

IMPORTANT: Additional information, updates, and blank 471 Forms can be downloaded at the following URL: <http://www.state.me.us/msl/erate.htm>

FCC Form 471 Page 1 of 6 – Complete form as shown

FCC Form 471	Do not write in this area.	Approval by OMB 3060-0806
<p>Schools and Libraries Universal Service Services Ordered and Certification Form 471</p> <p>Estimated Average Burden Hours Per Response: 4 hours</p> <p>This form asks schools and libraries to list the eligible telecommunications-related 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.</p> <p>Please read instructions before beginning this application. (See www.sl.universalservice.org for filing this form online)</p>		
Applicant's Form Identifier: <u>make-up a #</u> <small>(Create your own code to identify THIS Form 471)</small>	Form 471 Application #: _____ <small>(To be inserted by Fund Administrator)</small>	
Block 1: Billed Entity Information		
<small>(The "Billed Entity" is the entity paying the bills for the services listed on this form.)</small>		
1 Name of Billed Entity (30 characters max.)	<u>Your School or district name</u>	
2 Funding Year: July 1, <u>2003</u> through June 30, <u>2004</u>	3 Entity Number (up to 10 digits)	<u>Your Entity #</u>
4a Street Address, P.O. Box, or Route Number	<u>Your Address</u>	
City	State	Zip Code
b Telephone Number (10 digits + ext.)	<u>your #'s</u> - ext. _____	
c Fax Number (10 digits)	<u>↓ () ↓</u> - - - - -	
d E-mail Address (50 characters max.)	<u>your address</u>	
5 Type of Application	<input type="checkbox"/> School (public or non-public school) <input checked="" type="checkbox"/> School District (LEA; public or non-public (e.g., diocesan) local district representing multiple schools) <input type="checkbox"/> Library (library (i.e. outlet/branch, system)) <input type="checkbox"/> Consortium <input type="checkbox"/> Check here if any members of this consortium are ineligible non-governmental entities.	
6a Contact Person's Name	<u>Your name</u>	
<small>First, fill in every item of the Contact Person's information below that is different from Item 4, above.</small>		
<small>Then check the box next to the preferred mode of contact. (At least one box MUST be checked.)</small>		
b <input type="checkbox"/> Street Address, P.O. Box, or Route Number		
City	State	Zip Code
c <input type="checkbox"/> Telephone Number (10 digits + ext.)	() - - - - - ext. _____	
d <input type="checkbox"/> Fax Number (10 digits)	() - - - - -	
e <input type="checkbox"/> E-mail Address (50 characters max.)		
f Holiday/vacation/summer contact information:		
Block 2: Minor Modification to Existing Contract?		
7 <input type="checkbox"/>	Check if this Form 471 represents a minor modification, such as a modification of services, to a Form 471 for which you already have a Receipt Acknowledgement Letter. Provide the data requested below, attach a Description of Services highlighting the modified service, and sign Block 6.	
	Form 471 Application #: _____	Funding Request Number: _____
<small>Minor modification requests can be filed MANUALLY only. Please see www.sl.universalservice.org for filing instructions.</small>		

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

Block 3: Impact of Services Ordered in THIS Application

8 Please provide your best estimate of the number of people who will be served by all of the services ordered in THIS Form 471. Schools/school districts complete 8a. Libraries complete 8b. Consortia complete 8a and/or 8b.

a Number of students to be served b Number of library patrons to be served

9 The following questions seek summary outcome information based on the services ordered in this Form 471 application. Please complete only those rows that are relevant to THIS application.

IF THIS APPLICATION INCLUDES...	BEFORE ORDER	AFTER ORDER
a (Schools/districts/consortia only) Telephone service: How many classrooms had phone service before and after your order?		
b High-bandwidth voice/data/video service: How many buildings served before and after your order?	1	1
c High-bandwidth voice/data/video service: Highest speed to a building before and after your order?	45 mb	45 mb
d Dial-up Internet connections: How many before and after your order?		
e Dial-up Internet connections: Highest speed before and after your order?		
f Direct connections to the Internet: How many before and after your order?	1	1
g Direct connections to the Internet: Highest speed before and after your order?	45 mb	45 mb
h Internet access (for schools): How many rooms have Internet access before and after your order?		
i Internet access (for libraries): How many buildings have Internet access before and after your order?		
j Internet access: How many computers (or other devices) with Internet access before and after your order?	your #'s	your #'s
k Other technology outcomes: (please specify):		

Block 4: Discount Calculation Worksheets (pages 3a, 3b, and 3c)

The following 3 pages (3a, 3b, and 3c) are Block 4 worksheets for use in calculating your discount for services. You will complete one or more depending on the type of application you are filing. Each worksheet has instructions.

- If you are filing as a school or a school district, use Worksheet A (page 3a).
- If you are filing as a library (i.e. outlet/branch, system), use Worksheet B (page 3b).
- If you are filing as a consortium, use Worksheet C (page 3c), and include as many Worksheets A and B as you need for back-up documentation.

FCC Form 471 Page 3c of 6 – Form not shown

This page does not need to be completed for this service. Put a large X though the form and include in final submission papers to SLD.

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

Block 5, page _____ of _____

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 necessary, and number the completed pages to assure that they are all processed correctly.

FRN # _____ (to be assigned by administrator)

11 Category of Service (only ONE category should be checked)
 Telecommunications Service Internet Access Internal Connections

15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) N/A

16 Billing Account Number (e.g. billed telephone number) use Verizon # if in use
use Virgin tel. # @ Supor's

17 Form 470 Application Number (15 digits) 939290000301535
 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) 11/23/2000 if new service (based on Form-470 filing)

18 Contract Award Date (mm/dd/yyyy) 12/10/2000

19a Service Start Date (mm/dd/yyyy) _____
 19b Service End Date (mm/dd/yyyy) _____

20 Contract Expiration Date (mm/dd/yyyy) 6/30/2006

21 Description of This Service: _____
 You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.
 Attachment # 1

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

23 Calculations

Recurring Charges				Non-Recurring Charges				Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges (F)	How much of the \$ amount in (F) is ineligible? (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ (I x J)
<u>\$ 2075.-</u>	<u>0</u>	<u>\$ 2075.-</u>	<u>12</u>	<u>\$ 24,900.-</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>\$ 24,900.-</u>	<u>your discount</u>	<u>Request (I x J)</u>

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Do not write in this area

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

Block 6: Certifications and Signature

- 24 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 Elementary and Secondary Education Act of 1965, 20 U.S.C. Secs. 8801(14) and (25), 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 and secondary schools, colleges, or universities.
- 25 The eligible schools and libraries listed in Block 4 of this application have secured access to all of the resources, including computers, training, software, maintenance, and electrical connections necessary to make effective use of the services purchased as well as to pay the discounted charges for eligible services.
- 26 All of the schools and libraries or library consortia listed in Block 4 of this application are covered by:
- a an individual technology plan for using the services requested in this application; and/or
 - b higher-level technology plan(s) for using the services requested in this application; or
 - c no technology plan needed; applying for basic local and long distance telephone service only.
- 27 Status of technology plans (if representing multiple entities with mixed technology plan status, check both a and b):
- a technology plan(s) has/have been approved; and/or
 - b technology plan(s) will be approved by a state or other authorized body; or
 - c no technology plan needed; applying for basic local and long distance telephone service only.
- 28 I certify that the entities eligible for support that I am representing have complied with all applicable state and local laws regarding procurement of services for which support is being sought.
- 29 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.
- 30 I certify that the entity(ies) I represent has 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.
- 31 I understand that the discount level used for shared services is conditional, for future years, upon ensuring that the most disadvantaged schools and libraries that are treated as sharing in the service, receive an appropriate share of benefits from those services.
- 32 I recognize that I may be audited pursuant to this application. I will retain for five years any and all worksheets and other records that I rely upon to fill out this application, and, if audited, will make available to the Administrator such records.
- 33 I certify that I am authorized to submit this request on behalf of the above-named entities, that I have examined this request, and to the best of my knowledge, information, and belief, all statements of fact contained herein are true.

34 Signature of authorized person	35 Date
36 Printed name of authorized person	
37 Title or position of authorized person	
38 Telephone number of authorized person: (____)____-____, ext. _____	
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.	
The Americans with Disabilities Act, the Individuals with Disabilities Education Act and the Rehabilitation Act may impose obligations on entities to make the services purchased with these discounts accessible to and usable by people with disabilities.	

FCC Form 471 Page 6 of 6 – Form not shown

Visual reference to this page not provided since no significant changes are necessary. However be sure to include this page when you submit materials to SLD-Form 471, P.O. Box 7026, Lawrence, Kansas 66044-7026.



Account number
207 307-9933 226 003 9
 Billing period **Aug 16 - Sep 15, 2000**

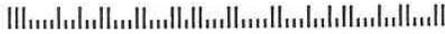
B45G

Total amount due **\$100.00**

Payable upon receipt.

Amount enclosed \$

Please make your check payable to Verizon and write your account number on check.



MAINE STATE LIBRARY
 64 STATE HOUSE STATN
 AUGUSTA ME 04333-0064



VERIZON
 PO BOX 1939
 PTL D ME 04104-5010

EDNA COMSTOCK

020020730799332260032101 0028800001975001000001000001

Please detach and return the above with your payment. Thank you for your payment by mail. See your phone book for correspondence addresses.



Account number **207 307-9933 226 003 9**
 Billing period **Aug 16 - Sep 15, 2000**
 Billing date **September 15, 2000**
 Service to **MAINE STATE LIBRARY**

Summary of account

Previous charges and credits

Amount of last bill	\$14,900.51
Payment received - Thank you	14,900.51CR
Adjustment(s) applied	1,975.00CR
Credit Balance	\$1,975.00CR

Current charges

Verizon	\$2,075.00
Total current charges	<u>\$2,075.00</u>

New balance

Payable upon receipt.

~~\$100.00~~
 \$ 2075.00 EMB
 9-25-00

• A 1.263% late payment charge may be applied to the balance due if payment in full is not received 25 days from the date on the envelope.

• Questions about your bill? Please call the individual company involved. Phone numbers for each company are listed on the summary page for that company.

For those ATM sites with a continuing Verizon service contract look at your Account number (listed as 207 307-9933 226 003 9 in the SAMPLE above) and use this when filing the 471 Form Block 5, Number 16. Sites that are applying for service and have not yet received a Verizon bill should use their regular telephone number at their ATM site.

State Verizon Contract Reference



State of Maine
Department of Administrative & Financial Services
BUREAU OF INFORMATION SERVICES (BIS)
Development, Network, & Production Services
26 Edison Drive / 145 State House Station / Augusta, ME 04333-0145
BIS Office: 207-624-8800 // Director's Office: 207-624-7840
Fax: 207-287-4563 // TTY 207-624-8853

Angus S. King
Waldron
Governor

Richard F. Hinkley
Director

Janet E.
Commissioner

Replacement ATM Service Contract

The contract in question replaces the original ATM Service Contract, a multi-year contract signed before July 10, 1997; that contract will expire on June 30, 2001.

After the filing of the requisite 470 (#939290000301535) for E-Rate purposes the State of Maine, Department of Administrative & Financial Services/BIS chose to renew the current Contract with Verizon on December 12, 2000. The terms of the Contract have been agreed upon and the Contract is in process within the state system. The Contract will be in place on July 1, 2001.

Under this replacement ATM Service Contract, Verizon will provide a fiber optic based ATM network capable of interconnecting State Agencies, Schools and Libraries with each other, and with various service providers located throughout the world. State Agencies, Schools and Libraries may purchase ATM services under this Contract at the rates specified in Rider A.

The rates for service specified in the replacement Contract for ATM Services (Rider A) are attached to this letter.


Ellen Lee, Network Services Manager
Bureau of Information Services


Ed Dinan, President
Verizon

Sites should NOT include their 2 page Local Verizon Contract and instead MUST include the "Replacement ATM Service Contract" letter shown above.