## FY2023 FCC Form 486

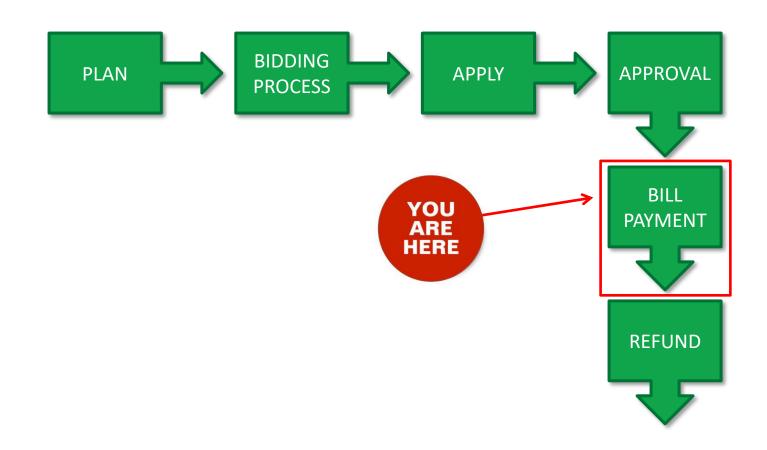


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# Where does the Form 486 fall in the E-Rate process?







## The Basics



## What is the FCC Form 486?

An indication that services for a particular Funding Request Number (FRN) have started

- Notifies USAC that services have started and that invoices for the E-Rate discount portion of those services can be processed and paid
- Reports the status of the applicant's compliance with the Children's Internet Protection Act (CIPA)



## When can I file a Form 486?

- The Form 486 cannot be filed until a Funding Commitment Decision Letter (FCDL) has been received.
- Additionally, applicants should wait until the delivery of approved services has started as that is one of the things that is certified when completing the form.
- However, the Form 486 must be certified no later than 120 days after the service start date *or* 120 days after the date of the FCDL, whichever is later.

*Words of Caution:* Filing late can result in a reduction in funding. The later the filing date, the greater the reduction.



## Where do I file a Form 486?

You must file the Form 486 by accessing the account in the EPC Portal for the Billed Entity that received the funding commitment.

This is usually the school district, unless an entity is considered to be an independent school.



## How many separate forms do I file?

### Your choice!

Each FRN from your Form 471(s) is treated separately and you will need to indicate the start of services for each one.

• You may file a separate Form 486 for each FRN as you receive funding commitments

OR

• You may include several funded FRNs on a single Form 486

*Words of Caution:* Be aware that the Form 486 for each FRN has a distinct deadline! Don't miss a deadline while waiting for all of your funding commitments to come in.



## Creating the Form 486



## 1 Navigate to https://forms.universalservice.org/portal

#### 2 Log into One Portal with your username (your full email address) and One Portal password

| Username  |
|---|
|   |
| Password  |
|   |
| Forgot password?<br>You are accessing a portal to Universal Service Administrative Company<br>(USAC) systems used to administer participation in the federal Universal<br>Service programs in compliance with 47 C.F.R. Part 54. Access to the system:<br>is provided solely to USAC-authorized users for USAC-authorized business  |
| purposes. By logging in, you represent that you are an authorized user. Use<br>of this system indicates acceptance of the terms and conditions governing<br>the USAC systems. USAC monitors user access and content for compliance<br>with applicable laws and policies. Use of the system may be recorded, read,<br>searched, copied and/or captured and is also subject to audit. Unauthorized<br>use or misuse of this system is strictly prohibited and subject to disciplinary<br>and/or legal action. |
| Click the box to accept   |
|   |



(3) Complete the steps as prompted to obtain and enter a one-time verification code

(4) Once you have successfully logged into One Portal, access EPC either through the

pop-up (click on the "Continue" button) or

B the dashboard (click on the block for EPC)

**NOTE:** which one you see is dependent on whether you only have access to EPC with your email address or if that email address also has been given BEAR access

Make Your Selection

| TE: which one you see is  | Universal Service<br>Administrative Co. |   | Sign Out   |
|---|---|---|--|
| pendent on whether you only<br>ve access to EPC with your email   | Dashboard                               |   | anne.perloff@maine.edu ∨                                   |
| dress or if that email address<br>o has been given BEAR access  | 💾 Upcoming Dat                          |   | ∧ Help?  |
|   | No upcoming dates four                  | E-rate Productivity Center (EPC) - E-rate Program   | Send us a message<br>Click here                            |
| lake Your Selection   |   | participants use the E-rate Productivity Center to manag<br>program processes, receive notifications and to contact<br>customer service.  | e<br>Call us<br>(888) 641-8722                             |
| lake four Selection   |   | FCC Form 472 (BEAR) - Applicants file an FCC Form 472<br>(Billed Entity Applicant Reimbursement (BEAR) Form) to<br>request reimbursement from USAC for the discount<br>amount of the eligible products or services that the | В  |
| <ul> <li>Select Continue to go to your program's system.</li> </ul>   |   | applicant has received and paid for in full.  |  |
| <ul> <li>Select Manage My Authentication Settings to update eit<br/>your email address or phone number to access your according to access your access.</li> </ul> |   |   |  |
|   |   | ©2020 Univ  | ersal Service Administrative Company. All rights reserved. |
| Manage My Authentication Settings   |   |   |  |
|   |   | Α   |  |

#### Your EPC Landing Page will display

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|   | nt Landi<br>versal Ser<br>ninistrative | vice        | ge       |                           | Funding Request Report   FCC Form 470   FCC Form 471   FCC Form 486   Appeal  <br>IDD Extension   FCC Form 500   SPIN Change   Service Substitution   Manage User<br>Manage Organizations   USAC Website   Contact Us   Help |  |   |          |         |        |
|---|--|-------------|----------|---------------------------|--|--|---|----------|---------|--------|
| Welcome, School Distric                       | t 6!                                   |             |          |                           |  |  |   |          |         |        |
| Pending Inqui                                 | ries                                   |             |          |                           |  |  |   |          |         |        |
| Туре  | Type Select a Type 👻                   |             |          |                           | Applic   | ation/Request  | Enter an Application/Request ID or Nickname |          |         |        |
| Funding Year       Select a Funding Year      |  |             |          |                           |  |  |   |          |         |        |
| Pending COMAD Inquiries Application/Request I |  | Туре        | Nickname | Inquiry Name<br>No item   | <b>O</b><br>s available  | utreach Type   | Date Sent                                   | Due Date | 1 Extn. | Status |
| Notifications                                 |  |             |          |                           |  |  |   |          |         |        |
| Notification Type                             | Please select a va                     | alue        |          | •                         |  | Status 😯   | -   |          |         |        |
| Funding Year                                  | Select a Fundin                        | ng Year     |          | •                         |  | <ul> <li>Generated</li> <li>Not Generated</li> </ul> |   |          |         |        |
| Notification Description Issued Date          |  | Issued Date |          | Generated By Generated On |  |  |   |          |         |        |
|   |  |             |          | No item                   | s available  |  |   |          |         |        |

#### (5) Select the "FCC FORM 486" link on your landing page to begin a new FCC Form 486

| Uni  | nt Landiı<br>versal Serv<br>ninistrative | vice     |        |                         | Funding Request Rep<br>IDD Extension   FCC  <br>Manage Organization | orm 500   SPIN Ch   | ange   Service Sub | stitution   N |        |
|--|--|----------|--------|-------------------------|---|---|--------------------|---------------|--------|
| Welcome, School Distric                          | t 6!                                     |          |        |                         |   |   |                    |               |        |
| Pending Inqui                                    | ries                                     |          |        |                         |   |   |                    |               |        |
| Туре   | Select a Type                            |          | •      |                         | Application/Request   | Enter an Application/Request ID or Nickname                       |                    |               |        |
| Funding Year                                     | Select a Funding                         | ; Year   |        | •                       |   |   |                    |               |        |
| Pending COMAD Inquiries<br>Application/Request I |  | Type Nic | ckname | Inquiry Name<br>No item | Outreach Type   | Date Sent   | Due Date           | t Extn.       | Status |
|  |  |          |        |                         |   |   |                    |               |        |
| Notifications                                    |  |          |        |                         |   |   |                    |               |        |
| Notifications                                    | Please select a val                      | lue      |        | •                       | Status 🔞  | _   |                    |               |        |
|  | Please select a val<br>Select a Funding  |          |        | •                       | Status 😮  | <ul> <li>All</li> <li>Generated</li> <li>Not Generated</li> </ul> | I                  |               |        |
| Notification Type                                | Select a Funding                         |          |        |                         | Status 😨<br>Generated   | Generated   | Generated On       |               |        |

## Form 486 Section One: General Information

*First, you will review and enter some general information.* 



When you begin the FCC Form 486, the basic information about the billed entity, including the Billed Entity Number (BEN), name, and address will automatically populate from the organization's EPC profile.

| Create FCC Form                            | 486                                |                   |                      |          |
|--|------------------------------------|-------------------|----------------------|----------|
| General Information                        | Select FRNs                        | Detailed Info     | Certification        | Preview  |
| Submitting Organizatio                     | on Details                         |                   |                      |          |
| NETWORKMAINE                               |                                    | BEN: 16055092     |                      |          |
| 5752 Neville Hall                          |                                    | FCC Registration  | n Number: 0019855857 |          |
| Room 250                                   |                                    |                   |                      |          |
| Orono, ME 04469                            |                                    |                   |                      |          |
| 207-581-3507                               |                                    |                   |                      |          |
| jeffl@maine.edu                            |                                    |                   |                      |          |
| FCC Form 486 Details                       |                                    |                   |                      |          |
| Nickname *                                 |                                    | Funding Year*     |                      |          |
|  |                                    | Select a Func     | ding Year            | •        |
| <b>Contact Information</b>                 |                                    |                   |                      |          |
| Main Contact Person *                      |                                    |                   |                      |          |
|  |                                    |                   |                      |          |
| Please select a main contact person by ty  | aing the contact person's parme of | r empil address   |                      |          |
| riease select a main contact person by typ | ong the contact person's hame o    | - email addi 655. |                      |          |
|  |                                    |                   |                      |          |
| CANCEL                                     |                                    |                   |                      | CONTINUE |
| A  |                                    |                   |                      |          |

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| Create FCC Form 4                           | 186  |                  |                      |                   |
|---|--|------------------|----------------------|-------------------|
| General Information                         | Select FRNs                                | Detailed Info    | Certification        | Preview           |
| Submitting Organization                     | n Details                                  |                  |                      |                   |
| NETWORKMAINE                                |  | BEN: 16055092    |                      |                   |
| 5752 Neville Hall                           |  | FCC Registration | Number: 0019855857   |                   |
| Room 250                                    |  |                  |                      |                   |
| Orono, ME 04469                             |  |                  |                      |                   |
| 207-581-3507                                |  |                  |                      |                   |
| jeffl@maine.edu                             |  |                  |                      |                   |
| FCC Form 486 Details                        |  |                  |                      |                   |
| Nickname *                                  |  | Funding Year*    |                      |                   |
|   |  | Select a Fund    | ling Year            | -                 |
| <b>Contact Information</b>                  |  |                  |                      |                   |
| Main Contact Person *                       |  |                  | ter a form nicknam   | e that will serve |
|   |  | as a re          | minder for the FRN   | Is that are       |
| Please select a main contact person by typi | ng the contact person's name or email addr | include          | ed in this particula | r form            |
| CANCEL                                      |  |                  |                      | CONTINUE          |



| Create FCC Form                           | 486   |                  |                       |                 |  |  |  |
|---|---|------------------|-----------------------|-----------------|--|--|--|
| General Information                       | Select FRNs                                 | Detailed Info    | Certification         | Preview         |  |  |  |
| Submitting Organization                   | on Details                                  |                  |                       |                 |  |  |  |
| NETWORKMAINE                              |   | BEN: 16055092    |                       |                 |  |  |  |
| 5752 Neville Hall                         |   | FCC Registration | n Number: 0019855857  |                 |  |  |  |
| Room 250                                  |   |                  |                       |                 |  |  |  |
| Orono, ME 04469                           |   |                  |                       |                 |  |  |  |
| 207-581-3507                              |   |                  |                       |                 |  |  |  |
| jeffl@maine.edu                           |   |                  | (2) Select t          | he Funding Year |  |  |  |
| FCC Form 486 Details                      |   |                  |                       |                 |  |  |  |
| Nickname *                                |   | Funding Year*    |                       |                 |  |  |  |
| My FY2023 Form 486                        |   | Select a Fund    | ling Year             | •               |  |  |  |
| <b>Contact Information</b>                |   | Select a Fund    | Select a Funding Year |                 |  |  |  |
| Main Contact Person *                     |   | 2023             |                       |                 |  |  |  |
|   |   | 2022             |                       |                 |  |  |  |
| Please select a main contact person by ty | ping the contact person's name or email add | 2021             |                       |                 |  |  |  |
| , , , , ,                                 |   | 2020             |                       |                 |  |  |  |
|   |   | 2019             |                       |                 |  |  |  |
| CANCEL                                    |   | 2018             |                       |                 |  |  |  |
|   |   | 2016             |                       |                 |  |  |  |



| Create FCC Form                        | 486         |                  |                                  |           |  |  |  |
|--|-------------|------------------|----------------------------------|-----------|--|--|--|
|  |             |                  |                                  |           |  |  |  |
| General Information                    | Select FRNs | Detailed Info    | Certification                    | Preview   |  |  |  |
| Submitting Organizati                  | ion Details |                  |                                  |           |  |  |  |
| NETWORKMAINE                           |             | BEN: 16055092    |                                  |           |  |  |  |
| 5752 Neville Hall                      |             | FCC Registration | n Number: 0019855857             |           |  |  |  |
| Room 250                               |             |                  |                                  |           |  |  |  |
| Orono, ME 04469                        |             |                  |                                  |           |  |  |  |
| 207-581-3507                           |             |                  |                                  |           |  |  |  |
| jeffl@maine.edu                        |             |                  |                                  |           |  |  |  |
| FCC Form 486 Details                   |             |                  |                                  |           |  |  |  |
| Nickname *                             |             | Funding Year*    |                                  |           |  |  |  |
| My FY2023 Form 486                     |             | 2023             |                                  | •         |  |  |  |
| <b>Contact Information</b>             |             | <u>_</u> 3 Be    | 3 Begin typing the name or email |           |  |  |  |
| Main Contact Person *                  |             | addre            | ss for a contact pe              | erson and |  |  |  |
| a                                      |             |                  | ,<br>stem will search f          |           |  |  |  |
| Anne Perloff<br>anne.perloff@maine.edu |             | -                | y matches. Select                |           |  |  |  |
| Jeffrey Letourneau<br>jeffl@maine.edu  |             | conta            | ct.                              | CONTINUE  |  |  |  |

## **NOTE:** Only those individuals who have been associated with your organization in EPC can be the contact person for this form

FY2023 Form 486

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| Create FCC Form 486  |                     |                      |          |
|--|---------------------|----------------------|----------|
| General Information Select FRNs  | Detailed Info       | Certification        | Preview  |
| Submitting Organization Details  |                     |                      |          |
| NETWORKMAINE   | BEN: 16055092       |                      |          |
| 5752 Neville Hall  | FCC Registratio     | n Number: 0019855857 |          |
| Room 250   |                     |                      |          |
| Orono, ME 04469  |                     |                      |          |
| 207-581-3507   |                     |                      |          |
| jeffl@maine.edu  |                     |                      |          |
| FCC Form 486 Details   |                     |                      |          |
| Nickname *   | Funding Year*       | k                    |          |
| My FY2023 Form 486   | 2023                |                      | •        |
| Contact Information  |                     |                      |          |
| Main Contact Person *  | Anne Perloff        |                      |          |
| 🏐 Anne Perloff 🗙   | anne.perloff@n      | naine.edu            |          |
| Please select a main contact person by typing the contact person's name or email add | dress. 207-581-3584 |                      |          |
| CANCEL   |                     |                      | CONTINUE |

(4) Then click on the "CONTINUE" button to proceed



## Form 486 Section Two: Select FRNs

Next, you will select the FRNs to include on this form.

**NOTE:** You can only include FRNs for which you have received an FCDL



You will see a list of the FRNs for the chosen funding year for which

a) a funding
commitment has been
issued but
b) an FCC Form 486
has not yet been
certified

The system warns that you must associate at least one Funding Request to this Form 486

| lse th | ne filters below to se | arch ar | nd select FRNs to associate. |                 |                |                                  |                      |          |
|--------|------------------------|---------|------------------------------|-----------------|----------------|----------------------------------|----------------------|----------|
|        | General Informat       | on      | Select FRNs                  | Detail          | ed Info        | Certification                    | Preview              |          |
| Sub    |                        |         | ization Details              |                 |                |                                  |                      |          |
|        | ol District 6          | -       |                              |                 | BEN            | : 116                            |                      |          |
|        | Main Street            |         |                              |                 |                | Registration Number: 1234        | 564560               |          |
|        | ngfield, ME 04487      |         |                              |                 |                | 0                                |                      |          |
| 555-   | 555-7878               |         |                              |                 |                |                                  |                      |          |
| scho   | ol.district6.user1     | @maili  | nator.com                    |                 |                |                                  |                      |          |
| ilt    | ers                    |         |                              |                 |                |                                  |                      |          |
| ppli   | cation Number          |         |                              |                 | Category       | of Service                       |                      |          |
| Ente   | er entire FCC Form     | 471 Ap  | plication Number             |                 | Select F       | ilter by Application Category of | Service              |          |
| RN     |                        |         |                              |                 | FRN Statu      | IS                               |                      |          |
| Ente   | er entire Funding Re   | equest  | Number                       |                 | Funded         |                                  |                      |          |
| ADD    | O ALL (3) FRNS         |         |                              |                 |                |                                  | CLEAR SEARCH FILTERS | SEAF     |
|        |                        |         |                              |                 |                |                                  |                      |          |
|        | FRN                    | t       | Application Number           | FRN Nickr       | name           | Category of Service              | FRN Status           |          |
|        | 1111111                |         |                              | 111111          | 1111           | Category 1                       | Funded               |          |
|        | 1111111.               |         |                              |                 | 1111           | Category 1                       | Funded               |          |
|        | 1111111                |         |                              |                 | 1111           | Category 1                       | Funded               |          |
|        |                        |         |                              |                 |                |                                  |                      |          |
|        |                        |         |                              |                 |                |                                  | ADD                  | ) (0) FF |
| Se     | elected FRN            | Is      |                              |                 |                |                                  |                      |          |
|        |                        |         | ion Number                   | FRN Nickname    |                | Category of Service              | FRN Status           |          |
|        |                        | opiicat | lon Number                   | TRIV NICKHAITIC |                | category of service              | T KN Status          |          |
|        |                        |         |                              | No FRNs Curre   | ently Associat | ted                              |                      |          |
|        |                        |         |                              |                 |                |                                  |                      |          |
| ou n   | nust associate at le   | ast one | Funding Request              |                 |                |                                  |                      |          |
|        |                        |         |                              |                 |                |                                  | REMOVE               | (0) FF   |
|        |                        |         |                              |                 |                |                                  |                      |          |
|        |                        |         |                              |                 |                |                                  |                      |          |
|        |                        |         |                              |                 |                |                                  |                      |          |

#### 1 Choose the FRNs that you want to include on this form

#### A To add all of the FRNs in the list to this form:

click on the "ADD ALL (x) FRNS" button at the top of the list

| Filt            | ers  |       |  |              |                     |                            |                      |             |  |  |
|-----------------|--|-------|--|--------------|---------------------|----------------------------|----------------------|-------------|--|--|
| Appli           | cation Number                                |       |  |              | Category of Service |                            |                      |             |  |  |
| Ente            | Enter entire FCC Form 471 Application Number |       |  |              |                     | by Application Category of | Service              | •           |  |  |
| FRN             |  |       |  |              | FRN Status          |                            |                      |             |  |  |
| Ente            | er entire Funding Re                         | quest | Number   |              | Funded              |                            |                      | *           |  |  |
| ADI             | O ALL (3) FRNS                               |       |  |              |                     |                            | CLEAR SEARCH FILTERS | SEARCH      |  |  |
|                 | FRN  | t     | Application Number   | FRN Nick     | name                | Category of Service        | FRN Statu            | IS          |  |  |
|                 |  |       |  |              |                     | Category 1                 | Funded               |             |  |  |
|                 |  |       |  |              |                     | Category 1                 | Funded               |             |  |  |
|                 |  |       |  |              |                     | Category 1                 | Funded               |             |  |  |
|                 |  | В     | ] <i>To add specific i</i><br>- check the box to<br>click on the "AD | o the left c | of each de          |                            | d then 🦯 느           | DD (0) FRNS |  |  |
| .4              |  | n     | <b>OTE:</b> "(x)" on eac<br>number of FRNs s                         | -            |                     |                            |                      |             |  |  |
| <mark>ہک</mark> | A NETWOR                                     | ₹KM   | IAINE  | FY202        | 3 Form 486          |                            |                      | Slide 23    |  |  |

(2) Verify that the FRNs you want to include on this form are now also listed in the "Selected FRNs" section at the bottom of the page

| ADD  | O ALL (3) FRNS |   |                    |              |                                   | CLEAR SEARCH FILTERS | SEARCH    |
|------|----------------|---|--------------------|--------------|-----------------------------------|----------------------|-----------|
|      | FRN            | t | Application Number | FRN Nickname | Category of Service               | FRN Status           |           |
|      |                |   |                    |              | Category 1                        | Funded               |           |
|      |                |   |                    |              | Category 1                        | Funded               |           |
|      |                |   |                    |              | Category 1                        | Funded               |           |
| ele  | ected FRNs     |   |                    |              |                                   | ADD                  | D (0) FR  |
| iele | ected FRNs     | t | Application Number | FRN Nickname | Category of Service               | ADD<br>FRN Status    | 0 (0) FRI |
|      |                | t | Application Number | FRN Nickname | Category of Service<br>Category 1 |                      | ) (0) FR  |
|      | FRN            | t |                    |              |                                   | FRN Status           |           |

#### **NOTE:** To remove one or more of the selected FRNs, check the box to the left of the FRN(s) you want to remove, then click on the "REMOVE (x) FRNS" button

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| Filt   | ers   |   |  |          |                     |    |                     |            |            |            |
|--|---|---|--|----------|---------------------|----|---------------------|------------|------------|------------|
| Appl   | ication Number  |   |  |          | Category of Service |    |                     |            |            |            |
| Enter entire FCC Form 471 Application Number |   |   | Select Filter by Application Category of Service |          |                     |    | •                   |            |            |            |
| FRN  | FRN   |   |  |          | FRN Status          |    |                     |            |            |            |
| Ent  | Enter entire Funding Request Number Funded              |   |  |          |                     |    |                     |            | *          |            |
| AD   | ADD ALL (3) FRNS  |   |  |          |                     |    | CLEAR SEAR          | CH FILTERS | SEARCH     |            |
|  |   |   |  |          |                     |    |                     |            |            |            |
|  | FRN   | t | Application Number                               | FRN Nick | nar                 | me | Category of Service |            | FRN Status | 5          |
|  |   |   |  |          |                     |    | Category 1          |            | Funded     |            |
|  |   |   |  |          |                     |    | Category 1          | Category 1 |            |            |
|  |   |   |  |          |                     |    | Category 1 Funded   |            | Funded     |            |
| Sal  | ected FRNs  |   |  |          |                     |    |                     |            | AD         | D (0) FRNS |
| Sei  |   |   |  |          |                     |    |                     |            |            |            |
|  | FRN   | t | Application Number                               | FRN Nick | kna                 | me | Category of Service |            | FRN Status | 5          |
|  |   |   |  |          |                     |    | Category 1          |            | Funded     |            |
| CAI  | CANCEL BACK 3 Click on the "CONTINUE" button to proceed |   |  |          |                     |    |                     |            |            |            |
|  |   |   |  |          |                     |    |                     |            |            |            |

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## Form 486 Section Three: Detailed Info

Next, you will report the service start date for each of the funded FRNs you selected.



## **Detailed Info**

A list of the selected FRNs and the service start dates that you reported on the FCC Form 471 for those FRNs will display

**NOTE:** If you need to change a date, check the box for the FRN and enter the correct date. **BE CAREFUL!** You cannot enter an actual service start date that is earlier than the service start date reported on the FCC Form 471.

|                 | General Informat  | tion  | Select FRNs  | Detail   | ed Info  | Certification                                 | Preview                         |
|-----------------|---|---|--|--|--|---|---------------------------------|
| Bill            | ed Entity In  | nformation  |  |  |  |   |                                 |
| Scho            | ool District 6  | (   | 1) Verify th   | hat the  | e dates in the   | - "Actual S                                   | ervice Start                    |
| 100 Main Street |   |   | (1) Verify that the dates in the "Actual Service Start<br>Date" column are correct – normally listed as July 1 |  |  |   |                                 |
| Sprir           | ngfield, ME 04487   |   |  |  |  | •   |                                 |
|                 | 555-7878  |   | of the fundi   | ng yea   | ar even if yo  | J opted to                                    |                                 |
| scho            | ol.district6.user1@   | mailinator.com  |  |  |  |   | 1                               |
|                 | vice Inform   | nation  | ourchase/in  |  |  |   |                                 |
| leas<br>ate.    | e confirm that the i<br>To do so, select the                                  | nation<br>information below is c<br>e FRN(s) you wish to u  |  | the service(s) t<br>. You may seled                              | <b>,</b><br>hat you are confirming. Altho                              | ugh it is uncommon, you                       | I may need to edit a service st |
| leas<br>ate.    | e confirm that the i<br>To do so, select the<br>e note that the Servic        | nation<br>information below is c<br>e FRN(s) you wish to u  | omplete and accurate for<br>pdate from the grid below  | the service(s) t<br>. You may seled                              | <b>,</b><br>hat you are confirming. Altho                              | ugh it is uncommon, you<br>Service Start Date | u may need to edit a service st |
| leas<br>ate.    | e confirm that the i<br>To do so, select the<br>e note that the Servic        | information below is c<br>e FRN(s) you wish to u<br>ce Start Date in the belo                                 | omplete and accurate for<br>pdate from the grid below<br>w grid is from the FCC Form                           | the service(s) t<br>. You may selec<br>471.                      | hat you are confirming. Altho<br>ct multiple FRNs.                     |   | Actual Service Start Date       |
| leas<br>ate.    | e confirm that the i<br>To do so, select the<br>e note that the Servic<br>FRN | nation<br>information below is c<br>e FRN(s) you wish to u<br>ce Start Date in the belo<br>Application Number | omplete and accurate for<br>pdate from the grid below<br>w grid is from the FCC Form<br>FRN Nickname           | the service(s) ti<br>You may select<br>471.<br>SPIN<br>143032452 | hat you are confirming. Altho<br>ct multiple FRNs.<br>Service Provider | Service Start Date                            | Actual Service Start Date       |

### (2) Click on the "CONTINUE" button to proceed



## Form 486 Section Four: Certification

*Next, you will certify your compliance with program rules and CIPA regulations.* 



#### (1) Only if applicable: check the "Early Filing" box

| ec | k this box only if:  |   |   |  |   |                 |
|----|--|---|---|--|---|-----------------|
| /0 | u are submitting this for  | m <u>before</u> s   | ervices hav   | ve started <b>c</b>                                  | Ind   |                 |
| :h | ose services will actually   | begin duri  | ng July <b>an</b> i                                 | d  |   |                 |
| 0  | u can truthfully certify y   | our complia   | ance with (   | CIPA regula  | tions <b>and</b>                                    |                 |
|    | is form is certified <u>on or</u>  | •   |   |  |   |                 |
|    |  | Defore July   | 21  |  |   |                 |
|    | General Information Sele   | ct FRNs   | Detailed Info                                       | Certificati  | on  | Preview         |
|    | <b>Billed Entity Information</b>   |   |   |  |   |                 |
|    | 486 Training Ind. School_1000010   |   |   | Words of   | Caution:  |                 |
|    | 1 Main Street  |   | I Inless v  |  | FCDL dated  | 1 111/2 31      |
|    | Washington, DC 20005   |   |   |  |   | •               |
|    | 012-345-6789   |   | or earlie   | r <u>ana</u> all th                                  | e condition   | s above         |
|    |  |   | are tru   | e, this does   | sn't apply to                                       | o you.          |
|    | Early Filing   |   |   |  |   |                 |
|    | CHECK THE BOX BELOW IF THE FRNS ON THIS  |   |   |  | 1 OF THE FUNDING YEA<br>ent Decision Letter (FCDL   |                 |
|    | with the service provider(s) featured in those   |   |   | on or before July 31 of                              |   | ,, Thave commi  |
|    | CIPA Waiver  |   | • •   |  |   |                 |
|    | CHECK THE BOX BELOW IF YOU ARE REQUEST   |   | •   | THE SECOND FUNDING                                   | YEAR IN WHICH YOU H                                 | AVE APPLIED FC  |
|    | DISCOUNTS IF YOU AS THE BILLED ENTITY AR   |   |   | le to make the certificati                           | ons required by the Chil                            | dren's Internet |
|    | Protection Act, as codified at 47 U.S.C. § 254<br>the making of the certification(s) otherwise r<br>will be brought into compliance with the CIP | (h) and (l), because my st<br>equired. I certify that the | ate or local procureme<br>e schools or libraries re | nt rules or regulations o<br>presented in the Fundin | r competitive bidding rea<br>g Request Number(s) on | quirements prev |
|    |  | •   |   |  |   |                 |
|    | CANCEL BACK  |   |   |  | SEND FOR CERTIFICAT                                 |                 |
|    |  |   |   |  | SEND FOR CERTIFICAT                                 |                 |

#### (2) **Only if applicable:** check the "CIPA Waiver" box

#### Check this box only if:

a) this is only your organization's 2nd year applying for E-Rate and

b) your organization is still not in compliance with CIPA regulations

| General Information  | Select FRNs  | Detailed Info           | Certification  | Preview  |
|--|--|-------------------------|--|--|
| <b>Billed Entity Informa</b>   | tion   |                         |  |  |
| 486 Training Ind. School_1000010                                       |  | Billed Entity           | Number: 15412  |  |
| 1 Main Street  |  | FCC Registra            | ation Number: 0123456789   |  |
| Washington, DC 20005   |  | Applicant Ty            | /pe: School  |  |
| 012-345-6789   |  |                         |  |  |
| Early Filing   |  |                         |  |  |
| The Funding Requests listed in t<br>with the service provider(s) feat  | this FCC Form 486 have been appro  | ved by USAC as shown in | ON OR BEFORE JULY 31 OF THE FUN<br>my Funding Commitment Decision L<br>on or before July 31 of the Funding Y   | etter (FCDL). I have confirmed                               |
| CIPA Waiver  |  |                         |  |  |
|  | RE REQUESTING A WAIVER OF CIP<br>D ENTITY ARE THE ADMINISTRATI   |                         | HE SECOND FUNDING YEAR IN WH   | ICH YOU HAVE APPLIED FOR                                     |
| Protection Act, as codified at 47<br>the making of the certification(s | as of the date of the start of discou<br>U.S.C. § 254(h) and (l), because my<br>of otherwise required. I certify that t<br>with the CIPA requirements before | er<br>ep                | e to make the certifications required<br>nt rules or regulations or competitive<br>presented in the Funding Request Nu<br>Iding Year in which they apply for dis | bidding requirements prevent<br>mber(s) on this FCC Form 486 |
|  | Words o  | f Caution:              |  |  |
|  |  |                         |  |  |
| CANCEL BACK  | This is very rare!!!   | ! It is not app         | plicable   |  |

3 Proceed by doing one of the following ...

- A *If you have full rights and are certifying this form:* click on the "CONTINUE" button to proceed to certification
- B If you are not a full rights user or are not the one charged with certifying this form: click on the "SEND FOR CERTIFICATION" button to create a task for all full-rights users to certify this form





## You can certify the form yourself if you were able to click "CONTINUE" on the previous screen.

## Certification

Otherwise, any full-rights user can go to the **Tasks** tab or the **Tasks** section of the organization's landing page and click on the "Certify FCC Form 486 - (nickname)" task.

| General Information   | Select FRNs   | Detailed Info  | Certification  | Preview  |  |  |
|---|---|--|--|--|--|--|
| <b>Billed Entity Informati</b>  | ion   |  |  |  |  |  |
| 486 Training Ind. School_1000010  |   | Billed Entity N  | umber: 15412   |  |  |  |
| 1 Main Street   |   | FCC Registratio  | FCC Registration Number: 0123456789  |  |  |  |
| Washington, DC 20005  |   | Applicant Type   | e: School  |  |  |  |
| 012-345-6789  |   |  |  |  |  |  |
|   |   |  |  |  |  |  |
| Certifications  |   |  |  |  |  |  |
| I certify that the services listed on<br>FCC Form 471 application(s) cited<br>provided under tariff or on a mon<br>Billed Entity; that I have examined  | above. I certify that there a the there a the theorem and | re signed contracts covering all of<br>that I am authorized to submit thi                                      | the services listed on this FCC For<br>is receipt of service confirmation o  | m 486 except for those services<br>n behalf of the above-named |  |  |
| I understand that the discount lev<br>that are treated as sharing in the<br>application and will retain for at le<br>the last day of the applicable fund<br>and, if audited, will make such rec | services receive an appropr<br>east ten years (or whatever<br>ling year or the service deliv  | iate share of benefits from those<br>retention period is required by the<br>very deadline for the funding requ | services. I recognize that I may be<br>e rules in effect at the time of this | audited pursuant to this certification) after the latter of    |  |  |
| <b>CIPA Certifications</b>  |   |  |  |  |  |  |
| <ul> <li>I certify that as of the date of the s<br/>has (have) complied with the required</li> </ul>  |   |  |  | umber(s) on this FCC Form 486                                  |  |  |
| I certify that as of the date of the s<br>recipient(s) of service represented<br>PURPOSES OF CIPA) is (are) under<br>funding year, but has (have) not co  | l in the Funding Request Nu<br>taking such actions, includii  | Imber(s) on this Form 486: (FOR Song any necessary procurement pr  | CHOOLS and FOR LIBRARIES IN TH   | E FIRST FUNDING YEAR FOR                                       |  |  |
|   | I certify that as of the date of the start of discounted services: The Children's Internet Protection Act 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.   |  |  |  |  |  |
| CANCEL BACK   |   |  |  | PREVIEW  |  |  |

| General Information  | Select FRNs                      | Detailed Info                     | Certification                     | Preview                       |  |  |  |
|--|----------------------------------|-----------------------------------|-----------------------------------|-------------------------------|--|--|--|
| <b>Billed Entity Informa</b>   | tion                             |                                   |                                   |                               |  |  |  |
| 486 Training Ind. School_1000010   |                                  | Billed Entity Nu                  | umber: 15412                      |                               |  |  |  |
| 1 Main Street  | 1 Main Street                    |                                   |                                   |                               |  |  |  |
| Washington, DC 20005   | Applicant Type                   | Applicant Type: School            |                                   |                               |  |  |  |
| 012-345-6789   | <u>(4)</u> C                     | heck the check b                  | ox for each of the                |                               |  |  |  |
| Certifications  Certifications in the "Certifications" section   |                                  |                                   |                                   |                               |  |  |  |
| 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. |                                  |                                   |                                   |                               |  |  |  |
| I understand that the discount le  | evel used for shared services is | conditional, for future years, up | on ensuring that the most disadva | antaged schools and libraries |  |  |  |

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 at least ten years (or whatever retention period is required by the rules in effect at the time of this certification) after the latter of the last day of the applicable funding year or the service delivery deadline for the funding request any and all records, including FCC Forms 479 where required, and, if audited, will make such records available to the Administrator.

#### **CIPA Certifications**

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).

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

I certify that as of the date of the start of discounted services: The Children's Internet Protection Act 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.

CANCEL BACK

PREVIEW



#### (5) Select the appropriate CIPA certification in the "CIPA Certifications" section

*Words of Caution: Read the CIPA certifications carefully and make sure you choose the correct one. There are three options:* 

- Choose option 1 if your organization is CIPA compliant (most common)
- Choose option 2 if this is your organization's first year applying for E-Rate and you are working towards becoming CIPA compliant
- Choose option 3 if you are <u>only</u> applying for Telecommunications Services and do not need to comply with CIPA

| General Information   | Select FRNs   | Detailed Info   | Certification   | Preview   |
|---|---|---|---|---|
| Billed Entity Informati   | on  |   |   |   |
| 486 Training Ind. School_1000010  |   | Billed Entity N   | umber: 15412  |   |
| 1 Main Street   |   | FCC Registrati  | on Number: 0123456789   |   |
| Washington, DC 20005  |   | Applicant Typ   | e: School   |   |
| 012-345-6789  |   |   |   |   |
| Certifications  |   |   |   |   |
| <ul> <li>I certify that the services listed on<br/>FCC Form 471 application(s) cited<br/>provided under tariff or on a mon<br/>Billed Entity; that I have examined</li> </ul>   | above. I certify that there a<br>th-to-month basis. I certify                             | re signed contracts covering all o<br>that I am authorized to submit th                                       | f the services listed on this FCC For<br>is receipt of service confirmation o | m 486 except for those services<br>on behalf of the above-named |
| I understand that the discount leven<br>that are treated as sharing in the s<br>application and will retain for at le<br>the last day of the applicable fund<br>and, if audited, will make such recount<br>of the such recount of the such recount<br>of the such recount of the such recount<br>of the such recount of the such recount of the such recount<br>of the such recount of the such recount of the such recount<br>of the such recount of the such recount of the such recount of the<br>such as the such recount of the such recount of the such recount of the such as the<br>such as the such as the such as the such as the such as the<br>such as the such as the such as the such as the such as the<br>such as the such as the such as the such as the such as the<br>such as the such as the such as the such as the such as the<br>such as the such as the such as the such as the such as the<br>such as the such as the such as the such as the such as the<br>such as the such as the such as the such as the such as the<br>such as the such as the such as the such as the such as the<br>such as the such as the<br>such as the such as the<br>such as the such as the<br>such as the such | ervices receive an appropr<br>ast ten years (or whatever<br>ing year or the service deliv | iate share of benefits from those<br>retention period is required by th<br>very deadline for the funding requ | services. I recognize that I may be<br>e rules in effect at the time of this  | audited pursuant to this certification) after the latter of     |
| <b>CIPA Certifications</b>  |   |   |   |   |
| <ul> <li>I certify that as of the date of the s<br/>has (have) complied with the requ</li> </ul>  |   |   |   | umber(s) on this FCC Form 486                                   |
| <ul> <li>I certify that as of the date of the s<br/>recipient(s) of service represented<br/>PURPOSES OF CIPA) is (are) under</li> </ul>   | in the Funding Request Nu<br>aking such actions, includir                                 | mber(s) on this Form 486: (FOR S  | CHOOLS and FOR LIBRARIES IN TH  | E FIRST FUNDING YEAR FOR  |
| funding year, but has (have) not co   | mpleted all requirements  |   |   | inements of CIFA for the flext                                  |

| General Information              | Select FRNs | Detailed Info    | Certification                       | Preview |  |  |
|----------------------------------|-------------|------------------|-------------------------------------|---------|--|--|
| <b>Billed Entity Informa</b>     | tion        |                  |                                     |         |  |  |
| 486 Training Ind. School_1000010 |             | Billed Entity Nu | umber: 15412                        |         |  |  |
| 1 Main Street                    |             | FCC Registratio  | FCC Registration Number: 0123456789 |         |  |  |
| Washington, DC 20005             |             | Applicant Type   | e: School                           |         |  |  |
| 012-345-6789                     |             |                  |                                     |         |  |  |
|                                  |             |                  |                                     |         |  |  |

#### Certifications

- 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.
- 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 at least ten years (or whatever retention period is required by the rules in effect at the time of this certification) after the latter of the last day of the applicable funding year or the service delivery deadline for the funding request any and all records, including FCC Forms 479 where required, and, if audited, will make such records available to the Administrator.

#### **CIPA Certifications**

- 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).
- I certify that as of the date of the start of discounted services: 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 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.
- I certify that as of the date of the start of discounted services: The Children's Internet Protection Act 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.



6 Click on the "PREVIEW" button





## Form 486 Section Five: Preview

Next, you will preview and certify the form.



### Preview

Scroll to the bottom of the page, where you will see two buttons: "PRINT PREVIEW" and "CERTIFY"

 Click on the "PRINT PREVIEW" button and follow the instructions in the popup window to review and print a copy of your form
 Then click on the "CERTIFY" button to certify your form

| - |     |      |      |  |
|---|-----|------|------|--|
|   | TIT | ICAT | ions |  |
|   |     | Cuu  |      |  |
|   |     |      |      |  |

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.

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 at least ten years (or whatever retention period is required by the rules in effect at the time of this certification) after the latter of the last day of the applicable funding year or the service delivery deadline for the funding request any and all records, including FCC Forms 479 where required, and, if audited, will make such records available to the Administrator.

| 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).                                     |

| CANCEL BACK | PRINT PREVIEW | CERTIFY |
|-------------|---------------|---------|
|             | <b>X</b>      |         |
|             | (1)           | 2       |

### **Preview**

False statements on this form may result in civil liability and/or criminal prosecution. To electronically sign and certify this form, click "Yes" below. To affirm that you (1) understand the statements above and (2) represent the entity featured, and have the authority to make the certifications, on this form, click "Yes" below.



Read the warning in the popup message and click on the "YES" button to continue



### **Preview**

Once you certify your form, a "Certifier Information" page will display, verifying that the form was certified.

You can also print a copy of the form from this page.

| Certifier In          | formation   |
|-----------------------|---|
|                       | ully filed FCC Form 486 #319670 for FY 2023<br>and print the FCC Form 486 |
| Certification D       | ate   |
| 7/26/2023 8:02 AM EDT |   |
| <b>Authorized Pe</b>  | rson  |
| Name                  | Anne Perloff  |
| Title                 | E-Rate Coordinator  |
| Employer              | NETWORKMAINE  |
| Address               | 5752 Neville Hall, Room 255<br>University of Maine<br>Orono, ME 04469     |
| Phone                 | 207-581-3584  |
| Email                 | anne.perloff@maine.edu  |





Once a Form 486 is filed, it will appear twice in the **Notifications** section on the organization's landing page:

- 1. FCC Form 486 Certification: notification that the form has been certified by the applicant
- 2. FCC Form 486 Notification Letter: notification that the form has been reviewed and approved by USAC
- An FCC Form 486 Notification Letter will also be emailed to the form's certifier



#### To view the FCC Form 486 Certification:

(1) In the *Notifications* section of the landing (2) Then use the "Funding Year" page, use the "Notification Type" drop down drop down menu to select the year menu to select "FCC Form 486 Certification" Notifications Status 😮 💿 All Notification Type FCC Form 486 Certification Generated Funding Year 2023 -Not Generated Notification Description Issued Date Generated On Generated By FCC Form 486 Certification Q FCC Form 486 - 319670 7/26/2023 EPC System 7/26/2023 8:02 AM EDT View Notification

③ Click on a "View Notification" link to be taken to the notification in the organization's **News** feed



## *In the News section, applicants will see the notification that the Form 486 was certified*

|                      | <b>ty Center</b> NETWORKMAINE's FCC Form 486 - 319670 for Funding Year ully certified on 7/26/2023. |  |
|----------------------|---|--|
| FY2023 Axiom Form 48 | . #16055092 - NETWORK   |  |
| 4 minutes ago ☆      |   |  |
| Billed Entity        | NETWORKMAINE (BEN: 16055092)  |  |
| Certification Date   | Jul 26, 2023  |  |



#### To view the FCC Form 486 Notification Letter:

(1) In the *Notifications* section of the landing page, use the "Notification Type" drop down menu to select "FCC Form 486 Notification Letter"

| Notification Type       FCC Form 486 Notification         Funding Year       All Funding Years |                | tion Letter 🔹 👻     |                       | Status 😯 💿 All |               |                       |                   |
|--|----------------|---------------------|-----------------------|----------------|---------------|-----------------------|-------------------|
|  |                | All Funding Years   | Funding Years         |                | Not Generated |                       |                   |
|  | Notification   |                     | Description           | Issued Date    | Generated By  | Generated On          |                   |
| Q  | FCC Form 486 M | Notification Letter | FCC Form 486 - 319670 | 7/26/2023      | EPC System    | 7/26/2023 8:03 AM EDT | View Notification |
| Q  | FCC Form 486 M | Notification Letter | FCC Form 486 - 288928 | 9/29/2022      | EPC System    | 9/29/2022 1:18 PM EDT | View Notification |
| Q  | FCC Form 486 M | Notification Letter | FCC Form 486 - 283663 | 8/12/2022      | EPC System    | 8/12/2022 7:57 AM EDT | View Notification |
| Q  | FCC Form 486 M | Notification Letter | FCC Form 486 - 283662 | 8/12/2022      | EPC System    | 8/12/2022 7:55 AM EDT | View Notification |
| Q  | FCC Form 486 M | Notification Letter | FCC Form 486 - 283661 | 8/12/2022      | EPC System    | 8/12/2022 7:52 AM EDT | View Notification |
| Q  | FCC Form 486 M | Notification Letter | FCC Form 486 - 283660 | 8/12/2022      | EPC System    | 8/12/2022 7:50 AM EDT | View Notification |
| Q  | FCC Form 486 M | Notification Letter | FCC Form 486 - 283659 | 8/12/2022      | EPC System    | 8/12/2022 7:47 AM EDT | View Notification |
| Q  | FCC Form 486 M | Notification Letter | FCC Form 486 - 281929 | 7/27/2022      | EPC System    | 7/27/2022 8:47 AM EDT | View Notification |
| Q  | FCC Form 486 M | Notification Letter | FCC Form 486 - 281927 | 7/27/2022      | EPC System    | 7/27/2022 8:27 AM EDT | View Notification |
| Q  | FCC Form 486 M | Notifical           | ck on a "View N       |                |               | EDT                   | View Notification |





**E-rate Productivity Center** USAC has received and reviewed FCC Forms 486 containing Funding Request Numbers (FRNs) included in the attached files. You may receive additional FCC Form 486 notifications about funding requests that you identified in other FCC Forms 486. Each service provider included on the FCC Form 486 Notification Letter will also be provided with the information in this notification.

Please read the attached FCC Form 486 Notification Letter and corresponding Excel file for important information about any changes made to the form and/or the FRNs.

#### NEXT STEPS

• If not determined already, we recommend applicants and service providers discuss invoicing options, and ensure that both parties are familiar with the invoice deadline date.

• Applicants have the option of receiving a bill from service providers for any nondiscounted portion, as stated in program rules. Program rules also require participants to maintain documentation for at least 10 years after the last day of the applicable funding year or the service delivery deadline for the funding request, whichever is later.

Please keep a copy of this notification for your records. To print this notification, click on the date below, and use your browser's print function.

#### Sincerely, Universal Service Administrative Co.



## Wrapping Up

In the **News** section, applicants will see the short text announcement of the FCC Form 486 Notification Letter, a link to the letter itself, and a link to the filed Form 486.

## A. The short text of the notification letter

B. The Form 486 Notification Letter

(the text link or picture of a document)

#### **C. A link to the filed form** (the name of the Form 486 in the bubble)





**E-rate Productivity Center** USAC has received and reviewed FCC Forms 486 containing Funding Request Numbers (FRNs) included in the attached files. You may receive additional FCC Form 486 notifications about funding requests that you identified in other FCC Forms 486. Each service provider included on the FCC Form 486 Notification Letter will also be provided with the information in this notification.

Please read the attached FCC Form 486 Notification Letter and corresponding Excel file for important information about any changes made to the form and/or the FRNs.

#### NEXT STEPS

• If not determined already, we recommend applicants and service providers discuss invoicing options, and ensure that both parties are familiar with the invoice deadline date.

• Applicants have the option of receiving a bill from service providers for any nondiscounted portion, as stated in program rules. Program rules also require participants to maintain documentation for at least 10 years after the last day of the applicable funding year or the service delivery deadline for the funding request, whichever is later.

Please keep a copy of this notification for your records. To print this notification, click on the date below, and use your browser's print function.

Sincerely, Universal Service Administrative Co.



NETWORKMAINE FCC Form 486 Notification Letter PDF 15 KB

FCC Form 486 - 319670 - FY2023 Axiom Form 486 XLSX 4 KB

#16055092 - NETWORK ... FY2023 Axiom Form 48...

7 minutes ago 🟠 🤒 Comment 🛛 Hide Info 🔺

FCC Form 486 #: 319670

Billed Entity: NETWORKMAINE (BEN: 16055092)

Certification Date: Jul 26, 2023

③ Click on the either the picture of a document or the text link to download a copy of the FCC Form 486 Notification Letter in PDF format

Wrapping Up



## What do I save for my files?

 $\star$  Save all records for at least 10 years from the last date of service  $\star$ 

- A copy of the completed Form 486
- FCC Form 486 Notification Letter
- Documentation supporting CIPA compliance

