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 Payment Quality Assurance Program
**E-Rate – CONFIRMATION LETTER**

Recently, you received a notice from the Universal Service Administrative Company (USAC) indicating that a payment or discount you received from the federal Universal Service E-Rate program was being assessed for compliance with program rules. USAC, as administrator of the program on behalf of the Federal Communications Commission (FCC) and pursuant to its authority under Sections 54.516 and 54.707 of the FCC's rules, has selected this payment or discount for assessment under the Payment Quality Assurance (PQA) program. The purpose of the PQA program is to prevent waste, fraud and abuse of universal service funds by determining if payments made from the E-Rate program were accurate, properly documented and in compliance with FCC rules as set forth in Title 47, Part 54 of the Code of Federal Regulations.

Please enter all the requested information below describing the payment under examination. You can find this information in the email notifying you of your selection for PQA assessment.

**Case ID:** \_\_\_\_\_  
**BEN:** \_\_\_\_\_  
**Beneficiary:** \_\_\_\_\_  
**FRN:** \_\_\_\_\_  
**SPIN:** \_\_\_\_\_  
**Service Provider:** \_\_\_\_\_  
**Funding Year:** \_\_\_\_\_  
**Customer Billed Date or Customer Service Product Delivery Date:** \_\_\_\_\_  
**Disbursement Amount:** \_\_\_\_\_  
**Disbursement Date to Service Provider:** \_\_\_\_\_

Please complete the Beneficiary Confirmation section on page 2 and return a signed and dated version to USAC within 14 calendar days of the date you received the first notification email. Failure to accurately and fully provide all of the information requested in this confirmation letter by the due date may result in suspension or cancellation of current and future funding requests and/or recovery of funds previously paid under the E-Rate program pursuant to 47 C.F.R. § 54.707.

Sincerely,

**USAC - Payment Quality Assurance Program**

**Case ID:** \_\_\_\_\_

### Beneficiary Confirmation

In connection with this assessment, we would appreciate your cooperation in confirming the following information:

- |   | Yes                      | No                       | N/A                      |
|---|--------------------------|--------------------------|--------------------------|
| 1. All of the services and/or products for the above FRN were received and utilized within the funding year. Beginning July 1 of the funding year, Category One services as well as Basic Maintenance of Internal Connections have a 12-month funding period, while Internal Connections services have a 15-month period. If the above FRN has been granted an extension, the funding period ends when the extension expires. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. The beneficiary requested, and funds were disbursed, only for eligible services and/or products.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. All of the services and/or products were used only by entities noted on Block 4 of the FCC Form 471 (Funding Years 2014 and prior) or by entities listed as a Recipient of Service (Funding Years 2015 and later).   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. The beneficiary has an Internet Safety Policy adopted and enforced, including a technology protection measure in place that protects against Internet access by both adults and minors to visual depictions that are obscene, child pornography, or content harmful to minors on computers accessed by minors.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. The beneficiary is either (1) a public entity or (2) a non-public entity that does not have an endowment exceeding \$50 million during the funding year under review.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. A Technology Plan for the FRN identified on the notification letter was in place for the FRN during the funding year under review, except for basic telephone services requests for all funding years, FY 2010 or later requests for Voice Over Internet Protocol (VoIP), FY 2011 or later telecommunication services and Internet access (Category One service categories), and all FY 2015 or later funding requests.    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If you did not check a box, or selected “no” for any of the above, or wish to provide additional information, please provide a detailed explanation on separate sheet(s) of paper, and include with the signed and dated version of the letter you are returning to USAC. The additional information you are providing on separate sheet(s) is made a part of this letter, and the certification you are providing covers the information on the separate sheet(s).

I am a duly authorized officer of the beneficiary that received the federal Universal Service E-Rate program funding listed above and I certify that the information provided is true and correct.

Printed name of the person completing this form: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_