

# Filling Out the FCC F479

*For step by step instructions continue in PowerPoint*

Or see [this document](#) for bulleted instructions.

# Administrative Authority's Form Identifier

- This should reflect your school name and funding year (this is FY22)

FCC Form 479	OMB Control No. 3060-0853 Estimated time per response: 1 hour
<b>DO NOT SEND THIS FORM TO THE UNIVERSAL SERVICE ADMINISTRATIVE COMPANY OR TO THE FEDERAL COMMUNICATIONS COMMISSION</b>	
<b>Schools and Libraries Universal Service Certification by Administrative Authority to Billed Entity of Compliance with the Children's Internet Protection Act</b>	
Please read instructions before completing. (To be completed by the Administrative Authority and provided to your Billed Entity)	
Administrative Authority's Form Identifier: <u>ABC School FY22</u> Create your own code to identify THIS FCC Form 479.	

# Block 1:

1. Name of Administrative Authority:
  - Name of your school/district
2. Funding Year – 2022
3. Mailing Address/Contact Information:
  - Address and contact info for your school/district

Block 1: Administrative Authority Information			
1. Name of Administrative Authority		2. Funding Year	
ABC School		2022	
3. Mailing Address and Contact Information for Administrative Authority			
Street Address, P. O. Box or Route Number			
123 Easy Street			
City	State	Zip Code	
Greatest City	NC	12345	
Name of Contact Person			
Tommy Tutone			
Telephone Number	Fax Number	Email Address	
555-867-5309	555-123-4567	tommyandjenny@domain.com	

# Block 2: Page 2

- If you complete the form on a computer, the information below will fill in from your previous entry data. If filling out by hand, be sure to re-enter from Page 1.

Block 2: Certifications and Signature	
4.	I am the Administrative Authority for one or more schools or libraries for which Universal Service Support Mechanism discounts have been requested or approved for eligible services. The Administrative Authority must make the required certification(s) for the purposes of the Children's Internet Protection Act (CIPA) in order to receive discounted services.
5.	I recognize that I may be audited pursuant to this form and will retain for at least ten years (or whatever retention period is required by the rules in effect at the time of this certification) after the later of the last day of the applicable funding year or the service delivery deadline for the funding request any and all records that I rely upon to complete this form.
Name of Administrative Authority <b>ABC School</b>	
Administrative Authority's Form Identifier <b>ABC School FY22</b>	
Contact Person <b>Tommy Tutone</b>	
Telephone Number <b>555-867-5309</b>	

# CIPA Compliance

- LEAs and NCREN charters should check box a. If you are a new charter opening for the coming year, choose box 6b.  
**DO NOT CHECK MULTIPLE BOXES OR BOX c / d**

6. I certify that as of the date of the start of discounted services:

a ☒ the recipient(s) of service under my administrative authority and represented in the Funding Request Number(s) for which you have requested or received Funding Commitments has (have) complied with the requirements of the Children's Internet Protection Act, as codified at 47 U.S.C. § 254(h) and (l).

OR

b ☒ pursuant to the Children's Internet Protection Act, as codified at 47 U.S.C. § 254(h) and (l), the recipient(s) of service under my administrative authority and represented in the Funding Request Number(s) for which you have requested or received Funding Commitments:  
(FOR SCHOOLS and FOR LIBRARIES IN THE FIRST FUNDING YEAR FOR PURPOSES OF CIPA) is  
(are) undertaking such actions, including any necessary procurement procedures, to comply with the requirements of CIPA for the next funding year, but has (have) not completed all requirements of CIPA for this funding year.

(FOR FUNDING YEAR 2003 ONLY: FOR LIBRARIES IN THE SECOND OR THIRD FUNDING YEAR FOR PURPOSES OF CIPA) is (are) in compliance with the requirements of CIPA under 47 U.S.C. § 254(l) and undertaking such actions, including any necessary procurement procedures, to comply with the requirements of CIPA under 47 U.S.C. § 254(h) for the next funding year.

c ☐ the Children's Internet Protection Act, as codified at 47 U.S.C. § 254(h) and (l), does not apply because the recipient(s) of service under my administrative authority and represented in the Funding Request Number(s) for which you have requested or received Funding Commitments is (are) receiving discount services only for telecommunications services.

# CIPA Compliance New Charters

- You will not choose Box 6d, just pass it on by

CIPA Waiver. Check the box below if you are requesting a waiver of CIPA requirements for the Second Funding Year after the recipients of service under your administrative authority have applied for discounts:

d ☐ I am providing notification that, as of the date of the start of discounted services, I am unable to make the certifications required by the Children's Internet Protection Act, as codified at 47 U.S.C. § 254(h) and (l), because my state or local procurement rules or regulations or competitive bidding requirements prevent the making of the certification(s) otherwise required. I certify that the recipient(s) of service under my administrative authority and represented in the Funding Request Number(s) for which you have requested or received Funding Commitments will be brought into compliance with the CIPA requirements before the start of the Third Funding Year in which they apply for discounts.

(CIPA WAIVER FOR LIBRARIES FOR FUNDING YEAR 2004. Check the box above if you are requesting this waiver of CIPA requirements for Funding Year 2004 for the library(ies) under your administrative authority that has (have) applied for discounts for Funding Year 2004. By checking this box, you are certifying that the library(ies) represented in the Funding Request Number(s) on this FCC Form 479 will be brought into compliance with the CIPA requirements before the start of the Funding Year 2005.)

Remember: You are either 6a (compliant) or 6b (working toward compliance).

# Final Signature

- Use digital signature (if filling out online) or print, sign, and scan back in

<b>The certification language above is not intended to fully set forth or explain all the requirements of the statute.</b>	
7. Signature of authorized person	8. Date
<i>Tommy Tutone</i>	03/29/2021
9. Printed name of authorized person	Tommy Tutone
10. Title or position of authorized person	Technology Director
11. Telephone number of authorized person	555-867-5309