

14 **Service Provider Name**
Rhode Island Network for Educational Technology, Inc.

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

15b **Contract Number**
2067

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: 2202830

16a **Billing Account Number** (e.g., billed telephone number)
MNS-NK

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)

23 **Calculations**

Recurring Charges	A. Monthly charges (total amount per month for service) \$2,166.67
	B. How much of the amount in A is ineligible? \$0.00
	C. Eligible monthly pre-discount amount (A minus B) \$2,166.67
	D. Number of months service provided in funding year 12
	E. Annual pre-discount amount for eligible recurring charges (C x D) \$26,000.04
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
	I. Total funding year pre-discount amount (E + H) \$26,000.04
	J. Discount from Block 4 Worksheet 46.00
Total Charges	\$26,000.04

USAC Schools & Libraries

Item 21 Attachment Internal Connections - Funding Year 2012

Applicant Details

Applicant Name NORTH KINGSTOWN SCHOOL DIST
Billed Entity Number 120799
Form 471 Application Number 850618
Funding Request Number 2345276
Service Provider Rhode Island Network for Educational Technology, Inc.
Attachment Number 4
Narrative description of this Funding Request Community Cloud Service All Locations
Location of components

Make	Model	Product SKU	Line Total
1 1	1	1	\$26,000.04
Description Community Cloud Service for all locations Function (Product) - none selected (- none selected -) Quantity 1 Unit Cost \$26,000.04 Eligible Cost \$26,000.04 InEligible Cost \$0.00 Total: \$26,000.04 Funding Requested on 471: \$26,000.04			



Further information

The Priority 2 option was inadvertently checked. This should be a Priority 1 request for community cloud service.

Date Submitted

3/16/2012 1:32:58 PM

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) 2012-13	Form 471 Application #: 850618 (To be assigned by administrator)
Block 1: Billed Entity Address and Identifications	
<p>1 Name of Billed Entity NORTH KINGSTOWN SCHOOL DIST</p> <p>2 Funding Year 2012</p> <p>3a Entity Number 120799</p> <p>3b FCC Registration Number 0014060453</p> <p>4a Street Address, P.O. Box, or Route Number 100 FAIRWAY DR</p> <p>City N KINGSTOWN State RI Zip Code 02852-6202</p> <p>4b Telephone Number (401) 268-6500 Ext. 508</p> <p>4c Fax Number (401) 268-6505</p> <p>5a Type of Application (check only one)</p> <p><input type="radio"/> Individual School (individual public or non-public school)</p> <p><input checked="" type="radio"/> School District (LEA; public or non-public [e.g. diocesan] local district representing multiple schools)</p> <p><input type="radio"/> Library (including library system, library outlet/branch or library consortium as defined under LSTA)</p> <p><input type="radio"/> Consortium (intermediate service agencies, states, state networks, special consortia of schools and/or libraries)</p> <p><input type="radio"/> 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: 120799	Applicant's Form Identifier: 2012-13
Contact Person: Rich Booth	Contact Phone Number: (401) 268-6500
Block 1: Billed Entity Address and Identifications (continued)	
<p>6a Contact Person's Name Rich Booth</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. 100 FAIRWAY DR</p> <p>City N KINGSTOWN State RI Zip Code 02852-6202</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 (401) 268 - 6500 Ext. 508</p> <p><input type="checkbox"/> 6d Fax Number (401) 268 - 6505</p> <p><input checked="" type="checkbox"/> 6e E-Mail Address rbooth@nksd.net Re-enter E-mail Address rbooth@nksd.net</p> <p>6f Holiday/vacation/summer contact information: please include name of alternate contact (if applicable) and alternate phone, fax or E-mail address (401) 268-6509 Laura Belanger</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</p>	

Consultant's Telephone Number Ext. Consultant's Fax Number Consultant's E-mail Address Re-enter E-mail Address Consultant Registration Number

Entity Number: 120799	Applicant's Form Identifier: 2012-13
Contact Person: Rich Booth	Contact Phone Number: (401) 268-6500

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	4400	0
b Telephone service: Number of classrooms or rooms with phone service	45	0
c Direct connections to the Internet: Number of drops	1	0
d Number of classrooms or rooms with Internet access	223	0
e Number of computers or other devices with Internet access	1700	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
	At or greater than 1.5 mbps and less than 3 mbps	0
	At or greater than 3 mbps and less than 10 mbps	0
	At or greater than 10 mbps and less than 25 mbps	0
	At or greater than 25 mbps and less than 50 mbps	0
	At or greater than 50 mbps and less than 100 mbps	1
	Greater than 100 mbps	0

Block 3:

8 [Reserved]

Entity Number: 120799	Applicant's Form Identifier: 2012-13
Contact Person: Rich Booth	Contact Phone Number: (401) 268-6500

Block 4: Discount Calculation Worksheet Worksheet - 1443171
Page 1 of 1

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	
DAVISVILLE MIDDLE SCHOOL	2824 44 00750 00169	U	554	137	24.729%	50	N	N	N	27700				
FOREST PARK ELEMENTARY SCHOOL	2826 44 00750 00171	U	272	60	22.059%	50	N	N	N	13600				
QUIDNESSETT ELEMENTARY SCHOOL	2829 44 00750 00169	U	353	197	55.807%	80	N	N	N	28240				
HAMILTON ELEMENTARY SCHOOL	2836 44 00750 00172	U	464	61	13.147%	40	N	N	N	18560				
FISHING COVE SCHOOL	2831 44 00750 00170	U	307	104	33.876%	50	N	N	N	15350				
WICKFORD MIDDLE SCHOOL	2832 44 00750 00172	U	406	42	10.345%	40	N	N	N	16240				
NORTH KINGSTOWN SR HIGH SCHOOL	2834 44 00750 00168	U	1614	235	14.560%	40	N	N	N	64560				
STONY LANE ELEMENTARY SCHOOL	2830 44 00750 00170	U	445	44	9.888%	40	N	N	N	17800				

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.	4415									202050				46%
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.														

Entity Number: 120799		Applicant's Form Identifier: 2012-13																							
Contact Person: Rich Booth		Contact Phone Number: (401) 268-6500																							
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 4 FRN 2345064 (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%;"> PRIORITY 1 <input checked="" type="checkbox"/> Telecommunications Service </td> <td style="width:50%;"> PRIORITY 2 <input type="checkbox"/> Internal Connections Other than Basic Maintenance </td> </tr> <tr> <td> <input type="checkbox"/> Internet Access </td> <td> <input type="checkbox"/> Basic Maintenance of Internal Connections </td> </tr> </table>		PRIORITY 1 <input checked="" type="checkbox"/> Telecommunications Service	PRIORITY 2 <input type="checkbox"/> Internal Connections Other than Basic Maintenance	<input type="checkbox"/> Internet Access	<input type="checkbox"/> Basic Maintenance of Internal Connections	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td rowspan="5" style="width:15%; vertical-align: middle;">Recurring Charges</td> <td>A. Monthly charges (total amount per month for service)</td> <td style="text-align: right;">\$1,671.00</td> </tr> <tr> <td>B. How much of the amount in A is ineligible?</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>C. Eligible monthly pre-discount amount (A minus B)</td> <td style="text-align: right;">\$1,671.00</td> </tr> <tr> <td>D. Number of months service provided in funding year</td> <td style="text-align: center;">12</td> </tr> <tr> <td>E. Annual pre-discount amount for eligible recurring charges (C x D)</td> <td style="text-align: right;">\$20,052.00</td> </tr> <tr> <td rowspan="3" style="vertical-align: middle;">Non-Recurring Charges</td> <td>F. Annual non-recurring charges</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>G. How much of the amount in F is ineligible?</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>H. Annual eligible pre-discount amount for non-recurring charges (F minus G)</td> <td style="text-align: right;">\$0.00</td> </tr> </table>		Recurring Charges	A. Monthly charges (total amount per month for service)	\$1,671.00	B. How much of the amount in A is ineligible?	\$0.00	C. Eligible monthly pre-discount amount (A minus B)	\$1,671.00	D. Number of months service provided in funding year	12	E. Annual pre-discount amount for eligible recurring charges (C x D)	\$20,052.00	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
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12 Form 470 Application Number 137680001009590																									
13 SPIN – Service Provider Identification Number 143025240																									
14 Service Provider Name AT&T Mobility																									
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) TBA - Quote#11220580-0561																									
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)																									

02/29/2012

18 Contract Award Date (mm/dd/yyyy)		\$0.00
19 Service Start Date (mm/dd/yyyy) 07/01/2012	Total Charges	I. Total funding year pre-discount amount (E + H) \$20,052.00
20a Service End Date (mm/dd/yyyy) 06/30/2013		J. Discount from Block 4 Worksheet 46.00
Contract Expiration Date		K. Funding Commitment Request (I x J) \$9,223.92
20b (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:	
	b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., 1): 1443171	

Entity Number: 120799	Applicant's Form Identifier: 2012-13
Contact Person: Rich Booth	Contact Phone Number: (401) 268-6500
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 4 FRN 2345111 (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
PRIORITY 1 <input checked="" type="checkbox"/> Telecommunications Service PRIORITY 2 <input type="checkbox"/> Internal Connections Other than Basic Maintenance	A. Monthly charges (total amount per month for service)

<input type="checkbox"/> Internet Access <input type="checkbox"/> Basic Maintenance of Internal Connections		
12 Form 470 Application Number 137680001009590		\$5,005.00
13 SPIN – Service Provider Identification Number 143016764		B. How much of the amount in A is ineligible? \$0.00
14 Service Provider Name CoxRhode Island Telcom, LLC	Recurring Charges	C. Eligible monthly pre-discount amount (A minus B) \$5,005.00
15a <input type="checkbox"/> Check this box if this Funding Request is for non-contracted tariffed or month-to-month services.		D. Number of months service provided in funding year 12
15b Contract Number 216-0000000-00		E. Annual pre-discount amount for eligible recurring charges (C x D) \$60,060.00
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).		F. Annual non-recurring charges \$0.00
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:		G. How much of the amount in F is ineligible? \$0.00
16a Billing Account Number (e.g., billed telephone number) 401-268-6200	Non-Recurring Charges	H. Annual eligible pre-discount amount for non-recurring charges (F minus G) \$0.00
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) 02/29/2012		I. Total funding year pre-discount amount (E + H) \$60,060.00
18 Contract Award Date (mm/dd/yyyy) 03/14/2012		J. Discount from Block 4 Worksheet 46.00
19 Service Start Date (mm/dd/yyyy) 07/01/2012	Total Charges	K. Funding Commitment Request (I x J) \$27,627.60
20a Service End Date (mm/dd/yyyy)		
Contract Expiration Date 20b (mm/dd/yyyy) 06/30/2016		
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12 Form 470 Application Number 580740000862750		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"></td> <td style="width:50%;">A. Monthly charges (total amount per month for service) \$5,666.67</td> </tr> <tr> <td></td> <td>B. How much of the amount in A is ineligible? \$0.00</td> </tr> <tr> <td style="text-align:center;">Recurring Charges</td> <td>C. Eligible monthly pre-discount amount (A minus B) \$5,666.67</td> </tr> <tr> <td></td> <td>D. Number of months service provided in funding year 12</td> </tr> <tr> <td></td> <td>E. Annual pre-discount amount for eligible recurring charges (C x D) \$68,000.04</td> </tr> </table>			A. Monthly charges (total amount per month for service) \$5,666.67		B. How much of the amount in A is ineligible? \$0.00	Recurring Charges	C. Eligible monthly pre-discount amount (A minus B) \$5,666.67		D. Number of months service provided in funding year 12		E. Annual pre-discount amount for eligible recurring charges (C x D) \$68,000.04
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13 SPIN – Service Provider Identification Number 143005312													
14 Service Provider Name Oshean Inc													
15a <input type="checkbox"/> Check this box if this Funding Request is for non-contracted tarified or month-to-month services.													
15b Contract Number 2066		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"></td> <td style="width:50%;">F. Annual non-recurring charges \$0.00</td> </tr> <tr> <td></td> <td>G. How much of the amount in F is ineligible? \$0.00</td> </tr> <tr> <td style="text-align:center;">Non-Recurring Charges</td> <td>H. Annual eligible pre-discount amount for non-recurring charges (F minus G) \$0.00</td> </tr> <tr> <td></td> <td>I. Total funding year pre-discount amount (E + H) \$68,000.04</td> </tr> </table>			F. Annual non-recurring charges \$0.00		G. How much of the amount in F is ineligible? \$0.00	Non-Recurring Charges	H. Annual eligible pre-discount amount for non-recurring charges (F minus G) \$0.00		I. Total funding year pre-discount amount (E + H) \$68,000.04		
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15c <input checked="" 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 checked="" 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: 2202746													
16a Billing Account Number (e.g., billed telephone number) NORTHKINGSTOWN01		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"></td> <td style="width:50%;">J. Discount from Block 4 Worksheet 46.00</td> </tr> <tr> <td></td> <td>K. Funding Commitment Request (I x J) \$31,280.02</td> </tr> </table>			J. Discount from Block 4 Worksheet 46.00		K. Funding Commitment Request (I x J) \$31,280.02						
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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) 11/12/2010		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"></td> <td style="width:50%;">Total Charges</td> </tr> <tr> <td></td> <td>J. Discount from Block 4 Worksheet 46.00</td> </tr> <tr> <td></td> <td>K. Funding Commitment Request (I x J) \$31,280.02</td> </tr> </table>			Total Charges		J. Discount from Block 4 Worksheet 46.00		K. Funding Commitment Request (I x J) \$31,280.02				
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18 Contract Award Date (mm/dd/yyyy) 03/22/2011													
19 Service Start Date (mm/dd/yyyy) 07/01/2012													
20a Service End Date (mm/dd/yyyy)													
Contract Expiration Date 20b (mm/dd/yyyy) 06/30/2014													
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:		<p>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:</p> <p>b. If the service is shared by all entities on a Block 4</p>											

Entity Number: 120799		Applicant's Form Identifier: 2012-13																				
Contact Person: Rich Booth		Contact Phone Number: (401) 268-6500																				
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 4 of 4 FRN 2345276 (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"> <tr> <td>PRIORITY 1</td> <td>PRIORITY 2</td> </tr> <tr> <td><input type="checkbox"/> Telecommunications Service</td> <td><input checked="" type="checkbox"/> Internal Connections Other than Basic Maintenance</td> </tr> <tr> <td><input type="checkbox"/> Internet Access</td> <td><input type="checkbox"/> Basic Maintenance of Internal Connections</td> </tr> </table>		PRIORITY 1	PRIORITY 2	<input type="checkbox"/> Telecommunications Service	<input checked="" type="checkbox"/> Internal Connections Other than Basic Maintenance	<input type="checkbox"/> Internet Access	<input type="checkbox"/> Basic Maintenance of Internal Connections	<table border="1"> <tr> <td rowspan="7">Recurring Charges</td> <td>A. Monthly charges (total amount per month for service)</td> <td>\$2,166.67</td> </tr> <tr> <td>B. How much of the amount in A is ineligible?</td> <td>\$0.00</td> </tr> <tr> <td>C. Eligible monthly pre-discount amount (A minus B)</td> <td>\$2,166.67</td> </tr> <tr> <td>D. Number of months service provided in funding year</td> <td>12</td> </tr> <tr> <td>E. Annual pre-discount amount for eligible recurring charges (C x D)</td> <td>\$26,000.04</td> </tr> <tr> <td>F. Annual non-recurring charges</td> <td></td> </tr> </table>		Recurring Charges	A. Monthly charges (total amount per month for service)	\$2,166.67	B. How much of the amount in A is ineligible?	\$0.00	C. Eligible monthly pre-discount amount (A minus B)	\$2,166.67	D. Number of months service provided in funding year	12	E. Annual pre-discount amount for eligible recurring charges (C x D)	\$26,000.04	F. Annual non-recurring charges	
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	12 Form 470 Application Number 580740000862750																					
13 SPIN – Service Provider Identification Number 143005312																						
14 Service Provider Name Rhode Island Network for Educational Technology, Inc.																						
15a <input type="checkbox"/> Check this box if this Funding Request is for non-contracted tariffed or month-to-month services.																						
15b Contract Number 2067																						
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																						

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: 2202830

16a Billing Account Number (e.g., billed telephone number) MNS-NK	Non-Recurring Charges	\$0.00
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.		\$0.00
17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 11/12/2010		H. Annual eligible pre-discount amount for non-recurring charges (F minus G) \$0.00
18 Contract Award Date (mm/dd/yyyy) 03/22/2011	Total Charges	I. Total funding year pre-discount amount (E + H) \$26,000.04
19 Service Start Date (mm/dd/yyyy) 07/01/2012		J. Discount from Block 4 Worksheet 46.00
20a Service End Date (mm/dd/yyyy)		K. Funding Commitment Request (I x J) \$11,960.02
20b Contract Expiration Date (mm/dd/yyyy) 06/30/2013		

21 Description of This Service: **NOTE: All Item 21 Attachments must be filed before the close of the filing window.** Attachment
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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:
	b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., 1): 1443171

Contact Person: Rich Booth	Contact Phone Number: (401) 268-6500
----------------------------	--------------------------------------

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.)	174112.08
b Total funding commitment request amount on this Form 471 (Add the entries from Items 23K on all Block 5 Discount Funding Requests.)	80091.56
c Total applicant non-discount share (Subtract Item 25b from Item 25a.)	94020.52
d Total budgeted amount allocated to resources not eligible for E-rate support	0
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.)	94020.52
f <input type="checkbox"/> 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: 120799	Applicant's Form Identifier: 2012-13
Contact Person: Rich Booth	Contact Phone Number: (401) 268-6500
Block 6: Certification and Signature (Continued)	
<p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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).</p> <p>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).</p> <p>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.</p>	
38 Signature of authorized person <input checked="" type="checkbox"/>	39 Date 03/15/2012
40 Printed name of authorized person Richard Booth	
41 Title or position of authorized person Network Manager	
<input type="checkbox"/> Check here if the consultant in Item 6g is the Authorized Person.	
42a Street Address, P.O. Box, or Route Number	

120 Fairway Drive

City North Kingstown
 State RI Zip Code 02852-6202

Entity Number: 120799		Applicant's Form Identifier: 2012-13	
Contact Person: Rich Booth		Contact Phone Number: (401) 268-6500	
42b	Telephone Number of authorized Person	Ext.	(401) 268-6508
42c	Fax Number of Authorized Person		(401) 650-6505
42d	E-mail Address of authorized Person		richard_booth@nksd.net
	Re-enter E-mail Address		richard_booth@nksd.net
42e	Name of Authorized Person's Employer		North Kingstown School Department

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

Close Print Preview

Previous

Appeal status - Case# 22-584232

Inbox x

**SLD Problem Resolution Mailbox**

to me

Rich,

I spoke to you on Friday regarding your appeal and escalated it. This was under Case# 22-584232. The appeals department let me know that they do have your appeal and

If you have any additional questions, please contact the Schools and Libraries Helpline at 888-203-8100.

Thank you,

Melissa Morrell

Technical Client Service Bureau

Schools and Libraries Division

Phone: 888-203-8100

Fax: 888-276-8736

E-mail: sld-problem-resolution@vangent.com**From:** Booth, Rich [mailto:richard_booth@nksd.net]**Sent:** Tuesday, January 28, 2014 10:48 AM**To:** SLD Problem Resolution Mailbox**Subject:** Fwd: Case# 22-471977 ATTN: Donna

On Friday 1/24/2014 I called to inquire about the status of this appeal under FRN#2345276 471 Application# 850618. I was told that there was no record of this appeal in your system sent in again. You will note that the attached Item 21 was Filed and Printed on 3/21/12 and clearly stated there was a clerical error on the form, and it should be corrected.

Please reinstate funding for this FRN.

Please let me know if you need anything else.

Rich Booth

----- Forwarded message -----

From: Rich Booth <richard_booth@nksd.net>**Date:** Fri, Mar 1, 2013 at 2:33 PM**Subject:** Case# 22-471977 ATTN: Donna**To:** SLD Problem Resolution Mailbox <sld-problem-resolution@vangent.com>

Hi Donna,

Attached, please find the Letter of Appeal, Copy of Block 5 item 11 that was sent showing the mistake and a copy of the Item 21 that was electronically filed on 03/16/12 that provider

Please call if you need anything else.

Thank you!

Rich Booth

Network Manager

North Kingstown School Department

120 Fairway Drive

North Kingstown, RI 02852

(401) 268-6500 voice (401) 268-6505 facsimile

www.nksd.net

-

Rich Booth

Network Manager

North Kingstown School Department

120 Fairway Drive

North Kingstown, RI 02852

(401) 268-6508 v

(401) 268-6505 f

www.nksd.netClick here to [Reply](#) or [Forward](#)



SLD - PROBLEM - Resolution@VANGENT.COM
ATTN: DONNA
North Kingstown School Department
Information Technology

120 Fairway Drive
North Kingstown, RI 02852-6202
(401) 268-6500 WWW.NKSD.NET
Fax: (401) 268-6505

Educate
Inspire
Challenge

Pg 1 of 2

October 22, 2012

Followup to
CASE # 22-471977

Letter of Appeal
Schools and Libraries Division - Correspondence Unit
30 Lanidex Plaza West
PO Box 685
Parsippany, NY 07054-0685

THIS WAS ORIGINALLY
MAILED IN ACCORDANCE
WITH APPEAL INSTRUCTIONS
ON 10/22/2012

This letter represents an appeal of the FCDL Issued 10/16/2012 for FY2012-2013

1. Contact Information

Richard Booth, 120 Fairway Dr. North Kingstown, RI 02852-6202
richard_booth@nksd.net
(401) 268-6508 v (401) 268-6505 f

2. Letter of Appeal

North Kingstown School Department (Appellant)
OSHEAN (fka RINET) (Service Provider)
BEN: 120799 SPIN: 143005312
Form 471 Application Number 850618
FCDL for FY 2012

Decision appealing: Given Program Demand, the funding cap will not provide for Internal Connections and/or Basic Maintenance of Internal connections at your approved discount level to be funded. Please see <http://www.universalservice.org/sl/> for further details.

3. Reason for appeal

Due to a clerical error, block 5 on Form 471 was incorrectly indicated as "Priority 2". This should have been appropriately checked as "Priority 1" services, as was correctly submitted last year. We are currently in year 2 of a multi year contract for this service.

Please amend the FCDL issued 10/06/2012 to reflect funding of \$11,960.02 as approved. Thank you.

4. Copy to: OSHEAN (fka RINET)

NORTH KINGSTOWN SCHOOL DEPARTMENT

COPY
Richard Booth
Network Manager

Case# 22-471977 ATTN: Donna



Rich Booth richard_booth@nksd.net
to SLD

Hi Donna,

Attached, please find the Letter of Appeal, Copy of Block 5 item 11 that was sent showing the mistake and a copy of the Item 21 that was electronically filed on 03/16/12 that provides
Please call if you need anything else.

Thank you!

Rich Booth

Network Manager
North Kingstown School Department
120 Fairway Drive
North Kingstown, RI 02852
(401) 268-6500 voice (401) 268-6505 facsimile
www.nksd.net



Booth, Rich richard_booth@nksd.net
to SLD

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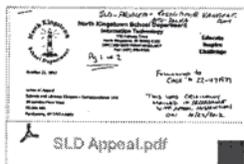
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Please let me know if you need anything else.

Rich Booth



Rich Booth
Network Manager
North Kingstown School Department
120 Fairway Drive
North Kingstown, RI 02852
(401) 268-6508 v
(401) 268-6505 f
www.nksd.net



Click here to [Reply](#) or [Forward](#)

Case# 22-492053

Inbox x

4/12/13



SLD Problem Resolution Mailbox sld-problem-resolution@vangent.com
to richard@nksd.net

Richard,

I have attached a copy of the revised FCOL for 471 application number 808272.

Thank you,

Megan Allred
Client Service Bureau / Problem Resolution
Schools and Libraries Division
Help Line: 888-203-8100
Fax: 888-276-8736
E-Mail: sld-problem-resolution@vangent.com



Case #22-471977

Inbox x

3/5/13



SLD Problem Resolution Mailbox sld-problem-resolution@vangent.com

to me

Richard:

I wanted to let you know that the copy of your appeal you sent to me has been forwarded to that department. Since there is not fax confirmation sheet, they will decide if the appeal was filed in a timely manner or not.

If they have questions, they will contact you.

Donna