FCC Form 470 – Funding Year 2016

Form 470 Application Number: 160002124
Freeport 2016 Form 470

Billed Entity

FREEPORT DISTRICT LIBRARY
PO BOX 4, 208 S STATE ST
FREEPORT, BARRY, MI 49325
616-765-5181

Billed Entity Number: 131484
FCC Registration Number: 0012890810

Contact Information

Tammy Borden
fretammyborden@gmail.com
616-765-5181

Application Type

Applicant Type: Library System
Recipients of Services: Public

Number of Eligible Entities: 0

Consulting Firms

Name	Consultant Registration Number	Phone Number	Email
Elite Fund Inc	16043589	800-705-9703	

Consultants

Name	Phone Number	Email
Janelle Morgan	989-283-1200	jmorgan@elitefund.com
Missy Studley	989-283-1200	missy@elitefund.com

RFPs

Id	Name
467	FreeportDL16

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	Voice Service (Analog, Digital, Interconnected VOIP, etc)				1	1	Users	Yes	Yes	467
Internet Access and/or Telecommunications	Internet Access: ISP Service Only		5 Mbps	200 Mbps	1			Yes	Yes	467

Description of Other Functions

Id	Name

Narrative
Additional phone lines may be needed.

Category Two Service Requests

Service Type	Function	Manufacturer	Other	Entities	Quantity	Unit	Installation and Initial Configuration?	Associated RFPs
Internal Connections	WAP	No Preference			2	Each	Yes	467
Internal Connections	Switches	No Preference			1	Each	Yes	467
Internal Connections	UPS/Battery Backup	No Preference			1	Each	Yes	467
Internal Connections	Cabling	No Preference		1	1000	Feet	Yes	467
Managed Internal Broadband Services	Existing Equipment			1				467
Basic Maintenance of Internal Connections	WAP	No Preference		1	2	Each		467
Basic Maintenance of Internal Connections	Switches	No Preference		1	2	Each		467
Basic Maintenance of Internal Connections	UPS/Battery Backup	No Preference		1	1	Each		467
Basic Maintenance of Internal Connections	Wireless Controller	No Preference		1	1	Each		467
Basic Maintenance of Internal Connections	Firewall Service and Components	No Preference		1	1	Each		467
Basic Maintenance of Internal Connections	Cabling	No Preference		1	1000	Feet		467
Basic Maintenance of Internal Connections	Router	No Preference		1	1	Each		467

Description of Other Manufacturers

Id	Name

Narrative
For the cabling, we need enough to cover the distance between seven computers. For basic maintenance, we need coverage for all E-rate eligible equipment.

Technical Contact

State and Local Procurement Restrictions

Recipients of Service

Billed Entity Number	Billed Entity Name
131484	FREEPORT DISTRICT LIBRARY

Certifications

I certify that the applicant includes:

I certify that the applicant includes libraries or library consortia eligible for assistance from a State library administrative agency under the Library Services and Technology Act of 1996 that do not operate as for-profit businesses and whose budgets are completely separate from any schools (including, but not limited to elementary and secondary schools, colleges, and universities).

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

Missy Studley
Elite Fund Inc
406 N State St, Ste C, PO Box 125, Elite Fund Inc
Stanton, MI 48888
989-283-1200
missy@elitefund.com

Certified Timestamp

10/20/2015 09:59 AM EDT