

# E-rate for Public Libraries: Form 470 (Description of Services Requested)



The Form 470 is the first form completed and starts the application process for a funding year. We recommend completing the form anywhere from early November of the preceding year through January of the funding year (so, for Funding Year 2015, it is recommended to complete the Form 470 anywhere from November 2014 through January of 2015). Please complete this form as early as possible, because there is a mandatory 28-day waiting period between the completion of this form and the next, the Form 471.

These instructions offer advice to public libraries applying for “plain old telephone service” – sometimes called POTS – for their libraries. This means both local and long distance telephone service, and can include FAX lines, digital telephone or VOIP, but does not include fees for dedicated security lines such as those used by an alarm system. Other services may be eligible for E-rate reimbursement, such as internet service or data plans for cellphones, but these instructions only cover applying for telephone service.

Please use Internet Explorer or Safari throughout this process. The online application process may not work correctly with other browsers.

Go to <http://sl.universalservice.org>.  
Click on Create Form 470.

Form 470  
Description of  
Services  
Requested  
and Certification  
Form

Create Form 470

Form 470 Interview

Search Posted

Continue Incomplete

Certify Complete

Enter your Entity Number and click Next if you know it. Or, search by your Zip Code, select the Entity Number for your library, and click Next.

Enter Zip Code or Entity Number  
and Click Next:

Zip Code:

OR

Entity Number:

<< Previous

Next >>

Confirm the name and street address are correct, then click Next.

| Entity Number | Name      | Street Address             |
|---------------|-----------|----------------------------|
| 145909        | APPLICANT | 2000 L STREET NW,SUITE 200 |

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A pop-up will appear. Click OK.

The page at nettrainweb.usac.org says:

Please verify the information in Block 1, Items 1 and 4 (a - c) are correct. If the information is incorrect, you cannot file a Form 470 at this time. Please call the Schools and Libraries Client Service Bureau at 1-888-203-8100 to correct your information. After your information has been corrected, you will need to create a new Form 470.

OK

Type in a form identifier of your choice. We recommend 470 and the four-digit year, separated by a dash.

**Applicant's Form Identifier:**

(Create your own code to identify THIS Form 470)

470-2015

Block 1, #2: select the current funding year from the drop-down menu.

**Block 1: Applicant Address and Identifications**

1. Name of Applicant (30 characters max.)  
APPLICANT

2. Funding Year: EY 2015: July 01, 2015 through June 30, 2016

3a. Your Entity Number (up to 10 digits)  
145909

4a. Applicant's Street Address, P.O.Box, or Route Number  
2000 L ST NW  
SUITE 200

City: WASHINGTON State: DC Zip Code: 20036 - 4924

b. Telephone number: (202) 776 - 0200 ext. C. Fax number: (202) 776 - 0080

Block 1, #5a: select Library.

5a. Type Of Applicant

Individual School (individual public or non-public school)

School District (LEA, public or non-public [e.g., diocesan] local district representing multiple schools)

Library (including library system, library outlet/branch, or library consortium as defined under LSTA)

Consortium (intermediate service agencies, states, state networks, special consortia of schools and/or libraries)

Statewide application for (enter 2-letter state code) [dropdown]

representing (check all that apply)

All public schools/districts in the state

All non-public schools in the state

All libraries in the state

Block 1, #5b: check Public.

5b. Recipient(s) of Services – Please check all boxes that apply to any recipients of service on this Form 470.

District  Charter  Head Start

Public  Tribal  State Agency

Block 1, #5c: type 1 into the text box.

5c. Number of Eligible Entities for which services are sought: 1

Block 1, #6a: type your name into the text box, then click "Copy 4a-c above to 6b-d below".

6a. Contact Person's Name: Test Subject

Copy 4a-c above to 6b-d below

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.

6b. Street Address, P.O.Box, or Route Number  
2000 L STREET NW  
SUITE 200

City: WASHINGTON State: ME Zip Code: 20036 - 4924

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

6c. Telephone Number: (202) 776 - 0200 ext.

6d. Fax Number: (202) 776 - 0080

6e. Email Address: test123@maine.gov

Re-enter Email Address: test123@maine.gov

7. Consultant Information  
Consultant Registration Number: [text box] Search

Block 1, #6e: click on the small circle next to 6e. Type your email address into the text box. Re-enter your email address into the text box immediately below.

Click Next.

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.

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Entity Number: 145909 Applicant's Form Identifier: 470-2013  
Contact Person: Test Subject Phone Number: (202) 776-0200

Print this page or write down the Form 470 Application #, then click Next.

Please Record This Form 470 Application Number For Future Reference:  
This Number Must Be Used To Complete Your Application,  
If You Leave This Process Before The Application Is Completed.

Form 470 Application# 330860001046507

Next >>

Check the “Internet Access and/or Telecommunications” box, then click Next.

What kinds of service are you seeking on this FCC Form 470? Please select all that apply. For help, you may refer to the Eligible Services List for the appropriate funding year that is posted on the USAC website.

Internet Access and/or Telecommunications  
 Internal Connections and Managed Internal Broadband Services  
 Basic Maintenance of Internal Connections

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Click the circle next to 8b, labeled NO.

In the first text box under “Service”, type: Local and long distance telephone service.

**8. Telecommunications Services**  
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 Internet at:  
\_\_\_\_\_  
or via (check one)  the Contact Person in Item 6 or  the technical contact listed in Item 12  
Your RFP Identifier: \_\_\_\_\_

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

Whether you check YES or NO, you must list below the Telecommunications Services you seek. Specify each service or function (e.g., local voice service) and quantity and/or capacity (e.g., 20 existing lines plus 10 new ones). See the Eligible Services List at [www.usac.fcc.gov/elservice.asp](http://www.usac.fcc.gov/elservice.asp) for examples of eligible Telecommunications services. Remember that only eligible telecommunications providers can provide these services under the universal service support mechanism. Attach additional lines if needed.

| Service:                                  | Quantity and/or Capacity: |
|---|---------------------------|
| Local and long distance telephone service | Up to five lines          |
|   |                           |
|   |                           |
|   |                           |
|   |                           |
|   |                           |
|   |                           |
|   |                           |
|   |                           |
|   |                           |

In the first text box under “Quantity and / or Capacity”, type: Up to X lines, where “X” is the number of phone and fax lines you currently have, plus one.

Click Next.

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Block 2, #12: skip this section.

**Block 2: Summary Description of Needs or Services Requested**

**12.** (Optional) Please name the person on your staff or project who can provide additional technical details or answer specific questions from service providers. This need not be the contact person listed in Item 6 nor the Authorized Representative.

Name: \_\_\_\_\_  
Telephone number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Fax number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
Reenter E-mail Address: \_\_\_\_\_



Block 2, #13: check the second box.

**13**  Check this box if there are any restrictions imposed by state or local laws or regulations on how or when service providers may contact you or on other bidding procedures. Please describe below any such restrictions or procedures and/or provide an Internet address where they are posted and a contact name and telephone number.

Check this box if no state and local procurement/competitive bidding requirements apply to the procurement or services sought on this Form 470.

If you are requesting services for a funding year for which a Form 470 cannot yet be filed online, include that information here.

Click Next.

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Confirm that the “Internet Access and/or Telecommunications” box is checked, then click Next.

What kinds of service are you seeking on this FCC Form 470? Please select all that apply. For help, you may refer to the Eligible Services List for the appropriate funding year that is posted on the USAC website.

Internet Access and/or Telecommunications  
 Internal Connections and Managed Internal Broadband Services  
 Basic Maintenance of Internal Connections

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Type your library’s Entity Number into the text box, then click Search.

Please click on the Help button for specific instructions about completing this page

Zip Code:  OR Entity Number:  Search

Please select at least one Billed Entity. You may do multiple searches to add all eligible billed entities on this application.

| Selection List                   |  | Billed Entity(ies)      |
|----------------------------------|--|-------------------------|
| select from list...<br>APPLICANT | Add All >><br>Add ><br>< Remove<br><< Remove All | select from list...<br> |

Click on your library’s name in the column named “Selection List” so that it is highlighted, then click “Add” to move it to the “Billed Entity” column.

Click Next.

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| Entity Number | Entity    |
|---------------|-----------|
| 145909        | APPLICANT |

Click Next again.

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Check boxes 16b, and 18 through 24.

**Block 5: Certification and Signature**

**16. 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. §§ 7801 (18) and (38)**, that do not operate as for-profit businesses, and do not have revenues 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, and universities).

**17. [Reserved]**

**18.**  I certify that I will post any applicable FCC Form 470 and (if applicable) make any applicable 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 goals.

**19.**  I certify that I will retain required documents for a period of at least 10 years after the last day of service delivered (or whatever retention period is required by the rules in effect at the time of this certification). I certify that I will retain all documents necessary to demonstrate compliance with the statute and Commission rules regarding the form 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.

**20.**  I certify that the services the applicant purchases at discounts provided by 47 U.S.C. § 254 will be used primarily for educational purposes, see 47 C.F.R. § 54.300, 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. § 54.313. Additionally, I certify that the entity or entities listed on this form 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.

**21.**  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. I certify that I have considered what financial resources should be available to cover these costs.

**22.**  I certify that I am authorized to procure eligible 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 form, that I have examined this request, and to the best of my knowledge, information, and belief, all statements of fact contained herein are true.

**23.**  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 may 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.

**24.**  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.

Complete 27a through 27g with your name; your title (do not check the box under 27b); the mailing address, telephone and fax number of the library (use the phone number again if no fax); your email (re-enter email in the second text box under 27f); and the library's complete name.

|   |                               |
|---|-------------------------------|
| 27a. Printed name of authorized person  | Test Subject                  |
| 27b. Title or position of authorized person   | Director                      |
| <input type="checkbox"/> Check here if the consultant in Item 7 is the Authorized Person. |                               |
| 27c. Street Address, P.O. Box, or Route Number:   | 2000 L STREET NW<br>SUITE 200 |
| City:   | Washington                    |
| State:  | ME                            |
| Zip Code:   | 20036 - 4924                  |
| 27d. Telephone number of authorized person:   | (202) 776 - 0200 Ext.         |
| 27e. Fax number of authorized person:   | (202) 776 - 0080              |
| 27f. E-mail address of authorized person:   | test123@maine.gov             |
| Re-enter E-mail Address:  | test123@maine.gov             |
| 27g. Name of authorized person's employer:  | APPLICANT LIBRARY NAME        |

Click Next.

<< Previous    Reset    **Next >>**

Click Print Preview to review the form in its entirety.

1. Use the "Print Preview" button to review the information on your form. If you need to make corrections, close the Print Preview window and then click the "Previous" button to return to the appropriate entry screen and make your corrections.
2. When you are ready to submit your form, return to this page and print a copy of the form for your records. Then click the "Submit" button.
3. **WHEN YOU CLICK "SUBMIT", YOUR FORM 470 IS POSTED TO THE USAC WEBSITE. Your 28-day waiting period does not start until you click the "Submit" button.**
4. After you have submitted your form, follow the instruction to certify it
  - If you have a PIN, click "Electronic Certification" to certify your form online.
  - If you do not have a PIN, click "Paper Certification" to certify your form on paper.

If there are no mistakes, print a copy of the form for your records, then close the preview window.

Click Submit.

<< Previous    **Submit**    Print Preview

You must now certify the application.

Please choose one of the following options to continue certification:  
Form 470 Application#: **330860001046507**

If you have a PIN, click Electronic Certification.

**Electronic Certification**

If you do not have a PIN, click Paper Certification.

Paper Certification - After clicking the "Paper Certification" button, you will view the final screen of Block 5.

- (1) Use Paper Certification ONLY if you are not Electronically Certifying your 470.
- (2) **Print out (using your browser), sign, and send in this Block 5 certification page.** When you print Block 5 using your browser, the form will automatically include your Form 470 Application Number, Applicant Name, and Applicant Address. Item (25) must be signed by the person who will certify to the accuracy of the information on the form. Mail the signed Block 5 to:

SLD - Form 470  
P.O.Box 7026  
Lawrence, KS 66044-7026

If sent by express delivery services or U.S. Postal Service, Return Receipt Requested, the form should be mailed to:

SLD Forms  
ATTN: SLD Form 470  
3833 Greenway Drive  
Lawrence, KS 66046

**Paper Certification**

For an electronic certification, enter your PIN into #25.

Check the box named "Please Check to affirm your compliance".

Click Done at the bottom of the page.

A pop-up will appear. Click OK.

A Cert ID will appear where the PIN was entered. Print a copy of this page for your records, then click Done at the bottom of the page.

You have now completed the Form 470!

|   |                     |
|---|---------------------|
| 25. PIN: .....  | 26. Date 10/29/2012 |
| 27a. Printed name of authorized person <b>Test Subject</b>  |                     |
| 27b. Title or position of authorized person <b>Director</b><br><input type="checkbox"/> Check here if the consultant in Item 7 is the Authorized Person.  |                     |
| 27c. Street Address, P.O. Box, Route Number, City, State, Zip Code<br><b>2000 L STREET NW<br/>SUITE 200<br/>City Washington<br/>State ME</b> Zip Code <b>20036 4924</b>   |                     |
| 27d. Telephone number of Authorized Person: <b>(202) 776-0200</b>   |                     |
| 27e. Fax Number of Authorized Person: <b>(202) 776-0080</b>   |                     |
| 27f. E-mail Address of Authorized Person: <b>test123@maine.gov</b><br>Re-enter E-mail Address   |                     |
| 27g. Name of Authorized Person's Employer: <b>APPLICANT LIBRARY NAME</b>  |                     |
| <b>ATTENTION: If you are signing Form 470 using the PIN assigned to you by SLD, you are reminded that using the PIN is equivalent to your handwritten signature on the form. Your use of the PIN to affirm these certifications means that should they prove untrue, you will be held to the same enforcement standards as those who affirm the certifications on paper. Also, by using the PIN, you are affirming that you have the authority to make these certifications and represent the entity featured in Block One of this funding request.</b> |                     |
| Please Check to affirm your compliance <input checked="" type="checkbox"/>  |                     |

The page at nettrainweb.usac.org says:

The form has been successfully certified. Your cert ID is: 1039139 . Please print this page for your records.

OK

|   |                     |
|---|---------------------|
| 25. Cert ID = 1039139   | 26. Date 10/29/2012 |
| 27a. Printed name of authorized person <b>Test Subject</b>  |                     |
| 27b. Title or position of authorized person <b>Director</b><br><input type="checkbox"/> Check here if the consultant in Item 7 is the Authorized Person.                |                     |
| 27c. Street Address, P.O. Box, Route Number, City, State, Zip Code<br><b>2000 L STREET NW<br/>SUITE 200<br/>City Washington<br/>State ME</b> Zip Code <b>20036 4924</b> |                     |
| 27d. Telephone number of Authorized Person: <b>(202) 776-0200</b>   |                     |
| 27e. Fax Number of Authorized Person: <b>(202) 776-0080</b>   |                     |
| 27f. E-mail Address of Authorized Person: <b>test123@maine.gov</b><br>Re-enter E-mail Address   |                     |
| 27g. Name of Authorized Person's Employer: <b>APPLICANT LIBRARY NAME</b>  |                     |

For a paper certification, print off the certification pages.

Sign your name in pen at #25, and the date at #26, then photocopy all pages and keep the photocopy for your library's records.

Send the certification pages (with the ink signature) by mail to the listed address.

You have now completed the Form 470!

|  |                |
|--|----------------|
| 25. Signature of authorized person _____   | 26. Date _____ |
| 27a. Printed name of authorized person <b>Test Subject</b>   |                |
| 27b. Title or position of authorized person <b>Director</b><br><input type="checkbox"/> Check here if the consultant in Item 7 is the Authorized Person. |                |
| 27c. Street Address, P.O. Box, Route Number, City, State, Zip Code<br><b>2000 L STREET NW<br/>SUITE 200<br/>Washington, ME 20036</b>                     |                |
| 27d. Telephone Number of Authorized Person <b>(202) 776-0200</b>   |                |
| 27e. Fax Number of Authorized Person <b>(202) 776-0080</b>   |                |
| 27f. E-mail Address of Authorized Person <b>test123@maine.gov</b>  |                |
| 27g. Name of Authorized Person's Employer <b>APPLICANT LIBRARY NAME</b>  |                |

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 470  
3833 Greenway Drive  
Lawrence, Kansas 66046  
1-888-203-8100**