**BEFORE THE CORPORATION COMMISSION OF THE STATE OF OKLAHOMA**

|  |  |
| --- | --- |
| IN THE MATTER OF THE REQUEST OF \*\*\*NAME OF SCHOOL/LIBRARY/ELIGIBLE HEALTH CARE PROVIDER/CONSORTIUM\*\*\* OF \*\*\*NAME OF CITY/LIBRARY SYSTEM OR CITY/HEALTH CARE SYSTEM OR CITY/CONSORTIUM LEAD\*\*\* FOR FUNDING FROM THE OKLAHOMA UNIVERSAL SERVICE FUND  | CASE NO. OSF  |

**REQUEST FOR OUSF FUNDING AND**

**NOTICE OF REQUEST FOR OUSF FUNDING**

**COMES NOW,** the below listed Provider and requests funding from the Oklahoma Universal Service Fund (“OUSF”) pursuant to 17 O.S. § 139.106(D) for its provision of Special Universal Services to the below listed OUSF Beneficiary.

**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\*\*\*  |

**II.** **OUSF BENEFICIARY**

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

**III.** **OUSF FUNDING REQUESTED**

|  |  |
| --- | --- |
| **Lump Sum Request** | **$\*\*** |
|  | For Dates of Service | \*\* through \*\* |
| **Monthly Recurring Request** | **$\*\*** |
|  | For Services Beginning on | \*\* |
|  | For Providing Services of a(n) | \*\* (Mbps/Gbps) Internet access/WAN service/Telemedicine line |

**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:

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/eligible health care 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.

4. The amount of OUSF funding sought by the Provider is described on the Special Universal Service Fund Form and Worksheet, attached hereto and made a part hereof.

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.

6. Additional information necessary to support this Request is being submitted to the OUSF Administrator under separate cover as set forth in OAC 165:59-3-68.

7. 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. \*\*\*

8. If Provider is requesting a waiver of the 18-month rule, please insert the specific request, along with supporting justification, here.

**V. JURISDICTION**

The Commission has jurisdiction in this case pursuant to Article IX, Section 18 of the Oklahoma Constitution, and 17 O.S. §§ 139.101 *et* *seq*.

**VI. RELIEF REQUESTED**

**WHEREFORE,** the Provider requests that the Request for OUSF Funding and Notice of Request for OUSF Funding be granted, as set forth herein.

Respectfully submitted,

 **\*\*\*PROVIDER\*\*\***

 By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*\*ATTORNEY NAME \*\*\*, OBA #**

\*\*\*ADDRESS\*\*\*

\*\*\*ADDRESS\*\*\*

\*\*\*PHONE\*\*\*

\*\*\*EMAIL\*\*\*

**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**[Name of Beneficiary]**[Address of Beneficiary][Email Address of Beneficiary] | **OUSF Administrator** Public Utility Division DirectorOklahoma Corporation CommissionP.O. Box 52000Oklahoma City, OK 73152-5200OUSF@occ.ok.gov  |
|  |  |

Signed,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*\*CONTACT PERSON’S NAME \*\*\*