

Filing ECF Form 472

ECF FY21

October 14, 2021

Filing F472 in ECF

After You've Received Your FCDL

Login to EPC

- Login to EPC as you do for E-rate
- Go through MFA
- Choose the ECF grey box at the bottom
- You will be at your Dashboard

Choose F472

- Click on the ACTIONS button
- Choose the File ECF FCC Form 472/BEAR

Good Morning
Admin School District 400183

My Organizations My Forms and Requests My Pending Tasks

Form 471 window is not open yet.

Search Applicant Entities SEARCH

BEN	BEN Name	City	State	Entity Type	
17391	School District 400183	Washington	DC	School District	ACTIONS ▾

File FCC Form 471

File ECF FCC Form 472/BEAR

Enter a Nickname

- Recommend School Name ECF W# FY21

Bear FCC Form 472 – Emergency Connectivity Fund Reimbursement Application

School District 400183 (BEN: 17391) - School Full Name ECF W1 FY21 - #BEAR202100002

Request for Reimbursement Basic Information Request for Reimbursement Line Item Request for Reimbursement Summary Request for Reimbursement Certifications

Request for Reimbursement Nickname

Please enter a request for reimbursement nickname here. ⓘ *

School Full Name ECF W1 FY21 | 28/255

Contact Information

Name Admin School District 400183
Phone Number 123-456-7890
Email sd_aa_400183@testmail.usac.org

Entity Information

Billed Entity Name School District 400183	Billed Entity Number 17391
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[DISCARD FORM](#) [SAVE & CONTINUE](#)

- Click Save & Continue

Add a Request for Reimbursement

- Click Add Request for Reimbursement Line

Bear FCC Form 472 – Emergency Connectivity Fund Reimbursement Application

School District 400183 (BEN: 17391) - School Full Name ECF W1 FY21 - #BEAR202100002

Request for Reimbursement Basic Information Request for Reimbursement Line Item Request for Reimbursement Summary Request for Reimbursement Certifications

<input type="checkbox"/>	Request for Reimbursement Line Number	FCC Form 471 Application Number	Funding Request Number (FRN)	Service Provider Identification Number (SPIN)	Service Provider Name	Billing Frequency	Customer Billed Date	Delivery Date	Amount Billed to USAC
No items available									

Total Amount Billed to USAC \$0.00

+ ADD REQUEST FOR REIMBURSEMENT LINE **EDIT REQUEST FOR REIMBURSEMENT LINE** **REMOVE REQUEST FOR REIMBURSEMENT LINE**

BACK **DISCARD FORM** **SAVE & CONTINUE**

Add a Request for Reimbursement

Bear FCC Form 472 – Emergency Connectivity Fund Reimbursement Application

USAC Independent Library 9 (BEN: 270100012) - test1 - #BEAR202100210

Request for Reimbursement basic information Request for Reimbursement Line Item Request for Reimbursement Summary Request for Reimbursement Certifications

Filters (click to expand fields)

Application Number **Service Type**
Enter entire FCC Form 471 Application Number Select filter by Application Category of Service

Funding Request Number (FRN) **FRN Nickname**
Enter entire Funding Request Number Enter FRN Nickname

[CLEAR FILTERS](#) [APPLY FILTERS](#)

Select FRN
Please select a row to auto-populate the form details below.

FCC Form 471 Application Number	Funding Request Number (FRN)	FCC Form 471 Application Nickname	FRN Nickname	SPIN	Service Provider Name	Service Type	Total FRN Cost	Invoice Deadline Date / IDD
BCF202100365	BCF210000713	USAC Independent Library 9 Practice 1	Service	143002079	Calloway Telephone Company, Inc.	Equipment	\$56,000.00	8/29/2022
BCF202100365	BCF210000715	USAC Independent Library 9 Practice 1	Equipment	143002079	Calloway Telephone Company, Inc.	Equipment	\$25,900.00	8/29/2022

Add a Request for Reimbursement, cont.

- This screen will show committed FRNs based on your applications with ECF, your F471s

First, select your FRN by selecting the appropriate row to auto-populate the form details.

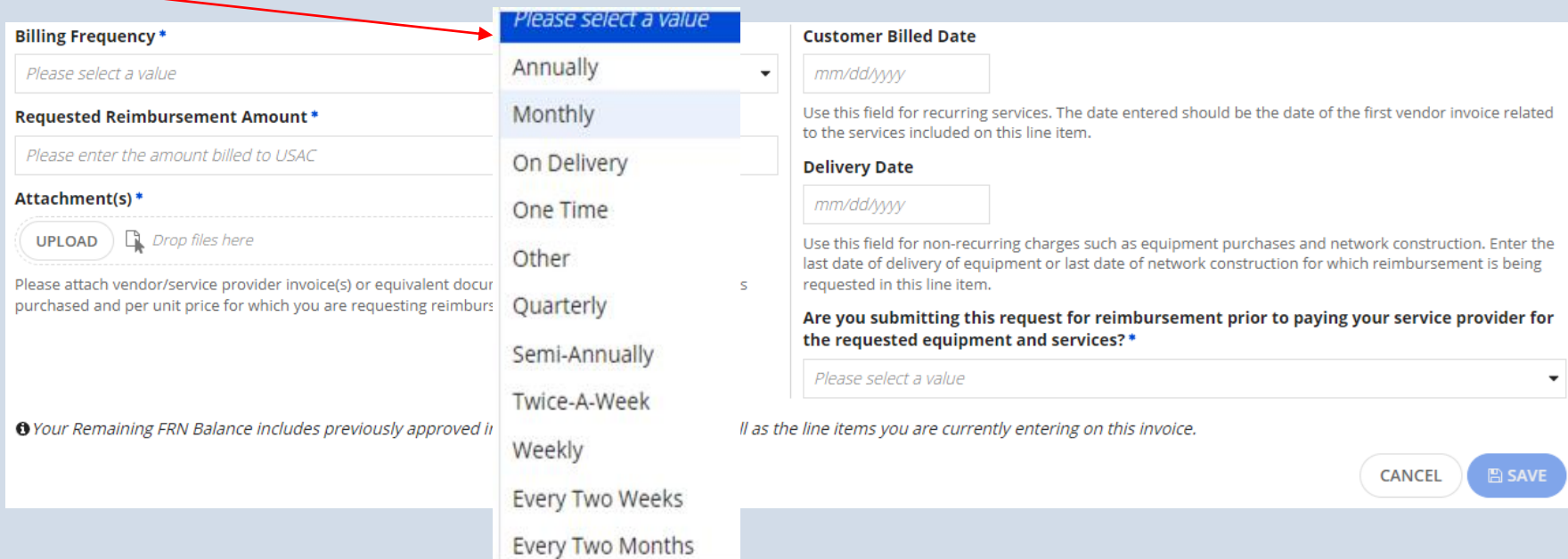
Select FRN

Please select a row to auto-populate the form details below.

FCC Form 471 Application Number	Funding Request Number (FRN)	FCC Form 471 Application Nickname	FRN Nickname	SPIN	Service Provider Name	Service Type	Total FRN Cost	Invoice Deadline Date / IDD
ECF202100362	ECF2190000710	Consortium 8 Practice 2	Consortium 8 Practice 2	143002079	Callaway Telephone Company, Inc.	Equipment	\$5,999,400.00	8/29/2022
ECF202100327	ECF2190000641	270100014_UAT_NB	Construction	143001277	Pine Tree Telephone LLC (wholly owned sub of Otelco Inc.)	Services	\$1,180.00	10/4/2022
ECF202100327	ECF2190000639	270100014_UAT_NB	Equipment	143002079	Callaway Telephone Company, Inc.	Equipment	\$550.00	8/29/2022
ECF202100327	ECF2190000636	270100014_UAT_NB	Services	143000850	Cable & Communications Corporation	Services	\$850.00	8/29/2022

Add a Request for Reimbursement, cont.

Choose the Billing Frequency from the Drop Down



The screenshot shows a web form for adding a reimbursement request. A red arrow points to the 'Billing Frequency' dropdown menu, which is currently open and displaying a list of options: 'Please select a value', 'Annually', 'Monthly', 'On Delivery', 'One Time', 'Other', 'Quarterly', 'Semi-Annually', 'Twice-A-Week', 'Weekly', 'Every Two Weeks', and 'Every Two Months'. The 'Monthly' option is highlighted. To the right of the dropdown, there are fields for 'Customer Billed Date' and 'Delivery Date', both with date input boxes (mm/dd/yyyy). Below these is a section for 'Attachment(s)' with an 'UPLOAD' button and a 'Drop files here' area. At the bottom right, there are 'CANCEL' and 'SAVE' buttons.

Billing Frequency *
Please select a value

Requested Reimbursement Amount *
Please enter the amount billed to USAC

Attachment(s) *
UPLOAD Drop files here

Please attach vendor/service provider invoice(s) or equivalent documents purchased and per unit price for which you are requesting reimbursement.

Customer Billed Date
mm/dd/yyyy
Use this field for recurring services. The date entered should be the date of the first vendor invoice related to the services included on this line item.

Delivery Date
mm/dd/yyyy
Use this field for non-recurring charges such as equipment purchases and network construction. Enter the last date of delivery of equipment or last date of network construction for which reimbursement is being requested in this line item.

Are you submitting this request for reimbursement prior to paying your service provider for the requested equipment and services? *
Please select a value

as the line items you are currently entering on this invoice.

ⓘ Your Remaining FRN Balance includes previously approved items

CANCEL SAVE

Equipment will be one time, Service may be monthly, quarterly, etc.

Add a Request for Reimbursement, cont.

Enter the Requested Reimbursement Amount

Billing Frequency *
Please select a value

Requested Reimbursement Amount *
Please enter the amount billed to USAC

Attachment(s) *
UPLOAD Drop files here
Please attach vendor/service provider invoice(s) or equivalent documents detailing the items or services purchased and per unit price for which you are requesting reimbursement.

Customer Billed Date
mm/dd/yyyy
Use this field for recurring services. The date entered should be the date of the first vendor invoice related to the services included on this line item.

Delivery Date
mm/dd/yyyy
Use this field for non-recurring charges such as equipment purchases and network construction. Enter the last date of delivery of equipment or last date of network construction for which reimbursement is being requested in this line item.

Are you submitting this request for reimbursement prior to paying your service provider for the requested equipment and services? *
Please select a value

ⓘ Your Remaining FRN Balance includes previously approved invoices, invoices in review, as well as the line items you are currently entering on this invoice.

CANCEL **SAVE**

Upload qualifying documents, e.g Invoices, Purchase Orders, Packing Lists, etc.

Watch For:

If you try to request more than you were approved for you will get an error.

▲ Add New Request for Reimbursement Line

FCC Form 471 Application Number *	Service Provider Identification Number (SPIN)
Funding Request Number (FRN) *	Service Provider Name
FCC Form 471 Application Nickname *	

Billing Frequency *
One Time

Requested Reimbursement Amount *
\$5,000.00

The amount exceeds the remaining FRN balance. Enter an amount equal to or less than the remaining FRN balance.

Attachment(s) *
UPLOAD Drop files here

Please attach vendor/service provider invoice(s) or equivalent documents detailing the items or services purchased and per unit price for which you are requesting reimbursement.

Customer Billed Date
08/27/2021
Use this field for recurring services. The date entered should be the date of the first vendor invoice related to the services included on this line item.

Delivery Date
07/01/2021
Use this field for non-recurring charges such as equipment purchases and network construction. Enter the last date of delivery of equipment or last date of network construction for which reimbursement is being requested in this line item.

Are you submitting this request for reimbursement prior to paying your service provider for the requested equipment and services? *
Please select a value

ⓘ Your Remaining FRN Balance includes previously approved invoices, invoices in review, as well as the line items you are currently entering on this invoice.

Add a Request for Reimbursement, cont.

Enter or select from the calendar pop up the Billed Date

Billing Frequency *
Please select a value

Requested Reimbursement Amount *
Please enter the amount billed to USAC

Attachment(s) *
UPLOAD Drop files here
Please attach vendor/service provider invoice(s) or equivalent documents detailing the items or services purchased and per unit price for which you are requesting reimbursement.

Customer Billed Date
mm/dd/yyyy
Use this field for recurring services to the services included on this invoice.

Delivery Date
mm/dd/yyyy
Use this field for non-recurring services. Enter the last date of delivery of equipment requested in this line item.

Are you submitting this request for reimbursement prior to paying your service provider for the requested equipment and services? *

Please select a value

October 2021

SUN	MON	TUE	WED	THU	FRI	SAT
26	27	28	29	30	1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31	1	2	3	4	5	6

TODAY CLEAR

the first vendor invoice related

network construction. Enter the which reimbursement is being

ⓘ Your Remaining FRN Balance includes previously approved invoices, invoices in review, as well as the line items you are currently entering on this invoice.

CANCEL SAVE

Enter or select from the calendar pop up the Delivery Date, **AFTER JULY 1**

Add a Request for Reimbursement, cont.

- Are you submitting a “Pre-reimbursement” request?
- Choose Y(es) or N(o)

Are you submitting this request for reimbursement prior to paying your service provider for the requested equipment and services? *

Please select a value

Please select a value

Y

N

Applicants must pay their service provider within 30 days after receipt of funds and will be required to certify compliance and provide verification of payment to the service provider. USAC will reach out to request verification of payment to the service provider at a later date.

- If you choose Y(es) you must pay your service provider within 30 days and provide verification to USAC.
- USAC will reach out for this verification at a later date.

Certifications:

Certifications



You will be presented with a series of certification boxes. [Read the certification boxes and select the boxes to accept the certifications.](#)



Certifications

I declare under penalty of perjury that:

- I am authorized to submit this request for reimbursement on behalf of the above-named school, library or consortium for the data being submitted, I hereby certify that the data set forth in this request for reimbursement has been examined and that the information contained in this request for reimbursement or on other documents submitted by this school, library or consortium can be punished by imprisonment under Title 18 of the United States Code (18 U.S.C. § 1001), or can lead to liability under the False Claims Act.
- In addition to the foregoing, the school, library or consortium is in compliance with the rules and orders governing the program and remain in compliance with those rules and orders may result in the denial of funding, cancellation of funding compliance with the rules and orders governing the Emergency Connectivity Fund Program could result in civil or criminal prosecution.
- By signing this request for reimbursement, I certify that the information contained in this request for reimbursement is for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious or fraudulent statements, false claims or otherwise. (U.S. Code Title 18, §§ 1001, 1002, 1003, 1005, 1006, 1007, 1008, 1009, 1010, 1011, 1012, 1013, 1014, 1015, 1016, 1017, 1018, 1019, 1020, 1021, 1022, 1023, 1024, 1025, 1026, 1027, 1028, 1029, 1030, 1031, 1032, 1033, 1034, 1035, 1036, 1037, 1038, 1039, 1040, 1041, 1042, 1043, 1044, 1045, 1046, 1047, 1048, 1049, 1050, 1051, 1052, 1053, 1054, 1055, 1056, 1057, 1058, 1059, 1060, 1061, 1062, 1063, 1064, 1065, 1066, 1067, 1068, 1069, 1070, 1071, 1072, 1073, 1074, 1075, 1076, 1077, 1078, 1079, 1080, 1081, 1082, 1083, 1084, 1085, 1086, 1087, 1088, 1089, 1090, 1091, 1092, 1093, 1094, 1095, 1096, 1097, 1098, 1099, 1100, 1101, 1102, 1103, 1104, 1105, 1106, 1107, 1108, 1109, 1110, 1111, 1112, 1113, 1114, 1115, 1116, 1117, 1118, 1119, 1120, 1121, 1122, 1123, 1124, 1125, 1126, 1127, 1128, 1129, 1130, 1131, 1132, 1133, 1134, 1135, 1136, 1137, 1138, 1139, 1140, 1141, 1142, 1143, 1144, 1145, 1146, 1147, 1148, 1149, 1150, 1151, 1152, 1153, 1154, 1155, 1156, 1157, 1158, 1159, 1160, 1161, 1162, 1163, 1164, 1165, 1166, 1167, 1168, 1169, 1170, 1171, 1172, 1173, 1174, 1175, 1176, 1177, 1178, 1179, 1180, 1181, 1182, 1183, 1184, 1185, 1186, 1187, 1188, 1189, 1190, 1191, 1192, 1193, 1194, 1195, 1196, 1197, 1198, 1199, 1200)

Certifications:

Dashboard Customer Service



Bear FCC Form 472 – Emergency Connectivity Fund Reimbursement Application

USAC Independent Library 9 (BEN: 270100012) - Test 1 - #BEAR202100257

Request for Reimbursement Basic Information Request for Reimbursement Line Items Request for Reimbursement Summary **Request for Reimbursement Certifications**

Certifications

I declare under penalty of perjury that:

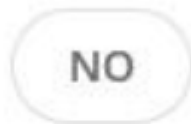
- I am authorized to submit this request for reimbursement on behalf of the above-named school, library or consortium and that based on information known to me or provided to me by employees responsible for the data being submitted, I hereby certify that the data set forth in this request for reimbursement has been examined and is true, accurate and complete. I acknowledge that any false statement on this request for reimbursement or on other documents submitted by this school, library or consortium can 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) or can lead to liability under the False Claims Act (31 U.S.C. §§ 3729 - 3733).
- In addition to the foregoing, the school, library or consortium is in compliance with the rules and orders governing the Emergency Connectivity Fund Program, and I acknowledge that failure to be in compliance and remain in compliance with those rules and orders may result in the denial of funding, cancellation of funding commitments, and/or recoupment of past disbursements. I acknowledge that failure to comply with the rules and orders governing the Emergency Connectivity Fund Program could result in civil or criminal prosecution by law enforcement authorities.
- By signing this request for reimbursement, I certify that the information contained in this request for reimbursement is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (28 U.S.C. Code Title 18, §§ 1001, 286-287 and 1341 and Title 31, §§ 3729-3730 and 3801-3812)
- The funds sought in the request for reimbursement are for eligible equipment and/or services that were purchased or ordered in accordance with the Emergency Connectivity Fund Program rules and requirements and received by either the school, library, or consortium, or the students, school staff, or library patrons as appropriate.
- The portion of the costs eligible for reimbursement and not already paid for by another source was either: paid for in full or will be paid to the service provider within 90 days of receipt of funds by the school, library, or consortium.
- The amount for which the school, library, or consortium is seeking reimbursement from the Emergency Connectivity Fund consistent with the requirements set out in § 54.1702.
- The school, library, or consortium is not seeking Emergency Connectivity Fund reimbursement for eligible equipment and/or services that have been purchased and reimbursed in full with other pandemic relief federal funding (e.g., CARES Act, Emergency Broadband Benefit Program) or other provisions of the American Rescue Plan, targeted state funding, other external sources of targeted funding, or targeted gifts or grants for discounts from the schools and libraries universal service support mechanism or other universal service support mechanism.
- The equipment and services the school, library, or consortium purchased using Emergency Connectivity Fund support will be used primarily for educational purposes as defined in § 54.1700 and that the authorized person is not willfully or knowingly requesting reimbursement for equipment or services that are not being used.
- The equipment and services the school, library, or consortium purchased will not be sold, resold, or transferred in consideration for money or any other thing of value, except as allowed by § 54.1713.
- The school, library, or consortium recognizes that it may be subject to an audit, inspection or investigation pursuant to its request for reimbursement, that it will retain for ten years any and all records related to its request for reimbursement, and will make such records and equipment purchased with Emergency Connectivity Fund reimbursement available at the request of any representative (including any auditors appointed by a state education department, the Administrator, the Commission and its Office of Inspector General, or any local, state or federal agency with jurisdiction over the entity).
- No kickbacks, as defined in 41 U.S.C. § 8701 and/or 42 U.S.C. § 1320a-7b, were paid or received by the applicant to anyone in connection with the Emergency Connectivity Fund.
- I certify that no Federal subsidy made available through a program administered by the Commission that provides funds to be used for the capital expenditures necessary for the provision of advanced communications services has been or will be used to purchase, rent, lease, or otherwise obtain, any covered communications equipment or service, or maintain any covered communications equipment or service previously purchased, rented, leased, or otherwise obtained, as required by 47 C.F.R. § 54.10.

BACK DISCARD FORM **CERTIFY**

Final Certification:

Important

By clicking the “Certify” button, you have electronically signed the form. An electronic signature is the same as a handwritten signature on the form.



ECF Form 472 Resources

- [ECF FCC Form 472 Walkthrough](#)
- [FCC Form 472 E-learning Module](#) (Video)

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ECF FY21

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