

FCC Form 472
Universal Service for Schools and Libraries
BILLED ENTITY APPLICANT REIMBURSEMENT FORM

Estimated Average Burden Hours Per Response: 1.5 hours

For more information, call the Schools and Libraries Corporation at 1-888-203-8100.

Instructions for Completing the
Universal Service for Schools and Libraries
Billed Entity Applicant Reimbursement Form

Section 69.619 of the Federal Communications Commission's rules requires the fund administrator to review bills for services and to determine the amount of universal service support to be disbursed to service providers. All schools and libraries and consortia of those entities who have received a Funding Commitment Decisions Letter from the fund administrator and that have already paid for the eligible services which are approved for discounts, and that seek reimbursement of the discounts, must file this Billed Entity Applicant Reimbursement Form. This Billed Entity Applicant Reimbursement Form informs the fund administrator of the amount of the discounts for which the applicant has already paid and for which the applicant seeks reimbursement from its service provider. 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.

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 personal information we request in this form. We will use the information you provide to determine whether approving this reimbursement form is in the public interest. If we believe there may be a violation or potential violation of a FCC 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 reimbursement form 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 in a proceeding before the body or has an interest in the proceeding.

If you owe a past due debt to the federal government, the taxpayer identification number and other 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 this information to these agencies through the matching of computer records when authorized.

If you do not provide the information requested on the form, your form may be returned without action or your application may be delayed.

The foregoing Notice is required by the Privacy Act of 1974, Pub. L. No. 93-579, December 31, 1974, 5 U.S.C. § 552, and 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 1.5 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, D.C. 20554.

PURPOSE OF FORM

The Billed Entity Applicant Reimbursement Form is used by the Billed Entity that received a Funding Commitment Decisions Letter from the fund administrator, Schools and Libraries Corporation (SLC), and filed a Form 486 indicating that the Billed Entity Applicant intended to submit to the SLC an invoice for reimbursement of discounts on eligible services received on or after the effective date of discounts and already paid for by the applicant.

In the case of qualified preexisting contracts, discounts may be effective as of January 1, 1998, the beginning of the first program year. In other situations, the discounts will be effective as of a date following the award of a contract that resulted from posting of a request for new services in a Form 470 application to the SLC Web Site.

Completion of the Billed Entity Applicant Reimbursement Form is mandatory unless the Billed Entity and service provider have made their own, mutually agreed-upon arrangements for reimbursement or implementation of the discounts. If such an arrangement has been mutually agreed upon, reimbursement of the discounts can be achieved by submission of a Service Provider Invoice Form to the fund administrator, following either the service provider's reimbursement to the Billed Entity Applicant or the implementation of the discounts.

The applicant should prepare and submit a Billed Entity Applicant Reimbursement Form to the fund administrator when ALL of the following conditions occur:

1. The applicant receives a Funding Commitment Decisions Letter from the fund administrator which approves discounts for services; AND
2. The applicant is already receiving or has received these services, and has already paid for the services, including the price of the discounts; AND
3. The applicant has filed FCC Form 486 (Receipt of Service Confirmation Form) and entered "Yes" in Column (I) of Item 6 of the FCC Form 486 to indicate its intention to submit a Billed Entity Applicant Reimbursement Form.

A Billed Entity will prepare a Billed Entity Applicant Reimbursement Form for the amount of the discounts associated with the services set forth in a specific row or line of Items 15/16 of the associated Form 471 (known as a Funding Request Number or FRN) which the applicant has already received and paid for. If the applicant will be seeking reimbursement for services provided by more than one service provider, as designated by a Service Provider Identification Number (SPIN) in the applicant's FCC Form 486, the applicant will prepare a separate Reimbursement Form for each SPIN. The reimbursement period for each FRN will begin with the Actual Service Start Date reported by the applicant in its Form 486, Column (E), and will end on December 31, 1998.

On the Billed Entity Applicant Reimbursement Form, the service provider must sign an Acknowledgment that:

- (1) The service provider must remit the discount amount authorized by the fund administrator to the Billed Entity who prepared and submitted this Billed Entity Applicant Reimbursement Form as soon as possible after the fund administrator's notification to the service provider of the amount of the approved discounts on this Billed Entity Applicant Reimbursement Form, but in no event later than 10 calendar days after receipt of the reimbursement payment from the fund administrator, subject to the restriction set forth in (2) below

- (2) The service provider must remit payment of the approved discount amount to the Billed Entity prior to tendering or making use of the payment issued by the Universal Service Administrative Company to the service provider of the approved discounts for the Billed Entity Applicant Reimbursement Form.

Important Note: This Acknowledgment, which is Block 4 of the Billed Entity Applicant Reimbursement Form, must be submitted by the Billed Entity **as part of** the completed, entire Form to the fund administrator. If the Reimbursement Form is submitted without the signature of your service provider on the Acknowledgment, the Reimbursement Form will not be processed and the Form will be returned to you.

FILING REQUIREMENTS AND GENERAL INSTRUCTIONS

Who Must File?

The Billed Entity representing a school, library, library consortium, or consortium of multiple entities (hereinafter referred to as “school or library”) who:

- (1) completed and submitted the FCC Form 471, Services Ordered and Certification Form; **and**
- (2) filed the FCC Form 486, the Receipt of Service Confirmation Form (FCC Form 486); **and**
- (3) seeks to receive reimbursement for the discounts for services already received and paid for since the actual service start date

must submit this Billed Entity Applicant Reimbursement Form to the fund administrator. The Billed Entity must complete the Form and obtain the signature of the relevant service provider on the Service Provider Acknowledgment *before* sending the Form to the fund administrator.

Throughout these Instructions, the Billed Entity Applicant will be referred to as “applicant” or “you,” the relevant service provider will be referred to as “your service provider,” and the Billed Entity Applicant Reimbursement Form will be referred to as “Form.”

How Many Forms to File at One Time?

You must submit a separate Form for each service provider with a separate Service Provider Identification Number (SPIN) whose services you have already received and paid for since your actual service start date. For each SPIN, your Reimbursement Form should contain information for each and every one of the multiple FRNs for services delivered by that service provider AND for which you have received your Funding Commitment Decisions Letter. Please be sure that each Billed Entity Applicant Reimbursement Form that you complete contains only one SPIN; but remember that all of the multiple FRNs for which you have received your Funding Commitment Decisions Letter should be listed for that SPIN.

Examples

- You receive one Funding Commitment Decisions Letter (based on one Form 471) that has five FRNS approved for discounts:
 - SPIN #111111111 is associated with three FRNs
 - SPIN #222222222 is associated with one FRN
 - SPIN #333333333 is associated with one FRN.

You would submit three Billed Entity Applicant Reimbursement Forms: one listing all the FRNs associated with SPIN #111111111, and one each for SPIN #222222222 and SPIN #333333333.

- You receive two Funding Commitment Decisions Letters on the same date, based on two Form 471s.
 - One letter approves discounts for two FRNs associated with SPIN #111111111.
 - The other letter approves discounts for three FRNs also associated with SPIN #111111111.
- You would file just one Billed Entity Applicant Reimbursement Form listing all the FRNs associated with SPIN #111111111.

When to File?

The date of your Funding Commitment Decisions Letter(s) determines whether you will file ONE or TWO sets of Billed Entity Applicant Reimbursement Forms, and what your deadline for filing will be. Each set will encompass separate Forms for each different SPIN listed in your Funding Commitment Decisions Letter(s) (see “How Many Forms to File at One Time,” above).

- If the date of your Funding Commitment Decisions Letter(s) is on or before November 30, 1998, you will submit TWO sets of Billed Entity Applicant Reimbursement Forms:
 - ONE set to cover the period from your Actual Service Start Date (as reported in Column E of your Form 486) through September 30, 1998. You should file this set of Billed Entity Applicant Reimbursement Forms as soon as possible but no later than December 31, 1998.
 - ONE set to cover the period from October 1, 1998 through December 31, 1998 or the date your service provider begins to issue discounted bills, whichever comes first. You should file this set of Billed Entity Applicant Reimbursement Forms as soon as possible but no later than January 31, 1999.
- If the date of your Funding Commitment Decisions Letter(s) is on or after December 1, 1998, you will submit ONE set of Billed Entity Applicant Reimbursement Forms, covering the period from your Actual Service Start Date (as reported in Column E of your Form 486) through December 31, 1998 or the date your service provider begins to issue discounted bills, whichever comes first. You should file this set of Billed Entity Applicant Reimbursement Forms as soon as possible but no later than January 31, 1999.

Before you file a Billed Entity Applicant Reimbursement Form (or at the same time you file one), you must file a Form 486 that includes, for the Funding Request Number for which you seek reimbursement,

- the actual service start date completed (Column (E) of Block 2 of Form 486) and
- Column (I) completed with “Yes.”

Please follow carefully the instructions for completing Form 486.

Prediscount Cost Calculation Grid

Applicants are encouraged to complete and submit a Prediscount Cost Calculation Grid to substantiate the amount of the discounts computed on this Form. The Prediscount Cost Calculation Grid is available from the SLC Web Site <www.slcfund.org> or by contacting the Client Service Bureau toll free at 1-888-203-8100 or by fax on demand by calling toll free, 1-800-959-0733 and selecting Document #502. The Prediscount Cost Calculation Grid provides a formula for computing the appropriate prediscount cost for eligible entities’ use of eligible services for eligible purposes, from the bills issued by service providers. Applicants are encouraged to consult their service providers when completing the Prediscount Cost Calculation Grid to exchange mutually

beneficial information concerning the method used by the applicant to complete this grid. Many service providers may need the information contained in the Prediscount Cost Calculation Grid in order to begin the prospective billing of discounts.

Where to File?

The Reimbursement Form **must** be filed manually with the SLC at: **SLC-BEAR Form, P.O. Box 7026, Lawrence, KS 66044-7026**, or alternatively, for those applicants using express delivery services or U.S. Postal Service Return Receipt, the following address should be used **SLC-BEAR Form, c/o Ms. Smith, 3833 Greenway Drive, Lawrence, KS 66046**.

In addition, you must provide a complete copy of this Billed Entity Applicant Reimbursement Form to the relevant service provider, along with a copy of the Prediscount Cost Calculation Grid if you have prepared one. This information will assist your service provider in beginning prospective billing for your discounts once your reimbursement has been paid. You may want to work directly with your service provider in filling out this Billed Entity Applicant Reimbursement Form; at minimum, you must provide the completed Form and Prediscount Cost Calculation Grid (if you have completed a Grid) when you contact your service provider to obtain a signature on the Block 4 Service Provider Acknowledgment. Contact your service provider to find out who on its staff should be your contact person for these purposes. The fund administrator will make every effort to publicize the service providers' contact information on the fund administrator's web site <www.slcfund.org>.

Note: **DO NOT FILE THIS OR ANY OTHER UNIVERSAL SERVICE FORM WITH THE FEDERAL COMMUNICATIONS COMMISSION. THIS FORM MAY NOT BE FILED ELECTRONICALLY.**

Compliance.

Anyone filing false information is subject to penalties for false statements, including 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.

All of the information required in the Billed Entity Applicant Reimbursement Form must be completed, in order for this Form to be accepted by the fund administrator for entry into our data system. A valid entry must be submitted by the Billed Entity for each component of information required. These instructions set forth the requirements for a valid entry. If you have any questions about completing this Form, please contact the SLC Client Service Bureau at 888-203-8100, or visit the SLC Web Site at <www.slcfund.org>, **before** submitting the Form. If the Form is **not** properly completed, the Form may be rejected and returned to you.

Where to Get More Information?

You may call the SLC Client Service Bureau at **1-888-203-8100**, send an E-mail to **question@slcfund.org** or a fax to **(888) 276 - 8736** for more information on how to complete this or other universal service forms. Information is also available on the Schools and Libraries Corporation's Web Site at <www.slcfund.org>.

AT A GLANCE: 9 STEPS TO CORRECTLY COMPLETING THIS FORM
Follow these steps to prepare your Billed Entity Applicant Reimbursement Form.

1. Carefully read all of the Instructions that follow on these pages.
2. If you have not already done so, complete Form 486 and indicate Yes in Column I for the specific service (also known as Funding Request) for which you are requesting reimbursement.
3. Gather together your records of the bills you've paid for this service since your Actual Service Start Date (reported in Form 486, Column E) or January 1, 1998, whichever is later. Inform your service provider that you are preparing this Form. You may want to work directly with your service provider to complete this Form, and/or request specific information you need to supplement your own billing and payment records.
4. Use your records, your Funding Commitment Decisions Letter from SLC, your Form 486, and any additional information from your service provider to complete the Billed Entity Applicant Reimbursement Form.
5. Complete the Optional Prediscount Cost Calculation Grid to help compute the amount of discounts sought for reimbursement. The grid is available at the SLC Web Site <www.slcfund.org> or by contacting the Client Service Bureau toll free at 1-888-203-8100 or by fax on demand by calling toll free, 1-800-959-0733 and selecting Document #502.
6. Use the information you have developed in Steps 2-6, above, to complete Blocks 1-3 of this Form.
7. Provide a copy of the completed Form and Optional Prediscount Cost Calculation Grid to your service provider with a request for your service provider to sign and return to you Block 4: Service Provider Acknowledgment. Your service provider may return the signed Block 4 to you via fax, mail, or in person. An original ink signature is NOT required on Block 4.
8. Attach the signed Block 4 to your original Form, make certain that you have signed Block 3 with an original ink signature, and copy the entire completed Form for your files.
9. Mail your original Form, with your original ink signature in Block 3, to the address listed on the Form and in "Where to File," below.

SPECIFIC INSTRUCTIONS

Type or clearly print in the spaces provided. Applicants may attach additional pages if necessary.

Block 1 Header Information

Item (1) - 471 Billed Entity Applicant Name. Provide your name as indicated on the corresponding Form 471 Funding Commitment Decisions Letter.

Item (2) - 471 Billed Entity Applicant Number. Provide the Billed Entity Number as it appears on your Funding Commitment Decisions Letter for the corresponding Form 471. **Please be sure to obtain this information from your Funding Commitment Decisions Letter, as the information may have been reported differently in your original Form 471 application.**

Item (3) - Service Provider Identification Number (SPIN). Provide the number assigned to the service provider who is delivering the services for which you are submitting this Form. Remember, only one SPIN is permitted per Form.

Item (4) - Contact Name. Provide the name of the person who should be contacted if the fund administrator has questions about this Form. The contact person must be able to answer questions in a timely manner regarding the information included in this Form and the eligible services that have been or are being provided.

Item (5) - Contact Telephone Number. Provide the telephone number with area code for contacting the person identified in Item (4). You may also include an extension of up to four (4) digits for a total of 14 digits.

Item (6) - Reimbursement Form Number. Please assign a unique number to identify this Billed Entity Applicant Reimbursement Form for your own records. This number (which can include both numerals and letters) could be generated by your usual billing system, or created specifically for this purpose. For example, if you have an accounting system which assigns an invoice number to bills and accounts receivables, the you may use the identification number assigned by your billing system. We will refer to this number to identify this particular invoice should we need to contact you concerning this Form.

Item (7) - Reimbursement Form Date to SLC. Provide the date that you completed and mailed this Form to the fund administrator.

Item (8) - Total Reimbursement Amount. Provide the total amount associated with this Form. This amount should be the sum of the entries in Column (15). This figure can be a maximum of 14.2 digits, to accommodate dollars and cents.

Block 2 Line Item Information per Funding Request Number

Columns (9) through (15)

The information requested in the following Columns should be completed for each Funding Request Number when:

- (1) you are already receiving or have received the service(s); and
- (2) the service was delivered to you on or after the start date of discounts that you reported on your Form 486, Column (E); and
- (3) you already paid for the services you are receiving or have received.

Please remember that all FRNs included on this Form must be associated with the **same service provider whose SPIN is listed in Item (3) of Block 1.**

Column (9) - FCC Form 471 Application Number. This is the number SLC assigned to the Form 471 with which this line of the Reimbursement Form is associated. This number must be obtained from your Funding Commitment Decisions Letter.

Column (10) - Funding Request Number (FRN). This is the number SLC assigned to each distinct row or line of Items 15/16 of your Form 471. Each Funding Request Number (FRN) is set forth in your Funding Commitment Decisions Letter.

Column (11) - Bill Frequency. Please do not complete this Column, as this Column will be completed by the Fund Administrator.

Column (12) - Customer Billed Date. This Column should be completed for reimbursement of bills for recurring services billed and paid on a monthly or other-than-monthly (e.g., quarterly, semi-annual, or annual) basis, AND for reimbursement of multiple installments paid on non-recurring services. Please note that this date must be no earlier than January 1, 1998, because only services received and paid for in the current program year are eligible for discounts.

- For approved *recurring services billed on a **monthly basis***, the date in Column (12) should be the date of the first bill that you received from the service provider after the actual service start date reported on Form 486, Column (E).

- For approved *recurring services billed on an other-than-monthly basis (e.g., quarterly, semi-annually, or annually)*, the date in this column should be your actual service start date as reported on Form 486, Column (E). Please note: Bills paid prior to January 1, 1998, are not eligible for reimbursement, even if they cover some services rendered in the current program year. To accurately calculate the amounts you enter in Column 14, you may need to pro-rate one or more bills.

- For approved *non-recurring services billed in multiple installments*, the date in Column (12) should be the date of the first bill that you received from the service provider after the actual service start date reported on Form 486, Column (E).

The date must be in month and 4-digit year (mm/yyyy) format.

Column (13) - Shipping Date or Last Day of Work Performed. This Column should be used primarily for internal connections and other non-recurring products/services *billed one-time only*. The date in Column (13) should be either the date that the products were shipped or the last date that the service provider performed its work. This date should be in month/day/four-digit year (mm/dd/yyyy) format.

Please note that only Column 12 OR Column 13 should be completed for each FRN. Please do NOT complete BOTH Columns 12 and 13 for the same FRN.

Column (14) - Total (Undiscounted) Amount for Service per FRN. The total undiscounted amount represents the total amount paid per FRN beginning with the actual service start date as reported on Form 486, Column (E), and ending with the date of the last bill you paid in full and for which you are seeking reimbursement of the discount on the Form. This figure can be no more than 14.2 digits, including dollars and cents.

Column (15) - Discount Amount Billed to SLC. The discount amount represents the total amount of funds for which you are seeking reimbursement—that is, your discounted portion of Column (14). Before applying the approved discount percentage to the amount in Column (14), you must deduct charges for any ineligible services, or for eligible services delivered for ineligible recipients or used for ineligible purposes. (For help breaking out these charges, use the Optional Prediscount Cost Calculation Grid available at the SLC Web Site <www.slcfund.org> or via toll-free fax on demand, 1-800-959-0733, select Document #502.) After deducting these charges from the amount in Column (14), apply the approved discount percentage reflected in your Funding Commitment Decisions Letter for this FRN, and enter the resulting total in Column (15). This figure can be no more than 14.2 digits, including dollars and cents.

Block 3 Billed Entity Applicant Certification

The Billed Entity Applicant must sign the Certification to confirm:

- A. The discount amounts listed in Column (15) of this Form represent charges for eligible services delivered to and used by eligible schools, libraries, or consortia of those entities for educational purposes, on or after the actual service start date reported on the associated Form 486.
- B. The discount amounts listed in Column (15) of this Form were billed and paid in full by the Billed Entity on behalf of eligible schools, libraries, and consortia of those entities.
- C. The discount amounts listed in Column (15) of this Form are for eligible services approved by the fund administrator pursuant to a Funding Commitment Decisions Letter.
- D. The applicant recognizes that it may be audited pursuant to this application and agrees to retain for five years any and all records that it relied upon to complete this Form.

Item (16) - Signature. The original INK signature of an authorized person on behalf of the Billed Entity must be on the Certification. This information is required.

Item (17) - Date. The date that the Billed Entity Applicant signs the Reimbursement Form must be completed. This information is required.

Item (18) - Printed name of authorized person. The printed name of the authorized person must be provided. This information is required.

Item (19) - Title or position of authorized person. The title or position of the authorized person must be provided. This information is required.

Item (20) - Telephone number of the authorized person. The telephone number for contacting the authorized person must be provided, should the fund administrator need to contact this person. This information is required.

Item (21) - Address of authorized person. The address of the authorized person must be provided. This information is required.

Block 4 Service Provider Acknowledgment

The service provider whose SPIN is listed in Item 3 of Block 1 must sign the Acknowledgment that confirms the following:

- (A) The service provider must remit the discount amount authorized by the fund administrator to the Billed Entity Applicant who prepared and submitted this Billed Entity Applicant Reimbursement Form as soon as possible after the fund administrator's notification to the service provider of the amount of the approved discounts on this Billed Entity Applicant Reimbursement Form, but in no event later than 10 calendar days after receipt of the reimbursement payment from the fund administrator, subject to the restriction set forth in B. below.
- (B) The service provider must remit payment of the approved discount amount to the Billed Entity Applicant prior to tendering or making use of the payment issued by the Universal Service Administrative Company to the service provider of the approved discounts for the Billed Entity Applicant Reimbursement Form.

Item (22) - Signature of authorized person. The original, fax or copy of the signature of an authorized person on behalf of a service provider must be provided. This information is required. An authorized person is an individual who works for the service provider and who has the knowledge required by the Acknowledgment.

Item (23) - Date. Provide the date that the service provider signed the Acknowledgment. This information is required.

Item (24) - Printed name of authorized person. Please print the name of the authorized person whose signature was provided in Item 21. This information is required.

Item (25) - Title or position of authorized person. Please provide the title or position of the authorized person whose signature was provided in Item 21. This information is required.

Item (26) - Telephone number of authorized person. Please provide the telephone number of the authorized person, so that the fund administrator may contact the authorized person if necessary. This information is required.

Item (27) - Address of authorized person. Please provide the address of the authorized person. This information is required.

Important Note: This Acknowledgment, which is Block 4 of the Billed Entity Applicant Reimbursement Form, must be submitted by the Billed Entity Applicant **as part of** the completed, entire Form to the fund administrator. If the Reimbursement Form is submitted without the signature of your service provider on the Acknowledgment, the Reimbursement Form will not be processed and the Form will be returned to you.