

Do not write in this area.

Schools and Libraries Universal Service Description of Services Requested and Certification Form 470

Estimated Average Burden Hours per Response: 4 hours

This form is designed to help you describe the eligible telecommunications-related services you seek so that this data can be posted on the Fund Administrator Web Site and interested service providers can identify you as a potential customer and compete to serve you.

Please read instructions before beginning this application. (You can also file online at www.sl.universalservice.org)

Applicant's Form Identifier (Create your own code to identify THIS Form 470) [Grid of 20 boxes]	Form 470 Application #: [Grid of 10 boxes] (To be assigned by administrator)
--	--

Block 1: Applicant Address and Identifications

1 Name of Applicant

[Grid of 40 boxes for Name of Applicant]

2 Funding Year

3 Entity Number

July 1, [Grid of 3 boxes] through June 30, [Grid of 3 boxes] [Grid of 10 boxes]

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

[Grid of 40 boxes]
[Grid of 40 boxes]

City

[Grid of 40 boxes]

State

Zip Code

[Grid of 2 boxes] [Grid of 5 boxes] [Grid of 4 boxes]

b Telephone Number

Ext

c Fax Number

[Grid of 3 boxes] [Grid of 3 boxes] [Grid of 4 boxes] [Grid of 3 boxes] [Grid of 3 boxes] [Grid of 3 boxes]

5 Type of Application

- 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)



Entity Number _____ Applicant's Form Identifier _____
Contact Person _____ Contact Telephone Number _____

Block 1: Applicant Address and Identifications (continued)

6a Contact Person's Name

First, if the Contact Person's Street Address is the same as in **Item 4** above, check this box. If not, please complete the entries for the Street Address below.

b Street Address, P.O. Box, or Route Number

City

State

Zip Code

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

c Telephone Number

d Fax Number

e E-mail Address

Block 2: Summary Description of Needs or Services Requested

7 This form 470 describes (check all that apply):

- a. Tariffed or month-to-month services to be provided without a written contract. A new Form 470 must be filed for non-contracted tariffed or month-to-month services for each funding year.
- b. Services for which a new written contract is sought for the funding year in Item 2.
Check if you are seeking a multi-year contract and/or a contract featuring voluntary extensions.
- c. A multi-year contract signed on or before 7/10/97 but for which no Form 470 has been filed in a previous funding year.

NOTE: Services that are covered by a signed, written contract executed pursuant to posting of a Form 470 in a previous funding year OR a contract signed on/before 7/10/97 and previously reported on a Form 470 as an existing contract do NOT require filing of a new Form 470.

What kinds of service are you seeking: Telecommunications Services, Internet Access, Internal Connections Other than Basic Maintenance, or Basic Maintenance of Internal Connections? Refer to the Eligible Services List at www.sl.universalservice.org for examples. Check the relevant category or categories (8, 9, 10 and/or 11 below), and answer the questions in each category you select.

Entity Number _____ Applicant's Form Identifier _____

Contact Person _____ Contact Telephone Number _____

Block 2: Summary Description of Needs or Services Requested (Continued)

9 Internet Access

Item 9, page of

Do you have a Request for Proposal (RFP) that specifies the services you are seeking? If you check YES, your RFP must be available to all interested bidders for at least 28 days. If you check YES and your RFP is not available to all interested bidders, or if you check NO and you have or intend to have an RFP, you risk denial of your funding requests.

a YES, I have released or intend to release an RFP for these services. It is available or will become available on the Web at:

or via (check one) the Contact Person in Item 6 or the contact listed in Item 12.

b NO, I have not released and do not intend to release an RFP for these services.

Whether you checked YES or NO, you must list below the Internet Access services you seek. Specify each service or function (e.g., monthly Internet service) and quantity and/or capacity (e.g., for 500 users). See the Eligible Services List at www.sl.universalservice.org for examples of eligible Internet Access services. Attach additional pages if needed.

c Check this box if you prefer discounts on your bill. Check this box if you prefer reimbursement after paying your bill in full. Check this box if you do not have a preference.

Service or Function

1) Quantity and/or Capacity

Service or Function

2) Quantity and/or Capacity

Service or Function

3) Quantity and/or Capacity

Service or Function

4) Quantity and/or Capacity

Service or Function

5) Quantity and/or Capacity

Entity Number _____ Applicant's Form Identifier _____
 Contact Person _____ Contact Telephone Number _____

Block 4: Recipients of Service (Continued)

17 Billed Entities Item 17, page of
 List the entity/entities that will be paying the bills directly to the provider for the services requested in this application. These are known as Billed Entities. At least one line of this item must be completed. If a Billed Entity cited on your Form 471 is not listed below, funding may be denied for the funding requests associated with this Form 470. Attach additional pages if needed.

Entity Number	Entity
1) <input type="text"/>	<input type="text"/>
2) <input type="text"/>	<input type="text"/>
3) <input type="text"/>	<input type="text"/>
4) <input type="text"/>	<input type="text"/>
5) <input type="text"/>	<input type="text"/>
6) <input type="text"/>	<input type="text"/>
7) <input type="text"/>	<input type="text"/>
8) <input type="text"/>	<input type="text"/>
9) <input type="text"/>	<input type="text"/>
10) <input type="text"/>	<input type="text"/>
11) <input type="text"/>	<input type="text"/>
12) <input type="text"/>	<input type="text"/>
13) <input type="text"/>	<input type="text"/>
14) <input type="text"/>	<input type="text"/>
15) <input type="text"/>	<input type="text"/>
16) <input type="text"/>	<input type="text"/>
17) <input type="text"/>	<input type="text"/>
18) <input type="text"/>	<input type="text"/>
19) <input type="text"/>	<input type="text"/>
20) <input type="text"/>	<input type="text"/>

Do not write in this area.

Entity Number _____ Applicant's Form Identifier _____
Contact Person _____ Contact Telephone Number _____

Block 5: Certification and Signature

- 19 I certify that the applicant includes: (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. Secs. 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 school (including, but not limited to elementary and secondary schools, colleges, and universities).
- 20 I certify that all of the individual schools, libraries, and library consortia receiving services under this application are covered by technology plans that are written, that cover all 12 months of the funding year, and that have been or will be approved by a state or other authorized body, and an SLD-certified technology plan approver, prior to the commencement of service. The plans were written at the following level(s):
- a individual technology plans for using the services requested in the application; and/or
 - b higher-level technology plans for using the services requested in the application; or
 - c no technology plan needed; application requests basic local, cellular, PCS, and/or long distance telephone service and/or voice mail only.
- 21 I certify that I will post my Form 470 and (if applicable) make my RFP available for at least 28 days before considering all bids received and selecting a service provider. I certify that all bids submitted will be carefully considered and the bid selected will be for the most cost-effective service or equipment offering, with price being the primary factor, and will be the most cost-effective means of meeting educational needs and technology plan goals. 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. I acknowledge that I may be audited pursuant to participation in the schools and libraries program.
- 22 I certify that the services the applicant purchases at discounts provided by 47 U.S.C. Sec. 254 will be used solely 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. Sec. 54.500(k). 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.
- 23 I acknowledge that support under this support mechanism is conditional upon the school(s) and/or library(ies) I represent securing 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.
- 24 I certify that I am authorized to order telecommunications and other supported services for the eligible entity(ies). 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, and to the best of my knowledge, information, and belief, all statements of fact contained herein are true.
- 25 I certify that I have reviewed all applicable FCC, state, and local procurement/competitive bidding requirements and that I have complied with them. I acknowledge that persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.
- 26 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.

Do not write in this area.

Entity Number _____	Applicant's Form Identifier _____
Contact Person _____	Contact Telephone Number _____

Block 5: Certification and Signature (Continued)

27 Signature of authorized person	28 Date <input type="text"/>
--	-------------------------------------

29	Printed name of authorized person	<input type="text"/>
	Title or position of authorized person	<input type="text"/>
30	Street Address, P.O. Box, or Route Number	<input type="text"/>
31a	City	<input type="text"/>
	State	<input type="text"/>
	Zip Code	<input type="text"/>
31b	Telephone number of authorized person	<input type="text"/>
	Ext.	<input type="text"/>
	31c Fax number of authorized person	<input type="text"/>
31d	E-mail address of authorized person	<input type="text"/>

31e	Name of authorized person's employer	<input type="text"/>
------------	--------------------------------------	----------------------

Service provider involvement with preparation or certification of a Form 470 can taint the competitive bidding process and result in the denial of funding requests.
For more information, refer to the SLD web site at www.sl.universalservice.org or call the SLD Client Service Bureau at 1-888-203-8100.

Entity Number _____ Applicant's Form Identifier _____

Contact Person _____ Contact Telephone Number _____

Block 5: Certification and Signature (Continued)

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 Description of Services Requested and Certification Form (FCC Form 470) with the Universal Service Administrator. 47 C.F.R. § 54.504. 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, information provided in or submitted with this form or in response to subsequent inquiries may also be subject to disclosure consistent with the Communications Act of 1934, FCC regulations, the Freedom of Information Act, 5 U.S.C. § 552, or other applicable law.

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 470
P.O. Box 7026
Lawrence, Kansas 66044-7026
1-888-203-8100**

For express delivery services or U.S. Postal Service, Return Receipt Requested, mail this form to:

**SLD Forms
ATTN: SLD Form 4703833 Greenway Drive
Lawrence, Kansas 66046
1-888-203-8100**