

SELECTIVE REVIEW INFORMATION REQUEST (SRIR) FUNDING YEAR 20XX			
CASE # SR-20XX-BEN#			
To:		From:	
Your Phone Number:		My Phone Number:	
Your Fax Number:		My Fax Number:	(973) 599-6515
Entity Name:		My E-Mail Address:	@sl.universalservice.org
Today's Date:		Total Pages:	8
PLEASE RESPOND BY:			
Form 471 Application Number(s):			
PLEASE CALL TO CONFIRM THAT THIS DOCUMENT HAS BEEN RECEIVED IN ITS ENTIRETY.			

It is important that we receive all of the information requested within **30** calendar days from the date of this document so that USAC may complete the review of your funding request(s). USAC urges you to carefully review your response before returning it to ensure that you have provided complete responses to all questions. Finally, note that USAC is unable to grant multiple or lengthy extensions to respond to this request for information.

**(Part I) Competitive bidding and vendor selection processes, and
(Part II) Information to support the certifications you made on FCC Form 471**

Who can respond to this request for information?

This document requests information that must be provided by the applicant or by the applicant's authorized representative.

How to respond

Please send your responses to the questions outlined on the following pages to:

Via Fax:	Via Expedited Mail:	Via email:
Reviewer name PIA Selective Review (973) 599-6515 (fax)	Reviewer name SLD 30 Lanidex Plaza West PO Box 685 Parsippany, NJ 07054-0685	Name@sl.universalservice.org

Thank you for your assistance as we work to assure the integrity of the Schools and Libraries Universal Service Support Mechanism. It is important that we receive all of the information requested within 30 calendar days. *A checklist of the items requested in this document is included on page 2.* If you have any questions regarding this or these worksheets, please contact the reviewer at the phone number or email address listed above.

Selective Review Information Request Checklist

Please complete and return with your responses.

On the first page of each document you provide write the corresponding FRN.

Item #	Items to be returned to the E-Rate Reviewer	Document(s) Title & Corresponding FRN	Status								
1	Item 25 Worksheet Summary (page 3)		<input type="checkbox"/> Enclosed								
2	Signed & dated contracts and/or other agreements with service providers related to the Form(s) 471		<input type="checkbox"/> Enclosed <input type="checkbox"/> N/A								
3	Request For Proposal (RFP) Please specify: Release date: mo. ___/day ___/year ___ Due date: mo. ___/day ___/year ___		<input type="checkbox"/> Enclosed <input type="checkbox"/> N/A								
4	All bid responses received for all Priority I & Priority II funding requests. If no bids were received for any FRN, please indicate so in writing. It may be helpful to include a chart as indicated below: <table border="1" style="margin: 5px auto; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">App #</th> <th style="width: 15%;">FRN #</th> <th style="width: 15%;">#of bids received</th> <th style="width: 15%;">Vendor selected</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	App #	FRN #	#of bids received	Vendor selected						<input type="checkbox"/> Enclosed <input type="checkbox"/> N/A
App #	FRN #	#of bids received	Vendor selected								
5	Vendor selection process description (created during the bidding process)		<input type="checkbox"/> Enclosed <input type="checkbox"/> N/A								
6	Was a consultant used relating to the planning, implementation and support of your E-Rate funding requests? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide a signed and dated Consultant Agreement(s) or Letter of Agency.		<input type="checkbox"/> Enclosed <input type="checkbox"/> N/A								
7	Correspondence between the consultant/service provider and the school/library regarding the competitive bidding process and the application process		<input type="checkbox"/> Enclosed <input type="checkbox"/> N/A								
8	Organizational Structure, such as organizational flow chart, reporting structure, etc.		<input type="checkbox"/> Enclosed <input type="checkbox"/> N/A								
9	Resource Plan and E-Rate Implementation Description (page 7)		<input type="checkbox"/> Enclosed								
10	Technology Plan Support Request for FY 20XX (page 7) Indicate Technology Plan creation date: mo. ___/day ___/year ___ Indicate time period your technology plan covers: mo. ___/day ___/year ___ through mo. ___/day ___/year ___		<input type="checkbox"/> Enclosed <input type="checkbox"/> N/A								
11	Budget Information (page 7) (Approved operating budget or alternative budget documentation for FY 20XX) Please check which you have provided: <input type="checkbox"/> Final and Approved budget for 20XX-20XX <input type="checkbox"/> Letter and Budget Alternatives		<input type="checkbox"/> Enclosed <input type="checkbox"/> Final and Approved budget for 20XX-20XX <input type="checkbox"/> Letter and Budget Alternatives								
12	Selective Review Certification (page 8) (Include signature, title and date.)		<input type="checkbox"/> Enclosed								

Item 25 WORKSHEET SUMMARY:

Complete and return to Schools and Libraries Division (see pages 5-7 for instructions)

Item 25 Worksheet Summary	Funding Year 20XX (07/01/XX–06/30/XX)	Funding Year 20XX (07/01/XX–06/30/XX)
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Section I: Connectivity (see page 5)

I-A. Commitment Amount Requested

• Telecom	1	\$
• Internet Access	2	\$
• Basic Maintenance of Internal Connections	3	\$
• Internal Connections	4	\$

TOTAL

I-B. Form 471 Applicant's Share

• Telecom	5	\$
• Internet Access	6	\$
• Basic Maintenance of Internal Connections	7	\$
• Internal Connections	8	\$

TOTAL

I-C. Amounts not covered by E-Rate

• Telecom	9	\$
• Internet Access	10	\$
• Basic Maintenance of Internal Connections	11	\$
• Internal Connections	12	\$

Section II: Hardware (see pages 5-6)

	Funding Year 20XX	Funding Year 20XX
II-A. Number of Computers Connected	13a. #	13b. #
II-B. Number of Servers Connected	14a. #	14b. #
II-C. Number of Data/Voice Drops Installed	15a. #	15b. #
II-D. Applicant Expenditure	16a. \$	16b. \$
II-E. Contribution / In-Kind Donations	17a. \$	17b. \$

Section III: Professional Development (see page 6)

III-A. Staff Training Hours (since 20XX) (Total Equals 100%):

0-4 Hrs. ____% 5-14 Hrs. ____% 15-24 Hrs. ____% 25-49 Hrs. ____% 50+ Hrs. ____%

III-B. Applicant Expenditure	20a. \$	20b. \$
III-C. Contribution / In-Kind Donations	21a. \$	21b. \$

Section IV: Software (see page 6)

IV-A. Applicant Expenditure	23a. \$	23b. \$
IV-B. Contribution / In-Kind Donations	24a. \$	24b. \$

Section V: Retrofitting (see page 6)

V-A. Applicant Expenditure	26a. \$	26b. \$
V-B. Contribution / In-Kind Donations	27a. \$	27b. \$

Section VI: Maintenance (see page 6)

VI-A. Applicant Expenditure	29a. \$	29b. \$
VI-B. Contribution / In-Kind Donations	30a. \$	30b. \$

Section VII: Technology Implementation Level (Enter Number of schools/libraries at each level from worksheet)

Level 1 current:	Level 2 current:	Level 3 current:	Level 4 current:
Level 1 by 6/30/XX:	Level 2 by 6/30/XX:	Level 3 by 6/30/XX:	Level 4 by 6/30/XX:

For Consortium applicants choosing to provide a response on a disaggregated basis:

Block 4 Entity Name: _____ Entity Number: _____

Item 25 Worksheet Summary page: _____ of _____

Selective Review Overview

We are requesting and will be examining information for ALL Form(s) 471 listed on the cover page of this document that were filed by the billed entity for the 20XX-20XX funding year (Funding Year 20XX). Please notify us if you have any additional Form(s) 471 for your Billed Entity number that we have not listed. Also, please include any applications that may have been filed under a different entity number, if that entity belongs to the Billed Entity (e.g. elementary schools within a School District that file their own applications in addition to the applications filed on their behalf by the School District or a Consortium. This review will include all of those applications as well).

It is important that you identify these additional applications at this time. Failure to do so may delay or jeopardize funding commitments and/or post-commitment disbursements. In addition, it may also result in future adjustments to any funding commitments that you may receive from us, or other action. We will continue the PIA review of applications for the Billed Entity, but be advised that no new funding commitments or payments for existing funding commitments for 20XX-20XX funding year applications for this Billed Entity will be processed until this review is complete.

This document is a quick tool to guide you with your Selective Review responses. **For complete instructions and further information regarding the Selective Review process, USAC recommends you refer to**

<http://www.usac.org/sl/applicants/step08/undergo-selective-review>.

Special note to Consortium applicants: You have an option to provide us with the information requested below for the overall Consortium, or on a disaggregated basis with information pertaining to each individual entity listed on the Form(s) 471 Block 4 Worksheet C.

Please contact the Selective Review team if you need further assistance in responding to this request on a disaggregated basis or you may refer to <http://www.usac.org/sl/applicants/step08/undergo-selective-review> for additional information.

Part I: Information Regarding your Competitive Bidding and Vendor Selection Process

For each of the following items we have outlined the requested documentation you will need to supply. **Please provide the information by funding request number (FRN) unless otherwise indicated.** In the event that a document (e.g. contract, RFP, bid response, etc.) applies to multiple FRNs, simply indicate on the first page of the document which FRN(s) is supported by the document. If for any reason you do not have any of the documentation requested below, you **MUST provide a complete explanation for why it is missing.**

Note: For FRN's that reference a prior year Form 470, please provide the competitive bidding and vendor selection documentation for the year that established bidding for those FRN's as well.

1) CONTRACTS AND/OR OTHER AGREEMENTS

Signed and dated copies of any and all agreements related to each of the Form 471 funding request(s), including any and all contracts, agreements, Statements of Work, etc. (**NOTE: COPIES OF STATE MASTER CONTRACTS ARE NOT REQUIRED IF YOU HAVE ALREADY SENT A COPY OF YOUR STATE MASTER CONTRACT. TELL YOUR REVIEWER THE TYPE OF DOCUMENT PROVIDED AND FORM 471 NUMBER, OR IF YOUR STATE MASTER CONTRACT IS LOCATED ON A WEBSITE, PLEASE PROVIDE US WITH THE WEBSITE URL.**)

Note: If you are using a SMC (State Master Contract), please provide the contract number so that we can verify contract award dates and expiration dates. If you have a web link or supporting documentation to the SMC, please include that in your response.

2) REQUESTS FOR PROPOSAL (RFP)

Copies of any and all requests for proposals (RFPs), invitations to bid, requests for bids, or other documentation of bid requests for services and/or products requested, or other solicitations in any way associated with the applicant's funding request(s) and/or the selection of the service provider(s) that appear(s) on the applicant's funding request(s). Be sure to include any and all amendments made to the original RFP. All RFPs should indicate when they were first made available to service providers, i.e. release and posting date as well as the due date for which bids must be submitted. If you issued any addendums to the RFP, please provide a copy of that addendum.

3) BID RESPONSES

Indicate the number of bids/proposals received for all funding requests and provide complete copies of any and all proposals, bid responses, etc., received in response to the Form 470, and/or any RFP, or other solicitation in any way associated with the applicant's funding request and/or with the selection of the service provider that appears on the applicant's funding requests. This information should be provided for all funding requests including tariff, month-to-month and contracted services.

4) VENDOR SELECTION PROCESS

Please provide your bid evaluation matrix that was used to select your vendor. Include all bids that you received and any other bid documentation such as attendance sheets, correspondences to and from the bidding vendor and a description of your bid evaluation process. This information should be provided for all funding requests including tariff, month-to-month and contracted services. For additional information regarding this section, please visit <http://www.universalservice.org/sl/applicants/step04/construct-evaluation.aspx>

5) CONSULTING AGREEMENTS

Please indicate if a consultant was used for the planning, implementation, and support of your E-Rate funding request(s) and provide a signed and dated copy of any consulting agreement(s) or Letters of Agency. If a consultant was not used, please indicate as such.

6) CORRESPONDENCE

Provide a copy of all correspondence between your entity and any service providers or consultants regarding the competitive bidding process and the application process.

7) ORGANIZATIONAL STRUCTURE

If your organization functions in multiple capacities, such as consultant, service provider and/or applicant, provide a copy of your organizational flow charts or budget clearly identifying your business functionality and reporting structure in the organization.

If there is any other documentation that would be helpful to us in our review to ensure that you complied with the Commission's rules requiring a fair and open competitive bidding process, please provide that as well.

Part II: Information Regarding Your Item 25 Certification

To ensure that E-Rate funds are allocated appropriately, and in accordance with FCC Orders, each applicant is required to certify in Item 25 of the Form(s) 471 that: *"The school(s) or library(ies) I represent have secured access to all the resources, including computers, training, software, maintenance, and electrical connections necessary to make effective use of the services purchased as well as to pay the discounted charges for eligible services."*

1) Item 25 Worksheet Summary Instructions: (for complete instructions, please go to:

<http://www.usac.org/sl/applicants/step08/undergo-selective-review>)

This part of the review is based on your ability to pay the non-discounted portion of the funding that you requested on your Form(s) 471. **Remember that the funds for your share of the E-Rate cannot come directly or indirectly from your service provider.**

Section I: Connectivity I-A, I-B, I-C.

We combined the commitment amounts that you requested on your Form(s) 471, Block 5, Item 23k by service category (e.g. telecommunications, internet access, internal connections, basic maintenance). We placed those sums next to the respective service category(ies). Please verify that these are the correct sums of the funding request amounts.

If you have determined a discrepancy due to:

- Funding Year 20XX Form(s) 471 contains duplication to account for Funding Year 20XX funding uncertainties; and/or
- You have identified additional Form(s) 471 not listed on the cover page of this document:

- (1) Make necessary adjustments to Subsections I-A and I-B to accurately reflect all Form(s) 471 filed by your billed entity,
- (2) Initial it, and (3) In a separate attachment, explain the adjustment when you return the worksheet.

Sections II through VI:

Hardware, Professional Development, Software, Retrofitting and Maintenance

You will be asked for investment amounts in these areas for the prior Funding Year 20XX (July 1, 20XX through June 30, 20XX) and also for the investment that coincides with Funding Year 20XX (July 1, 20XX through June 30, 20XX). It is not initially necessary to document your estimates. However, in the event of a future audit, or depending on the results of our analysis, you may be asked to provide additional documentation to clarify or substantiate your estimates.

Section II: Hardware

	As of Today		As of June 30, 20XX
Section II-A, 13a	Number of computers connected to the Internet	Section II-A, 13b	Number of computers to be connected to the Internet
Section II-B, 14a	Enter the number of servers connected to your network	Section II-B, 14b	Enter the number of servers scheduled to be connected to your network
Section II-C, 15a	Enter the number of data and/or voice drops that are currently installed	Section II-C, 15b	Enter the number of data and/or voice drops that are scheduled to be installed
	Funding Year 20XX		Funding Year 20XX
Section II-D, 16a	Estimate your total expenditures for hardware	Section II-D, 16b	Estimate your total expenditures for hardware
Section II-E, 17a	The value of in-kind hardware donations received	Section II-E, 17a	The value of in-kind hardware donations received

Section III: Professional Development

Professional Development, which is not eligible for E-Rate discounts, is necessary to ensure that you are prepared to make effective use of purchased services. Professional development should provide for ongoing and sustained training for not just the technical staff, but teachers or librarians as well.

Sections IV - VI: Software, Retrofitting, and Maintenance

- **Applicant Expenditure Lines:** Enter your estimate of the value of your E-Rate non-eligible expenditure for software, retrofitting, maintenance for Funding Year 20XX (“a” column) and anticipated expenditures in Funding Year 20XX (“b” column).
- **Contribution/In-Kind Lines:** Enter your estimate of the value of any in-kind contributions/donation or pro-bono work for software, retrofitting, maintenance for Funding Year 20XX (“a” column) and anticipated contributions/donations Funding Year 20XX (“b” column).
- If you indicate zero dollars spent in any of the Software, Retrofitting or Maintenance categories, please provide a brief explanation in Resource Plan and E-Rate Implementation Description regarding why you entered this amount.

Section VII: Technology Implementation Level Worksheet

- In column (A), list the number of schools or libraries that currently fall into the technology levels described below.
- In column (B), indicate where you anticipate your schools/libraries to be, as a result of the technology requests you made on your Funding Year 20XX Form(s) 471.

If you are responding on behalf of a consortium, a school district or a library system that has schools or libraries (outlets/branches) at different levels, please list the number of sites that are at each level.

(A)		(B)
Please list the <i>number</i> of schools and libraries that <i>will</i> be at each level <i>after</i> the requested service are installed. Each school should be listed once (i.e. if ABC School will be in Level 4, no need to list it in Level 1).		After 20XX-20XX E-Rate products/services are installed number of Schools/Libraries
Level 1	Phone Service, and Single Point Internet Access	Enter the above number in “Level 1 by 6/30/XX:” on the Item 25 Worksheet.

Level 2	Phone Service and multiple computers connected directly to the Internet in a networked lab or single location in a single library.	Enter the above number in "Level 2 by 6/30/XX:" on the Item 25 Worksheet.
Level 3	Phone Service and direct Internet connection on building LAN with some classrooms networked or distributed centers in a library.	Enter the above number in "Level 3 by 6/30/XX:" on the Item 25 Worksheet.
Level 4	Phone Service, and direct Internet connection on building LAN with access from all classrooms or library centers.	Enter the above number in "Level 4 by 6/30/XX:" on the Item 25 Worksheet.

Resource Plan and E-Rate Implementation Description: (Submit a Narrative)

Describe your overall strategy for implementing your E-Rate requests this year, including any significant investment in technology prior to Funding Year 20XX. Please note if you have applied for matching funds or grants from other sources that have not been approved. Include all information about resources that you have available to make effective use of E-Rate funding. Give us an overall picture of what you are trying to accomplish so that we can better understand how the requested services will work in conjunction with the resources you have identified throughout this document.

If you have indicated zero dollars in Sections IV - VI: Software, Retrofitting, and Maintenance on the Item 25 worksheet, please explain or provide details as to why no investments are being made in those categories; i.e. explain what retrofitting work has already occurred, what software you have on hand, if any maintenance contracts are still in place.

TECHNOLOGY PLAN

- Effective FY 2011, a technology plan is not required for Priority one services, telecommunication and Internet access. You may skip the technology plan section if you are ONLY requesting Priority one services.
- Provide a copy of the written technology plan that covers Funding Year 20XX (July 1, 20XX through June 30, 20XX) that supports and validates the Priority two services requested on your application(s) for Funding Year 20XX, and that was in place at the time you filed your Form(s) 470 for FY 20XX.
- Please indicate who created the technology plan and/or assisted you with its development (e.g. the School District, a consultant, an ESA, etc.) the time period the technology plan covers and who approved or will approve the plan.

Your technology plan helps us better understand the resources that are available to support the funding requests that you have submitted on your Form(s) 471.

OPERATING BUDGET

Final Approved Operating Budget:

Provide an approved 20XX-20XX operating or facilities budget, including **TOTAL REVENUES AND EXPENSES** (covering Funding Year 20XX: July 1, 20XX – June 30, 20XX) that documents your expenditures and ability to pay your share of the purchased products/services. **YOU MUST INDICATE THE EXPENSE LINE(S) FROM WHICH YOUR E-RATE SHARE WILL BE PAID.** If you provide a final approved budget, we may verify that budget with independent sources. Please indicate on the budget whether or not it is final and approved.

Alternatives to a Final Approved Operating Budget:

If a final approved budget is not available or is still in the approval process, we will accept certain alternative documentation, please go to: <http://www.usac.org/sl/applicants/step08/undergo-selective-review> for further details.

Selective Review Information Request Completion Certification

Complete and return the enclosed Certification to the Schools and Libraries Division (SLD). If the applicant's authorized representative completed the information in this document, please *attach a copy of the letter of agency or other agreement* between the applicant and consultant authorizing them to act on the school or library's behalf. For the purposes of this form, in the Employer's Name field, a consultant should enter the name of his or her consulting firm. Please note that if an authorized representative signs this form, an authorized school or library official is also required to sign in the space provided below.

Note: If a consultant was used, a school official MUST sign below.

SECTION 1: AUTHORIZED REPRESENTATIVE INFORMATION		
Name of Authorized Representative	Title	
Email Address	Telephone Office:	Fax :
Authorized Representative's Employer's Name		
Employer's Street Address	State	Zip Code
SECTION 2: APPLICANT INFORMATION		
Billed Entity Name	Billed Entity Number	
Funding Year 20XX Forms 471 Application Numbers:		
SECTION 3: CERTIFICATION STATEMENTS		
<ul style="list-style-type: none"> ▫ I certify that I prepared the responses in this document on behalf of the above named entity. ▫ I certify that despite any budget deficits, fund-raising effort shortfalls, or other uncertainties we expect to be able to finance this budget. 		
Authorized Representative's Signature	Date	
Authorized School or Library Official's Signature and Title	Date	
Print Name of Authorized School or Library Official Named Above		

The FCC's Fifth Report and Order (FCC 04-190) released on August 13, 2004, sets out document retention requirements for program participants. Failure to comply with these requirements will put your funding at risk.