



STATE OF RHODE ISLAND  
DEPARTMENT OF ELEMENTARY  
AND  
SECONDARY EDUCATION

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2010 - 2011 Program Year  
Letter of Agency

**MUST BE RETURNED BY Friday, September 25, 2009**

I (name & title) \_\_\_\_\_ confirm the participation of  
(School /Library Name & Address) \_\_\_\_\_ in the State of  
Rhode Island E-Rate Consortium, and I authorize Holly Walsh of the Rhode Island Department of Education to submit the E-Rate  
Form 470 and other E-Rate forms to the Schools and Library Division for the following eligible services as described in the most  
current "Eligible Services List" published by USAC:

- Telecomm services (data lines) see attached notes 1 & 2
- Internet Access services for Consortium Application see attached note 3

1. I certify that the services that our school system purchases at the E-Rate discounts (as described in the law, 47 U.S.C. Sec. 254) will be used solely for educational purposes and will not be sold, resold or transferred in consideration for money or any other thing of value, except as permitted by the rules of the Federal Communications Commission at 47 C.F.R. § 54.500(et seq).
2. I certify that OUR SCHOOL AND/OR SCHOOLS in our district are all schools under the statutory definitions of elementary and secondary schools found in No Child Left Behind Act of 2001, 20 U.S.C. §§ 7801(18) and (38), do not operate as for-profit businesses, and do not have endowments exceeding \$50 million.
3. I certify that all schools in our district are covered, or will be covered at the time funded services are provided, by E-rate approved technology plans for all 12 months of the funding year.
4. I recognize that support under this program is conditional upon the school(s) I represent, securing access to all of the resources, including computers, training, software, maintenance, and electrical connections necessary to use these services effectively.
5. I certify that our school district is compliant, or will be compliant at the time funded services are provided, with the Children's Internet Protection Act (unless discounts are only being requested for telecommunications services.)
6. I certify that I will retain required documents for a period of at least five years after the last day of service delivered to demonstrate compliance with the statute and Commission rules regarding the application for, receipt of, and delivery of services receiving schools and libraries discounts, and that if audited, I will make such records available to the Administrator. I acknowledge that I may be audited pursuant to participation in the schools and libraries program.
7. I certify that, to the best of my knowledge, the non-discount portion of the costs for eligible services will not be paid by the service provider. I acknowledge that the provision, by the provider of a supported service, of free services or products unrelated to the supported service or product constitutes a rebate of some or all of the cost of the supported services.
8. I certify that I am authorized to sign this letter of agency and to the best of my knowledge and belief, all information provided to the R.I. Department of Education, for the E-Rate submission, is true. I understand that persons willfully making false statements on the E-Rate Forms or through this Letter of Agency, can be punished by fine or forfeiture of services under the *Communications Act, 47 U.S.C. Sec's 502, 503(b)*, or fine or imprisonment under *Title 18 of the U.S. Code, 18 U.S.C. Sec. 1001*

*This Signature authorizes the above statements, within their knowledge, to be current and accurate*

Authorizing signature: \_\_\_\_\_ DATE:    /    /2009

NAME: \_\_\_\_\_ (PLEASE PRINT)

TITLE: \_\_\_\_\_

DISTRICT / SCHOOL / LIBRARY: \_\_\_\_\_

**District/School/Library Billed Entity Number (BEN) from the SLD:**