FCC Form 486
Receipt of Service Confirmation and Children's Internet Protection Act and Technology Plan Certification Form

Applicant's Form Identifier: FY486-14
FCC Form 486 Number: 1047910
Security Code: 35316

Please record your FCC Form 486 Number and Security Code. You will need this information if you wish to exit and then return later to this online FCC Form 486 application.
### Block 1: Billed Entity Information

1. **Name of Billed Entity**
   
   MORRISVILLE BORO SCHOOL DIST

2. **Billed Entity Number**
   
   126136

3. **Funding Year**
   
   July 1, 2014 through June 30, 2015

4. **Complete Mailing Address of Billed Entity**
   
   550 W PALMER ST

   
   City: MORRISVILLE
   
   State: PA
   
   Zip Code: 19067 - 2174

   
   Telephone Number: 215-736-2681
   
   Fax Number: 215-736-0695

5. **Contact Person Information**

   
   Contact Person Name: Mike Braun
   
   Street Address, P.O. Box or Route Number: 550 W PALMER ST

   
   City: MORRISVILLE
   
   State: PA
   
   Zip Code: 19067 - 2174

-----

Check the box next to the preferred mode of contact. (At least one box MUST be checked.)

- [ ] Telephone Number: 215-736-2681
  
  Extension

- [ ] Fax Number: 215-736-0695

- [X] Email Address: mbraun@mv.org
Block 2: Early Filing Information and CIPA Waiver Requests

6a. Early Filing

CHECK THE BOX BELOW IF THE FRNS ON THIS FCC FORM 486 ARE FOR SERVICES STARTING ON OR BEFORE JULY 31 OF THE FUNDING YEAR.

☐ The Funding Requests listed in Block 3 have been approved by USAC as shown in my Funding Commitment Decision Letter (FCDL). I have confirmed with the service provider(s) featured in those Funding Requests that these services will start on or before July 31 of the Funding Year.

Remember: Early filing using Item 6a is an option if and ONLY if services will start within the month of July of the relevant Funding Year, all relevant certifications in Block 4 can be accurately made, and the FCC Form 486 is postmarked on or before July 31 of the Funding Year.

6b. CIPA Waiver

CHECK THE BOX BELOW IF YOU ARE REQUESTING A WAIVER OF CIPA REQUIREMENTS FOR THE SECOND FUNDING YEAR IN WHICH YOU HAVE APPLIED FOR DISCOUNTS IF YOU ARE THE BILLED ENTITY ARE THE ADMINISTRATIVE AUTHORITY.

☐ 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 (I), 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 schools or libraries represented in the Funding Request Number(s) on this FCC Form 486 will be brought into compliance with the CIPA requirements before the start of the Third Funding Year in which they apply for discounts.

(For Libraries for Funding Year 2004: You may also request this waiver for FY2004 if you as the Billed Entity are the Administrative Authority for the library(ies) represented on this FCC Form 486. By checking this box, you are certifying that the libraries represented in the Funding Request Number(s) on this FCC Form 486 will be brought into compliance with the CIPA requirements before the start of Funding Year 2005.)
Block 3: Service Information

7. Please provide the following information for each FCC Form 471 Block 5 (Discount Funding Request) item for which the Billed Entity is indicating that the named service provider may begin submitting invoices to USAC. You will need your FCDL for some of the information required below.

Remember: The FRNs listed below must be from the same Funding Year as is listed in Block 1, Item 3.

If you need additional pages, please label them 3A, 3B, 3C, etc. and indicate the number in the space provided here:

<table>
<thead>
<tr>
<th>(A)</th>
<th>(B)</th>
<th>(C)</th>
<th>(D)</th>
<th>(E)</th>
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<tbody>
<tr>
<td>FCC Form 471 Application Number From FCDL</td>
<td>Funding Request Number (FRN) From FCDL</td>
<td>Service Provider Identification Number (SPIN) From FCDL</td>
<td>Service Provider Name From FCDL</td>
<td>Funding Year Service Start Date (Earliest Date that Discounted Services Will Begin)</td>
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<tr>
<td>958909</td>
<td>2604461</td>
<td>143006742</td>
<td>Sprint Spectrum, L.P.</td>
<td>7/1/2014</td>
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<tr>
<td>958909</td>
<td>2604516</td>
<td>143023377</td>
<td>Line Systems, Inc</td>
<td>7/1/2014</td>
</tr>
<tr>
<td>958909</td>
<td>2604485</td>
<td>143025240</td>
<td>AT&amp;T Mobility</td>
<td>7/1/2014</td>
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<td>Mike Braun</td>
<td>Phone Number</td>
<td>215-736-2681</td>
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</table>

### Block 4: Certifications and Signature

8. I certify that, if required by program rules, the entity(ies) receiving discounted services as indicated on this FCC Form 486 are covered by technology plan(s), that have been approved by a state or other authorized body (i.e., a USAC-certified technology plan approver) prior to the commencement of service and that cover all 12 months of the funding year. Provide the name(s) of the organization(s) that approved a technology plan for any eligible entity that is receiving services covered under this FCC Form 486 or, if EVERY FRN listed in this FCC Form 486 is for services that do not require a technology plan, enter “NONE” here.

![NONE](image)

9. I certify that the services listed on this FCC Form 486 have been, are planned to be, or are being provided to all or some of the eligible entities identified in the FCC Form 471 application(s) cited above. I certify that there are signed contracts covering all of the services listed on this FCC Form 486 except for those services provided under tariff or on a month-to-month basis. I certify that I am authorized to submit this receipt of service confirmation on behalf of the above-named Billed Entity; that I have examined this request; and that, to the best of my knowledge, information, and belief, all statements of fact contained herein are true.

10. 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 services receive an appropriate share of benefits from those services. I recognize that I may be audited pursuant to this application and will retain for five years (or whatever retention period is required by the rules in effect at the time of your certification) any and all records, including FCC Forms 479 where required, that I rely upon to complete this form and, if audited, will make available to the Administrator such records.

**NOTES FOR COMPLETING THE CERTIFICATIONS IN ITEM 11:** A Billed Entity who is the Administrative Authority must check Item 11a or 11b or 11c. Check only ONE item. If the Billed Entity is not the Administrative Authority, skip to Item 11d. A Billed Entity who represents one or more Administrative Authorities must check Item 11d or 11e. A Billed Entity who represents one or more Administrative Authorities in Funding Years after Funding Year 2001 and who checks Item 11d must check Item 11f or 11g. See the FCC Form 486 Instructions for Item 11, "Special Notes for Billed Entities Who Represent One or More Administrative Authorities."

**IF THIS FORM PERTAINS TO A FUNDING YEAR PRIOR TO FUNDING YEAR 2001 (THE FUNDING YEAR BEGINNING JULY 1, 2001), SKIP TO ITEM 12.**
11. FOR A BILLED ENTITY WHO IS THE ADMINISTRATIVE AUTHORITY:

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

a. ✓ the recipient(s) of service represented in the Funding Request Number(s) on this FCC Form 486 has (have) complied with the requirements of the Children's Internet Protection Act, as codified at 47 U.S.C. § 254(h) and (l).

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 represented in the Funding Request Number(s) on this FCC Form 486:

(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 represented in the Funding Request Number(s) on this FCC Form 486 is (are) receiving discount services only for telecommunications services.

FOR A BILLED ENTITY WHO REPRESENTS ONE OR MORE ADMINISTRATIVE AUTHORITIES:

d. ☐ I certify as the Billed Entity for the consortium that I have collected duly completed and signed FCC Forms 479 from all eligible members of the consortium.

e. ☐ I certify as the Billed Entity for the consortium that the only services that have been approved for discounts under the universal service support mechanism on behalf of eligible members of the consortium are telecommunications services, and therefore the requirements of the Children's Internet Protection Act, as codified at 47 U.S.C. § 254(h) and (l), do not apply.

For Funding Years after Funding Year 2001: If you checked Item 11d above, check ONE of the boxes below:

f. ☐ I certify that some or all of the eligible consortium members checked FCC Form 479 Item 6d to seek a CIPA Waiver, and upon request from the Administrator I can provide this information; OR

g. ☐ I certify that no eligible consortium members checked FCC Form 479 Item 6d to seek a CIPA Waiver.

The certification language above is not intended to fully set forth or explain all the requirements of the statute.
Entity Number 126136  
Contact Person Mike Braun  
Applicant's Form Identifier FY486-14  
Phone Number 215-736-2681

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.

12. Signature of authorized person


13. Date

14. Printed name of authorized person
   Mike Braun

15. Title or position of authorized person
   Business Administrator

16a. Street Address, P.O. Box, or Route Number
   550 West Palmer Street

   City
   Morrisville
   State PA  Zip Code 19067 -

16b. Telephone number of authorized person  Extension
   215-736-5927

16d. Email address of authorized person
   mbraun@mv.org

16e. Name of authorized person's employer
   Morrisville Boro School Dist
<table>
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**FCC NOTICE FOR INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT**

Part 54 of the Commission's Rules authorizes the FCC to collect the information on this form. Failure to provide all requested information will delay the processing of the application or result in the application being returned without action. Information requested by this form will be available for public inspection. Your response is required to obtain the requested authorization.

The public reporting for this collection of information is estimated to range from 1 to 1.5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the required data, and completing and reviewing the collection of information. If you have any comments on this burden estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, AMD-PERM, Paperwork Reduction Act Project (3060-0853), Washington, DC 20554. We will also accept your comments regarding the Paperwork Reduction Act aspects of this collection via the Internet if you send them to PRA@fcc.gov. PLEASE DO NOT SEND YOUR RESPONSE TO THIS FORM TO THIS ADDRESS.

Remember - You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0853.


Please submit this form to:

SLD Form 486  
PO Box 7026  
Lawrence, KS 66044-7026

For express delivery services or U.S. Postal Service, Return Receipt Requested, send this form to:

SLD Forms  
ATTN: SLD Form 486  
3833 Greenway Dr  
Lawrence, KS 66046  
888-203-8100

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FCC Form 486  
December 2013
FCC Form 486
Receipt of Service Confirmation and Children's Internet Protection Act and Technology Plan Certification Form

Billed Entity Number: 126136  Contact Person: Mike Braun
Applicant's Form Identifier: FY486-14  Phone Number: (215) 736-2681

FCC Form 486 Certification Instructions

You have submitted your information on your FCC Form 486 and are now ready to certify your form.

E-Certification Terms and Conditions

- If you have a PIN, you can certify your form online now by clicking on the 'Certify Online Now' button below.
- If you do not have a PIN, or you need to certify on paper, click on the 'Certify on Paper' button below. Your browser will open a copy of your FCC Form 486 certification page for you to print out, sign and submit to USAC.
- You may choose 'Certify Online Later.' To return to your FCC Form 486, go to 'Apply Online' and choose 'Certify Complete' under FCC Form 486 and enter your FCC Form 486 number and security code.

Remember that your electronic signature is equivalent to your handwritten signature.

Certify Online Now  Certify on Paper  Certify Online Later
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I certify that I am authorized to submit this receipt of service confirmation on behalf of the above-named Billed Entity, that I have examined this request, and that, to the best of my knowledge, information, and belief, all statements of fact contained herein are true.

12. Signature of authorized person

[Signature]

13. Date

10/16/2014 2:43:07 PM

14. Printed name of authorized person

Mike Braun

15. Title or position of authorized person

Business Administrator

16a. Street Address, P.O. Box, or Route Number

500 West Palmer Street

16b. City

Morrisville

16c. State

PA

16d. Zip Code

19067

16e. Telephone number of authorized person

215-736-5032

16f. Extension

16g. Fax number of authorized person

215-736-5695

16h. Email address of authorized person

mabraun@mv.org

16i. Name of authorized person's employer

Morrisville Boro School Dist

Please submit this form to:

SLD Form 486
PO Box 7026
Lawrence, KS 66044-7026

For express delivery services or U.S. Postal Service, Return Receipt Requested, send this form to:

SLD Form 486
ATTN: SLD Form 486
3833 Greenway Dr
Lawrence, KS 66046
888-203-8100