FCC Form 470 – Funding Year 2016

Form 470 Application Number: 160027731
16.470.CCHS

Billed Entity

CHILDRENS CARE HOSP & SCHOOL DBA LIFESCAPE
2501 W 26TH ST
SIOUX FALLS, MINNEHAHA, SD 57105
605-444-9500

Billed Entity Number: 65937
FCC Registration Number: 0002430890

Contact Information

Bonnie Overweg
bonnie@dakotaacademic.com
605-977-4648

Application Type

Applicant Type: School
Recipients of Services: Public School

Number of Eligible Entities: 1

Consulting Firms

Name	Consultant Registration Number	Phone Number	Email
Dakota Academic Consulting	16062227	605-977-4648	bonnie@dakotaacedemic.com

Consultants

Name	Phone Number	Email
Bonnie Overweg	605-977-4648	bonnie@dakotaacademic.com

RFPs

Id	Name

Category One Service Requests

Service Type	Function	Other	Minimum Capacity	Maximum Capacity	Entities	Quantity	Unit	Installation and Initial Configuration?	Maintenance and Technical Support?	Associated RFPs
Internet Access and/or Telecommunications	Cellular Voice				1	45	Lines	No	No	
Internet Access and/or Telecommunications	Voice Service (Analog, Digital, Interconnected VOIP, etc)				1	120	Users	Yes	Yes	
Internet Access and/or Telecommunications	Internet Access and Transport Bundled		5 Mbps	500 Mbps	1	125	Circuits	No	Yes	
Internet Access and/or Telecommunications	Lit Fiber Service		50 Mbps	300 Mbps	1	1	Circuits	No	Yes	

Description of Other Functions

Id	Name

Narrative
Non-Fiber internet is for VoIP data.

Category Two Service Requests

Service Type	Function	Manufacturer	Other	Entities	Quantity	Unit	Installation and Initial Configuration?	Associated RFPs
Basic Maintenance of Internal Connections	Antennas, Connectors, and Related Components	No Preference		1		Each		
Basic Maintenance of Internal Connections	Cabling	No Preference		1		Feet		
Basic Maintenance of Internal Connections	Caching	No Preference		1		Each		
Basic Maintenance of Internal Connections	Firewall Service and Components	No Preference		1		Each		
Basic Maintenance of Internal Connections	Router	No Preference		1		Each		
Basic Maintenance of Internal Connections	Switches	No Preference		1		Each		
Basic Maintenance of Internal Connections	UPS/Battery Backup	No Preference		1		Each		
Basic Maintenance of Internal Connections	WAP	No Preference		1		Each		
Basic Maintenance of Internal Connections	Wireless Controller	No Preference		1		Each		

Description of Other Manufacturers

Id	Name

Narrative

Technical Contact

Jan Lenz
Sr. Accountant
605-444-9500
jan.lenz@lifescapesd.org

State and Local Procurement Restrictions

Recipients of Service

Billed Entity Number	Billed Entity Name
65937	CHILDRENS CARE HOSP & SCHOOL DBA LIFESCAPE

Certifications

I certify that the applicant includes:

I certify that the applicant includes schools under the statutory definitions of elementary and secondary schools found in the No Child Left Behind Act of 2001, 20 U.S.C. §§ 7801 (18) and (38), that do not operate as for-profit businesses, and do not have endowments exceeding $50 million.

Other Certifications

I certify that this FCC Form 470 and any applicable RFP will be available for review by potential bidders for at least 28 days before considering all bids received and selecting a service provider. I certify that all bids submitted will be carefully considered and the bid selected will be for the most cost-effective service or equipment offering, with price being the primary factor, and will be the most cost-effective means of meeting educational needs and technology goals.

I certify that I have reviewed all applicable FCC, state, and local procurement/competitive bidding requirements and that I have complied with them. I acknowledge that persons willfully making false statements on this form may be punished by fine or forfeiture, under the Communications Act, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

I acknowledge that FCC rules provide that persons who have been convicted of criminal violations or held civilly liable for certain acts arising from their participation in the schools and libraries support mechanism are subject to suspension and debarment from the program.

I certify that I will retain required documents for a period of at least 10 years (or whatever retention period is required by the rules in effect at the time of this certification) after the later of the last day of the applicable funding year or the service delivery deadline for the associated funding request. I certify that I will retain all documents necessary to demonstrate compliance with the statute and Commission rules regarding the form for, receipt of, and delivery of services receiving schools and libraries discounts. I acknowledge that I may be audited pursuant to participation in the schools and libraries program. I certify that the services the applicant purchases at discounts provided by 47 U.S.C. § 254 will be used primarily for educational purposes, see 47 C.F.R. § 54.500, and will not be sold, resold or transferred in consideration for money or any other thing of value, except as permitted by the Commission's rules at 47 C.F.R. § 54.513. Additionally, I certify that the entity or entities listed on this form have not received anything of value or a promise of anything of value, other than services and equipment sought by means of this form, from the service provider, or any representative or agent thereof or any consultant in connection with this request for services.

I acknowledge that support under this support mechanism is conditional upon the school(s) and/or library(ies) I represent securing access, separately or through this program, to all of the resources, including computers, training, software, internal connections, maintenance, and electrical capacity necessary to use the services purchased effectively. I recognize that some of the aforementioned resources are not eligible for support. I certify that I have considered what financial resources should be available to cover these costs. I certify that I am authorized to procure eligible services for the eligible entity(ies). I certify that I am authorized to submit this request on behalf of the eligible entity(ies) listed on this form, that I have examined this request, and to the best of my knowledge, information, and belief, all statements of fact contained herein are true.

Authorized Person

Bonnie Overweg
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Sioux Falls, SD 57103
605-977-4648
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Certified Timestamp

02/18/2016 11:06 AM EST