Dear Ms. Dortch,

On behalf of the Patton Public Library, I am writing to respectfully request the FCC to grant a waiver of the Funding Year 2014 Form 472 BEAR filing deadline so that we will not lose these vital funds.

We just learned after the fact that the deadline to file the BEAR was on October 28, 2015, and that we missed it. We understand that we must explain the extraordinary circumstances that we experienced in the hope that the FCC will find granting the waiver will be in the public interest.

I filled the Bear form out on October 13th, checked it, printed it and placed it in a folder. I was certain I certified and submitted it, but I was getting ready to take time off to stay with my 88 year old mother (her regular care giver was
sick) so I was rushing to get it finished. Being a one person library, I was jumping up to wait on patrons and apparently I did not check to make sure it went through. With the State budget not passed yet I don’t even have my Senior helper to help out. Not being able to be reimbursed for this e-rate would cause a real hardship on us. If the budget isn’t passed soon, we will be forced to take out a loan to pay the bills. I am hoping that you look favorably on our request and give us the waiver.

The deadline oversight is purely unintentional.

The reimbursements will total $648.00 for the District’s telephone services. This may not be a large sum of money to some institutions, but it is extremely important in our District.

Thank you for your consideration of our request.

Respectfully submitted,

Monica Burkhart
Library Director
**Edit BEAR Invoice**

**Block 1: Header Information**

<table>
<thead>
<tr>
<th>1. Billed Entity Name</th>
<th>2. Billed Entity Number</th>
<th>3. Service Provider Identification Number (SPIN)</th>
<th>Service Provider Name</th>
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<tr>
<th>4. Contact Name</th>
<th>5. Contact Telephone Phone</th>
<th>6. Contact Fax</th>
<th>7. Contact Email</th>
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</thead>
<tbody>
<tr>
<td>MONICA BURKHART</td>
<td>(814) 674 - 8231 ext</td>
<td>(814) 674 - 6188</td>
<td><a href="mailto:patton@ccisys.org">patton@ccisys.org</a></td>
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**Block 2: Line Item Information Per Funding Request Number**

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</table>
Block 3: Billed Entity Certification

I declare under penalty of perjury that the foregoing is true and correct and that I am authorized to submit this Billed Entity Applicant Reimbursement Form on behalf of the eligible schools, libraries, or consortia of those entities represented on this Form; and I certify to the best of my knowledge, information and belief, as follows:

✓ A. The discount amounts listed in Column (14) of this Billed Entity Applicant Reimbursement 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 service start date reported on the associated Form 486.
✓ B. The discount amounts listed in Column (14) of this Billed Entity Applicant Reimbursement Form were already billed by the service provider and paid by the Billed Entity Applicant on behalf of eligible schools, libraries, and consortia of those entities.
✓ C. The discount amounts listed in Column (14) of this Billed Entity Applicant Reimbursement Form are for eligible services approved by the fund administrator pursuant to a Form 471 Funding Commitment Decision Letter.
✓ D. I recognize that I may be audited pursuant to this application and will retain for at least five years (or whatever retention period is required by the rules in effect at the time of this certification), after the last day of service delivered in this funding year any and all records that I rely upon to fill in this form.
✓ E. I certify that, in addition to the foregoing, this Billed Entity Applicant is in compliance with the rules and orders governing the schools and libraries universal service support 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 discount funding and/or cancellation of funding commitments. I acknowledge that failure to comply with the rules and orders governing the schools and libraries universal service support program could result in civil or criminal prosecution by law enforcement authorities.

Contact Information for Billed Entity Authorized Person:

15. Signature ✓

By logging into your account using your PIN, checking this box, and clicking the "certify" button at the end of the form, you have electronically signed the form. You are reminded that an electronic signature is the same as a handwritten signature on the form. To see a copy of the Terms and Conditions to which you previously agreed, please click on the "Terms and Conditions" menu above.

16. Date 10/13/2015

17. Name MONICA BURKHART
18. Title/Position LIBRARY DIRECTOR
20. Address 1 444 MAGEE AVENUE
   Address 2
   City PATTON
   State PA
   Zip Code 16668 - 1209

19. Phone Number (814) 674 - 8231 ext.
19a. Fax Number (814) 674 - 6188 ext.
19b. Email patton@cclsys.org
19c. Name of Authorized Person's Employer Patton Public Library

27. Applicant Remittance Information

Name Monica Burkhart
Title/Position Library Director
Phone Number (814) 674 - 8231 ext.
Address 1 444 Magee Avenue
Address 2
City Patton
State PA
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.

OMB Number 3050 - 0856 Form 472