

<010> Study Area Code	613003
<015> Study Area Name	BRISTOL BAY TEL COOP
<020> Program Year	2015
<030> Contact Name: Person USAC should contact with questions about this data	Todd A. Hoppe
<035> Contact Telephone Number: Number of the person identified in data line <030>	9072463403 ext.
<039> Contact Email Address: Email of the person identified in data line <030>	manager@bristolbay.com

ANNUAL REPORTING FOR ALL CARRIERS		54.313 Completion Required	54.422 Completion Required
-----------------------------------	--	----------------------------------	----------------------------------

		<i>(check box when complete)</i>	
<100> Service Quality Improvement Reporting	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<200> Outage Reporting (voice)	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210> <input type="checkbox"/> <-- check box if no outages to report		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<300> Unfulfilled Service Requests (voice)	<input type="text" value="0"/>	<input type="checkbox"/>	<input type="checkbox"/>
<310> Detail on Attempts (voice)	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> <i>(attach descriptive document)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<320> Unfulfilled Service Requests (broadband)	<input type="text" value="0"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<330> Detail on Attempts (broadband)	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> <i>(attach descriptive document)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<400> Number of Complaints per 1,000 customers (voice)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<410> Fixed	<input type="text" value="0.0"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<420> Mobile	<input type="text" value="0.0"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<430> Number of Complaints per 1,000 customers (broadband)		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<440> Fixed	<input type="text" value="0.0"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<450> Mobile	<input type="text" value="0.0"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<500> Service Quality Standards & Consumer Protection Rules Compliance	<i>(check to indicate certification)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510> <div style="border: 1px solid black; padding: 2px;">613003ak510 (2014).pdf</div>	<i>(attached descriptive document)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600> Functionality in Emergency Situations	<i>(check to indicate certification)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610> <div style="border: 1px solid black; padding: 2px;">613003ak610 (2014).pdf</div>	<i>(attached descriptive document)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700> Company Price Offerings (voice)	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<710> Company Price Offerings (broadband)	<i>(complete attached worksheet)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<800> Operating Companies and Affiliates	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)?	<i>(if yes, complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<1000> Voice Services Rate Comparability	<i>(check to indicate certification)</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<1010> <div style="border: 1px solid black; padding: 2px;">613003ak1010 (2014).pdf</div>	<i>(attach descriptive document)</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<1100> Terrestrial Backhaul (Y/N)?	<i>(if not, check to indicate certification)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<1110>	<i>(complete attached worksheet)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers	<i>(complete attached worksheet)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

<i>Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers</i>		<input type="checkbox"/>	<input type="checkbox"/>
<2000>	<i>(check to indicate certification)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<2005>	<i>(complete attached worksheet)</i>	<input type="checkbox"/>	<input type="checkbox"/>

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000>	<i>(check to indicate certification)</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<3005>	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**(100) Service Quality Improvement Reporting
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010> Study Area Code	613003
<015> Study Area Name	BRISTOL BAY TEL COOP
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Todd A. Hoppe
<035> Contact Telephone Number - Number of person identified in data line <030>	9072463403 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	manager@bristolbay.com

<110> Has your company received its ETC certification from the FCC? (yes / no)

If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC? (yes / no)

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

613003ak112 (2014).pdf

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Name of Attached Document

Please check these boxes below to confirm that the attached document(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

- <113> Maps detailing progress towards meeting plan targets
- <114> Report how much universal service (USF) support was received
- <115> How (USF) was used to improve service quality
- <116> How (USF) was used to improve service coverage
- <117> How (USF) was used to improve service capacity
- <118> Provide an explanation of network improvement targets not met in the prior calendar year.

**(900) Tribal Lands Reporting
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010> Study Area Code 613003
 <015> Study Area Name BRISTOL BAY TEL COOP
 <020> Program Year 2015
 <030> Contact Name - Person USAC should contact regarding this data Todd A. Hoppe
 <035> Contact Telephone Number - Number of person identified in data line <030> 9072463403 ext.
 <039> Contact Email Address - Email Address of person identified in data line <030> manager@bristolbay.com

<910> Tribal Land(s) on which ETC Serves

Aleknagik
 Clarks Point
 Ekuk
 Manotkak
 Ekwok
 Igiugig
 King Salmon
 Levelock
 Naknek
 New Koligankek
 New Stuyahok
 South Naknek

<920> Tribal Government Engagement Obligation

613003ak920 (2014).pdf

Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select (Yes, No, NA)
Yes

Yes

**(1100) No Terrestrial Backhaul Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3050-0819

July 2013

<010>	Study Area Code	613003
<015>	Study Area Name	BRISTOL BAY TEL COOP
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Todd A. Hoppe
<035>	Contact Telephone Number - Number of person identified in data line <030>	9072463403 ext .
<039>	Contact Email Address - Email Address of person identified in data line <030>	manager@bristolbay.com

<1120> Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G)

<1130> Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G)

(1200) Terms and Condition for Lifeline Customers Lifeline Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
--	--

<010>	Study Area Code	613003
<015>	Study Area Name	BRISTOL BAY TEL COOP
<020>	Program Year	2013
<030>	Contact Name - Person USAC should contact regarding this data	Todd A. Hoppe
<035>	Contact Telephone Number - Number of person identified in data line <030>	9072463403 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	manager@bristolbay.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

613003ak1210 (2014).pdf

Name of Attached Document

<1220> Link to Public Website

HTTP

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

<1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,

<1222> Details on the number of minutes provided as part of the plan,

<1223> Additional charges for toll calls, and rates for each such plan.

(2000) Price Cap Carrier Additional Documentation

FCC Form 481

Data Collection Form

OMB Control No. 3050-0986/OMB Control No. 3060-0819

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

July 2013

<010>	Study Area Code	613003
<015>	Study Area Name	BRISTOL BAY TEL COOP
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Todd A. Hoppe
<035>	Contact Telephone Number - Number of person identified in data line <030>	9072463403 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	manager@bristolbay.com

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

<2010> 2nd Year Certification {47 CFR § 54.313(b)(1)}

<2011> 3rd Year Certification {47 CFR § 54.313(b)(2)}

Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}

<2012> 2013 Frozen Support Certification

<2013> 2014 Frozen Support Certification

<2014> 2015 Frozen Support Certification

<2015> 2016 and future Frozen Support Certification

Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}

<2016> Certification Support Used to Build Broadband

Connect America Phase II Reporting {47 CFR § 54.313(e)}

<2017> 3rd year Broadband Service Certification

<2018> 5th year Broadband Service Certification

<2019> Interim Progress Certification

<2020> Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

<2021> Interim Progress Community Anchor Institutions

Name of Attached Document Listing Required Information

<010> Study Area Code	613003
<015> Study Area Name	BRISTOL BAY TEL COOP
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Todd A. Hoppe
<035> Contact Telephone Number - Number of person identified in data line <030>	9072463403 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	manager@bristolbay.com

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(3010) Progress Report on 5 Year Plan
Milestone Certification (47 CFR § 54.313(f)(1)(i))

Name of Attached Document Listing Required Information

(3011) Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

(3012) Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))

Name of Attached Document Listing Required Information

(3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))
(3014) If yes, does your company file the RUS annual report

(Yes/No)
(Yes/No)

Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

(3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)
(3016) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

(3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation

613003ak3017 (2014) .pdf

Name of Attached Document Listing Required Information

(3018) If the response is no on line 3014, is your company audited? (Yes/No)

If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

(3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications

(3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

(3021) Management letter issued by the independent certified public accountant that performed the company's financial audit.

If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

(3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,

(3023) Underlying information subjected to a review by an independent certified public accountant

(3024) Underlying information subjected to an officer certification.

(3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

(3026) Attach the worksheet listing required information

Name of Attached Document Listing Required Information

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
---	--

<010> Study Area Code	613003
<015> Study Area Name	BRISTOL BAY TEL COOP
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Todd A. Hoppe
<035> Contact Telephone Number - Number of person identified in data line <030>	9072463403 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	manager@bristolbay.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
---	--

<010>	Study Area Code	613003
<015>	Study Area Name	BRISTOL BAY TEL COOP
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Todd A. Hoppe
<035>	Contact Telephone Number - Number of person identified in data line <030>	9072463403 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	manaqr@bristolbay.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) <u>Ginger Johnstone</u> is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	Ginger Johnstone
Name of Reporting Carrier:	BRISTOL BAY TEL COOP
Signature of Authorized Officer:	CERTIFIED ONLINE Date: 06/26/2014
Printed name of Authorized Officer:	Todd Hoppe
Title or position of Authorized Officer:	General Manager
Telephone number of Authorized Officer:	9072463403 ext.
Study Area Code of Reporting Carrier:	613003 Filing Due Date for this form: 07/01/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	BRISTOL BAY TEL COOP
Name of Authorized Agent or Employee of Agent:	Todd A. Hoppe
Signature of Authorized Agent or Employee of Agent:	CERTIFIED ONLINE Date: 06/26/2014
Printed name of Authorized Agent or Employee of Agent:	Ginger Johnstone
Title or position of Authorized Agent or Employee of Agent:	Paralegal
Telephone number of Authorized Agent or Employee of Agent:	7035848674 ext.
Study Area Code of Reporting Carrier:	613003 Filing Due Date for this form: 07/01/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Attachments

**Bristol Bay Telephone Cooperative (BBTC)
Line 112 -- Five Year Plan**

REDACTED - FOR PUBLIC INSPECTION

Bristol Bay Telephone Cooperative

Line 510 – Compliance with Service Quality Standards and Consumer Protection

Bristol Bay Telephone Cooperative (“BBTC”) hereby certifies that it complies with applicable service quality and consumer protection practices in connection with its provision of wireless voice services. Among other things, BBTC:

- Discloses rates and terms of its voice services to customers.
- Provides contract terms to customers and confirms changes in voice service.
- Separately identifies carrier charges from taxes on billing statements.
- Provides ready access to customer service.
- Promptly responds to consumer inquiries and complaints received from government agencies.
- Abides by CPNI rules and other rules for the protection of consumer privacy.
- Complies with the service standards promulgated by the State of Alaska.

Bristol Bay Telephone Cooperative

Line 610 – Functionality in Emergency Situations

Section 54.202(a)(2) of the Commission’s Rules requires that each eligible telecommunications carrier (“ETC”) must “[d]emonstrate its ability to remain functional in emergency situations, including a demonstration that it has a reasonable amount of back-up power to ensure functionality without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations.”¹ Section 54.313(a)(6) requires ETCs to certify that they are “able to function in emergency situations as set forth in §54.202(a)(2)”² in connection with their provision of voice and broadband services.

Bristol Bay Telephone Cooperative (“BBTC”) hereby certifies that it is able to function in emergency situations as set forth in Section 54.202(a) in connection with its provision of voice services.³

For its central office, BBTC has eight hours of battery back-up as well as a diesel generator providing 45 hours of back-up if needed. In addition, BBTC has eight or more hours of battery back-up at all switching and/ or host sites, and the ability to deploy portable generators if necessary.

BBTC has multiple trunk groups to different carriers, enabling it to re-route voice traffic around damaged facilities. In addition, BBTC actively monitors traffic reports to determine if re-routing is required. BBTC is also able to prioritize 911 and other emergency calls.

¹ 47 C.F.R. § 54.202(a).

² 47 C.F.R. § 54.313(a)(6).

³ Certifications and demonstrations regarding broadband services are not required in carrier’s reports for calendar year 2012.

These facilities and capabilities ensure that (1) a reasonable amount of back-up power will be available to ensure functionality without an external power source; (2) BBTC will be able to reroute voice traffic around damaged facilities; and (3) BBTC will be capable locally of managing spikes in voice traffic resulting from emergency situations.

Bristol Bay Telephone Cooperative, Inc.
SAC-613003
Form 481

Line 1010 – Descriptive Document for Voice Services Rate Comparability

The Commission’s rules require a recipient of high-cost support to certify that “the pricing of the company’s voice services is no more than two standard deviations above the applicable national average urban rate for voice service, as specified in the most recent public notice issued by the Wireline Competition Bureau and Wireless Telecommunications Bureau” 47 C.F.R. § 54.313(a)(1). The Wireline Competition Bureau (“WCB”) released a Public Notice on March 20, 2014, specifying the national average urban rate for voice service and indicating that “each ETC, including competitive ETCs, must certify that the pricing of the voice services is no more than \$46.96.” Public Notice, DA 14-384 (rel. Mar. 20, 2014), at 2.

Bristol Bay Telephone Cooperative, Inc. (BBTC) currently offers a regional voice service plan providing unlimited minutes per month for a monthly charge of \$18.15. Accordingly, BBTC’s rate plan is well below \$46.96.

Bristol Bay Telephone Cooperative, Inc.
SAC-613003
Form 481
Line 1210 – Lifeline Plan

*Bringing you more from
your Cooperative!*



Lifeline / Link Up Services Program

You could be getting local telephone service for as little as **\$1.00 a month** if you qualify!

The Lifeline/Link Up Program is funded through the Alaska Universal Service Fund to provide financial help to qualifying low-income telephone customers.

For anyone who qualifies, **Lifeline** pays for basic monthly telephone service on *one residential line* as long as the customer pays \$1.00 a month*.

For a qualifying **new** customer, the **Link Up** program pays 50% of the initial telephone connection fee to the customer's principal residence.

Lifeline is a federal government assistance benefit that provides a monthly discount on home or mobile telephone services. Only **ONE** Lifeline discount is allowed per household. Members of a household are not permitted to receive Lifeline service from multiple companies. Lifeline is a non-transferable benefit. Willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment, and/or being barred from the program. Violation of the one-per-household limitation constitutes a violation of the FCC's rules and will result in de-enrollment and, potentially, prosecution by the U.S. government. Lifeline is a federal government benefit program and only qualified persons may participate.

Your household is everyone who lives together at your physical address as one economic unit (including children and people who are not related to you). The adults you live with are part of your economic unit if they contribute to and share in the income and expenses of the household. An adult is any person 18 years of age or older, or an emancipated minor. Household expenses include food, health care expenses and the cost of renting or paying a mortgage on your place of residence, and utilities. Income includes salary, public assistance benefits, social security payments,

pensions, unemployment compensation, veteran's benefits, inheritances, alimony, child support payments, worker's compensation benefits, gifts, and lottery winnings.

Spouses and domestic partners are considered to be part of the same household. Children under the age of 18 living with their parents or guardians are considered to be part of the same household as their parents and guardians. If an adult has no income, or minimal income, and lives with someone who provides financial support to that adult, both people are considered part of the same household.

To qualify for Lifeline and/or Link Up services you must be receiving assistance from one or more of the following programs:

- Medicaid Program
- Food Stamps Program
- Supplemental Security Income (SSI) Program
- Federal Public Housing Assistance Program
- Low Income Home Energy Assistance Program
- Bureau of Indian Affairs General Assistance Program
- Temporary Assistance to Needy Families
- Head Start Programs
(only if you meet its income-qualifying standards)
- National School Lunch Program's *Free Lunch Program*
- Alaska Temporary Assistance program
- Alaska Adult Public Assistance Program
- Another state or federal "means test" social services assistance program

 Download a sign-up form, and fax or mail it to us.

- Lifeline form

If you are not enrolled in any of the above programs, but your annual combined household income is at or below 135% of the Federal Poverty Guidelines, you may also qualify for Lifeline and/or Link Up. You must provide income documentation. See details on the application form.

Call Bristol Bay Telephone Cooperative's Customer Service Department today at 246-3403 or 800-478-9100 to see if you qualify for Lifeline/Link Up services!

* Custom Calling Features are not covered under the Program, but may be purchased separately and billed on customer's regular bill. A \$30.00 deposit will be required for customers not requesting free Full-Toll Restriction.

Cellular | Cable TV | Internet | Telephone | Home

© BBTC, Inc.
[Contact Bristol Bay
Telephone](#)

PO Box 259 • 1 Main St.
King Salmon, Alaska 99613
907-246-3403 - Fax:
907-246-1115
In Alaska 800-478-9100
Outside Alaska 800-478-6399

Contact the [webmaster](#)

Application and Certification
Annual Certification Is Required

Telephone Number: _____

Applicant Information

First Name _____ Last _____ M.I. _____

Physical Address _____ Check here if this is your permanent address:

Mailing Address _____

Birthdate _____ Last 4 Digits of Social Security # _____

Lifeline is a federal government assistance benefit that provides a monthly discount on home *or* mobile telephone services. Only **ONE** Lifeline discount is allowed per household. Members of a household are not permitted to receive Lifeline service from multiple companies. Lifeline is a non-transferable benefit. Willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment, and/or being barred from the program. Violation of the one-per-household limitation constitutes a violation of the FCC's rules and will result in de-enrollment and, potentially, prosecution by the U.S. government. Lifeline is a federal government benefit program and only qualified persons may participate.

Your **household** is everyone who lives together at your physical address as one economic unit (including children and people who are not related to you). The **adults** you live with are part of your **economic unit** if they contribute to and share in the income and expenses of the household. An adult is any person 18 years of age or older, or an emancipated minor. Household **expenses** include food, health care expenses and the cost of renting or paying a mortgage on your place of residence, and utilities. **Income** includes salary, public assistance benefits, social security payments, pensions, unemployment compensation, veteran's benefits, inheritances, alimony, child support payments, worker's compensation benefits, gifts, and lottery winnings.

Spouses and domestic partners are considered to be part of the same household. Children under the age of 18 living with their parents or guardians are considered to be part of the same household as their parents and guardians. If an adult has no income, or minimal income, and lives with someone who provides financial support to that adult, both people are considered part of the same household.

Eligibility Requirements – Assistance Program Participation or Household Income Level (Check A or B)

A. I currently participate in or receive benefits from one or more of the following programs:
(For each program checked, you will need to provide proof of participation)

Assistance Program Participation

- | | |
|--|---|
| <input type="checkbox"/> Medicaid (not Medicare) | <input type="checkbox"/> Low Income Home Energy Assistance |
| <input type="checkbox"/> Food Stamps | <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) |
| <input type="checkbox"/> Supplemental Security Income | <input type="checkbox"/> Alaska Temporary Assistance Program |
| <input type="checkbox"/> Denali Kid Care | <input type="checkbox"/> Child Care Assistance Program |
| <input type="checkbox"/> Alaska Adult Public Assistance Program | <input type="checkbox"/> Senior Care |
| <input type="checkbox"/> Veterans Administration (VA) Disability Pension | <input type="checkbox"/> Woman, Infants, and Children's Program (WIC) |
| <input type="checkbox"/> State of Alaska Heating Assistance Program | <input type="checkbox"/> Federal Public Housing Assistance (Section 8) |
| <input type="checkbox"/> National School Lunch Program (income based) | <input type="checkbox"/> Alaska State Housing Corporation Programs |

B. _____ There are _____ members of my household and my household income is at or below 135% of the Federal Income Eligibility Thresholds. (Note: You must provide documentation verifying your household income. When providing documents pertaining to monthly benefits or wages, customer must provide 3 consecutive months of proof.)

Income Eligibility Thresholds

Size of Household	Lifeline Eligibility Level For 2013 for Alaska	Documentation of "household" income must be provided in one of The following form:
1	\$19,373	* A previous year's state of federal tax return * A current income statement from an employer or 3 months of paycheck stubs * A statement of benefits from the U.S. Social Security Admin. * A statement of benefits from the U.S. Dept. of Veterans Affairs * A retirement or pension statement of benefits * An unemployment or worker's compensation statement of benefits * A federal or tribal notice of letter of participation in general assistance * A divorce decree or child support document * Any other official documentation to substantiate income
2	\$26,163	
3	\$32,954	
4	\$39,744	
5	\$46,535	
6	\$53,325	
7	\$60,116	
8	\$66,906	
For each additional person, add	\$6,791	

Subscriber Responsibilities & Acknowledgements

I acknowledge and certify under penalty of perjury that (1) I have read the information in this application; (2) the information contained in this application is true and correct; and (3) I understand that I must meet the above qualifications to receive Lifeline and Link-Up assistance.

- 1) I understand that Lifeline support is only available for a single telephone line at my principle residence.
Initial here: _____
- 2) I understand that I may not receive Link-Up assistance more than once at the same principle residence.
- 3) I understand that completion of this application does not constitute immediate enrollment in this program.
- 4) I understand service will be provided subject to the terms and conditions of service explained by the customer service agent and BBTC terms and conditions.
- 5) I agree to notify BBTC within (30) calendar days if (A) my household income exceeds 135% of the federal poverty guidelines or (B) I no longer participate in the program(s) identified above.
- 6) I further consent to the release of the information on this application internally pursuant to the administration of this program.
- 7) I understand that providing false statements in order to receive a federal government program is punishable by law.
- 8) I understand that at any time, I will be required to provide continued proof of eligibility, and if I fail to provide that information, it will result in my de-enrollment and the termination of my benefit of Lifeline.
Initial here: _____
- 9) I give consent for my information to be shared with the Universal Service Administration Company (USAC) and/or its agents for the purpose of verifying that I do not receive more than one Lifeline benefit.
- 10) The information contained in this certification is true and correct to the best of my knowledge.

Printed Name of Applicant

Date of Application

Signature of Applicant

Relationship to Applicant

Bristol Bay Telephone Cooperative, Inc.
SAC-613003
Form 481
Line 3017 – RUS Annual Report

REDACTED - FOR PUBLIC INSPECTION