

REQUEST FOR OUSF FUNDING AND NOTICE OF REQUEST FOR OUSF FUNDING



Locating Forms for Requesting Funding from the OUSF

 The appropriate forms necessary for making an OUSF funding request are available on the Commission's website at the following location: https://oklahoma.gov/occ.html, or may be obtained from the OUSF Administrator (the "Administrator" or Public Utility Division "PUD").

(Reference: OAC 165:59-3-61)

 The Instruction Package, and templates for the Request for OUSF Funding and Notice of Request for OUSF Funding ("Request"), with a corresponding Certificate of Mailing may be found at:

https://oklahoma.gov/occ/divisions/public-utility/ousf.html

Request Template

- Forms may be updated annually each year in July. Please check the website for the current form here: <u>Special Universal Services</u>
- Or go to the OUSF homepage at: https://oklahoma.gov/occ/divisions/public-utility/ousf.html.
- Links to the downloadable forms are located on the lower portion of the page.
- Scroll down past OUSF Forms to select and click on the Special Universal Services link.



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OUSF Forms

Forms required for OUSF Funding Requests and Instructional Package for all filings including Pre-Approval

- Instruction Package for OUSF & OLF Request for Funding and Pre-Approval
- Application for Request for Funding:
 - Special Universal Services
- Primary Universal Services
- Withdrawal of Request for Funding

Special Universal Services Forms - Schools, Libraries, Telemedicine, and Pre-Approvals

Organization Location (OrgLoc) Codes for Eligible OUSF Entities

- Healthcare
- Libraries
- Schools

Caption Instructions

School:

Insert the name of the School/School System and City the School/School System is located in.

Review all entries for spelling errors or other typos.

BEFORE THE CORPORATION COMMISSION OF THE

IN THE MATTER OF THE REQUEST OF

***NAME OF SCHOOL/LIBRARY/ELIGIBLE

HEALTHCARE PROVIDER/CONSORTIUM

OF ***NAME OF CITY/LIBRARY SYSTEM

OR CITY/HEALTH CARE SYSTEM OR

CAUSE NO. OSF

CITY/CONSORTIUM LEAD*** FOR

FUNDING FROM THE OKLAHOMA)

UNIVERSAL SERVICE FUND

Library:

Insert the name of the Library and City the Library is located in, or Library Name and name of the Library System.

Healthcare:

Insert the name of the Healthcare Provider/Consortium name, the City the Healthcare Provider is located in or Healthcare System's name. For a Consortium, the Consortium's lead name or City can be entered.

Section One – Requesting Provider

I. REQUESTING PROVIDER

| Name of Provider: | ***Name*** | |
|-------------------------------|--|--|
| Contact Person's Name: | ***Name*** | |
| Address: | ***Address***, ***City, State and Zip*** | |
| Telephone Number: | ***Telephone No.*** | |
| Email Address: | ***E-mail address*** | |

- Insert the full Company (Provider) name as registered with the Oklahoma Corporation Commission. This should be the name of the Company that is actually providing the services for which funding is requested.
- Include the Company's address, phone number, and email address for a Company employee who will be responsible for the OUSF Request.

Section Two – OUSF Beneficiary

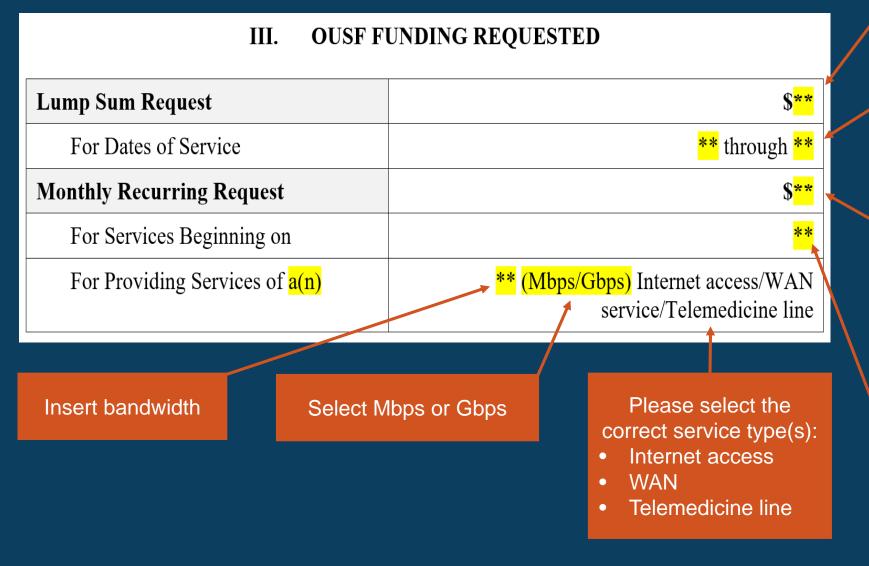
II. OUSF BENEFICIARY

| OUSF Beneficiary | ***Name*** |
|--------------------------|--|
| Physical Address: | ***Address***, ***City, State and Zip*** |

If requesting OUSF funding for an individual location, please list the location name and physical address.

If requesting OUSF funding for multiple locations, list the legal name and main address of the School or School District, Library or Library System, Healthcare System or Consortium Lead.

Section Three- OUSF Funding Requested



Amount should match Lump Sum Requested Funding Amount **total** on the SUSF summary worksheet.

Dates should match service dates on the SUSF summary worksheet.

Amount should match the Monthly Recurring Requested Funding Amount on the SUSF summary worksheet.

Date should match the beginning date on the SUSF summary worksheet.

Section Three- OUSF Funding Requested

III. OUSF FUNDING REQUESTED

| | Market and the second |
|-----------------------------|--|
| Lump Sum Request | \$5,500.00 |
| For Dates of Service | July 1, 2020 through October 31, 2020 |
| Monthly Recurring Request | \$2,000.00 |
| For Services Beginning on | November 1, 2020 |
| For Providing Services of a | One 1 Gbps Internet access starting 7/1/2020-10/31/2020 One 10 Gbps Internet access starting 11/1/2020 Five 10 Gbps WAN service starting 7/1/2020 |

For multiple locations or circuit upgrade, please list number of lines (spelled out), bandwidth, type of service, and start/end date as needed. See example above.

Lump Sum total can include recurring and non-recurring charges for multiple locations and/or upgrades.

Best practice is to spell out dates when possible.

Monthly Recurring total can include multiple locations.

Section Four – Statement of Facts

IV. STATEMENT OF FACTS

In support of this Request for OUSF Funding and Notice of Request for OUSF Funding ("Request"), the Provider states as follows:

Select Beneficiary type here:

- public school
- public library
- healthcare entity

- 1. The above named Provider is an Eligible Provider, as defined by 17 O.S. §139.102, and is entitled to funding from the OUSF for its provision of Special Universal Services pursuant to 17 O.S. § 139.109.1.
- 2. The OUSF Beneficiary is a (insert one of the following) public school/public library/healthcare entity as defined by 17 O.S. § 139.102.
- 3. The OUSF Beneficiary is entitled to receive Special Universal Services under 17 O.S. § 139.109.1.

Section Four - Continued

- The amount of OUSF funding sought by the Provider is described on the Special Universal Service Fund Form, attached hereto and incorporated herein.
- 5. The Provider acknowledges and certifies that the Special Universal Services includes only the Internet access line, Wide Area Network connections, reasonable installation, network termination equipment owned and operated by the Eligible Provider that is necessary to provide the eligible service, and any charges authorized for reimbursement pursuant to the Oklahoma Telecommunications Act.

Additional information necessary to support this Request, including the Affidavit of the OUSF Beneficiary in support of Request for Special Universal Services, is being submitted to the OUSF Administrative staff under separate cover.

The OUSF Beneficiary ***did/did not*** request preapproval, pursuant to 17 O.S. § 139.109.1(F). ***A copy of the OUSF preapproval funding letter is being submitted to the OUSF Administrative staff under separate cover.***

Delete this statement if the OUSF Beneficiary did not request preapproval.

Signature

Request for OUSF Funding and Notice of Request for OUSF Funding Page 3 of 4 Insert the full Company name (as Respectfully submitted, registered with the Oklahoma If the Request is not filed by an Corporation Commission). attorney, please delete the OBA# ***PROVIDER*** and simply type in the person's name. By: Electronic signatures are ***ATTORNEY NAME (***, OBA # permitted. ***ADDRESS*** ***ADDRESS*** ***PHONE***

Certificate of Service

Use date the Request is sent to the Court Clerk's office.

CERTIFICATE OF SERVICE

The undersigned hereby certifies that on this ***date*** day of ***month, year***, a true and correct copy of the foregoing was provided, via email to the following:

OFFICE OF THE OKLAHOMA ATTORNEY GENERAL

Utility.regulation@oag.ok.gov

Brandy Wreath, OUSF Administrator
Oklahoma City, OK 73152-5200
OUSF@occ.ok.gov
Public Utility Division Director
Oklahoma Corporation Commission
P.O. Box 52000

Signature

Signed, Electronic signatures are permitted. /s/ Darci Data Some examples include an /s/ ***CONTACT PERSON'S NAME *** or /S/ followed by the name of the signer, or a digital signature ***TITLE*** drawn with a stylus or mouse. ***PROVIDER*** ***ADDRESS*** ***PHONE***

Filing Your Request for OUSF Funding

All Requests for OUSF Funding must be filed with the Commission's Court Clerk. The below information provides an overview of the process. If you have additional questions concerning the filing of your Request, please contact the Court Clerk at (405) 522-8976. **NOTICE: In our continuing response to the COVID-19 pandemic, please read updated instructions on remote participation and remote filing instructions <a href="https://example.com/here-new/memory-new/mem**

- The Commission's Court Clerk's business hours are from 8:00 a.m. to 4:30 p.m., Monday through Friday, excluding State holidays. The Court Clerk is frequently busy in the afternoons; therefore, we encourage you to file any Requests in the morning. Due to COVID-19 and restricted access to Jim Thorpe Building, all OUSF filings should be sent to okcfilings@occ.ok.gov.
- There is no filing fee for Requests filed on the Oklahoma Universal Service Fund Docket ("OSF Docket").

Continued...

- Pursuant to OAC 165:5-1-5(f), filing documents on the OSF Docket by fax is prohibited.
- **Due to the COVID-19 pandemic, OUSF causes may be filed by** *email* **to** <u>okcfilings@occ.ok.gov</u>. When filing, be sure to include the Request, SUSF, and summary worksheet. All other attachments should be sent to the OUSF Administrator.
- The supporting documentation must be submitted directly to the Administrator in-person, or sent via email to OUSF@occ.ok.gov. For documents that have a file size over 10 MB, please contact the Administrator to determine the best method for transferring the documentation.
- A copy of the Request and one set of supporting documentation is required to be delivered to the
 Oklahoma Attorney General ("AG"). To ensure that you have the accurate contact information for the AG,
 please contact the Administrator.
- Additionally, a copy of the Request should be provided to the Beneficiary, and upon request, to each telecommunications carrier in the State of Oklahoma. The Administrator shall provide a list of the contributors to the OUSF upon request.

Checklist

| □ Provider na□ Provider co | ompleted and reviewed for typos. name listed as registered with the Oklahoma Corporation Commission. contact's name, phone number, and email listed. ry name and address are correct. |
|---|--|
| Lump Sum and Monthly | n and Monthly Recurring amounts and dates match the dates and amounts on the SUSF summary worksheet. s completed and reviewed for typos. |
| Request, SUS | SF & worksheet (excel version), and Certificate of Service are filed with the Commission's Court Clerk's office. |
| Preapprova Contract/Ag Invoices ar Completed Affidavit att Netw Copi Copy | Copy of Healthcare Entity's qualification/verification as part of a consortium. Copy of current verification of not-for-profit status, if applicable. |



Thank you!

If you have questions regarding the Oklahoma Universal Service Fund ("OUSF") funding request process, please contact us.

The Email address for OUSF Submissions, On-Site Training, Pre-Approval, or Questions is OUSF@occ.ok.gov.

