

**FCC Form 472**  
**Universal Service for Schools and Libraries**  
**BILLED ENTITY APPLICANT REIMBURSEMENT FORM**

**Instructions for Completing the**  
**Universal Service for Schools and Libraries**  
**Billed Entity Applicant Reimbursement (BEAR) Form**

**FCC NOTICE FOR INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT**

Part 54 of the Commission's Rules authorizes the FCC to collect the information on this form. Failure to provide all requested information will delay the processing of the application or result in the application being returned without action. Information requested by this form will be available for public inspection. Your response is required to obtain the requested authorization.

The public reporting for this collection of information is estimated to range from 1 to 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the required data, and completing and reviewing the collection of information. If you have any comments on this burden estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, AMD-PERM, Paperwork Reduction Act Project (3060-0856), Washington, DC 20554. We will also accept your comments regarding the Paperwork Reduction Act aspects of this collection via the Internet if you send them to PRA@fcc.gov. PLEASE DO NOT SEND YOUR RESPONSE TO THIS FORM TO THIS ADDRESS.

Remember – You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0856.

THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, PUBLIC LAW 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3) AND THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

**PURPOSE OF FORM**

The FCC Form 472, Billed Entity Applicant Reimbursement (BEAR) Form is used by the Billed Entity that received a Funding Commitment Decision Letter (FCDL) from the fund administrator, the Schools and Libraries Division (SLD) of the Universal Service Administrative Company (USAC), and filed an FCC Form 486, Receipt of Service Confirmation Form, indicating that the Billed Entity intended to submit to USAC an invoice for reimbursement of discounts on eligible services received on or after the effective date of discounts and already paid for by the applicant.

In the case of qualified preexisting contracts, discounts may be effective as of January 1, 1998, the beginning of the first program year. In other situations, the discounts will be effective as of a date following the award of a contract that resulted from posting of a request for new services in an FCC Form 470, Description of Services Requested and Certification Form, to USAC website.

Completion of the BEAR is mandatory unless the Billed Entity and service provider have made their own, mutually agreed-upon arrangements for reimbursement or implementation of the discounts. If such an arrangement has been mutually agreed upon, reimbursement of the discounts can be achieved by submission of an FCC Form 474, Service Provider Invoice Form to the fund administrator, following either the service provider's reimbursement to the Billed Entity or the implementation of the discounts. The applicant should prepare and submit a BEAR to the fund administrator when ALL of the following conditions occur:

1. The applicant receives a FCDL from the fund administrator which approves discounts for services; AND
2. The applicant is already receiving or has received these services, and has already paid for the services, including the price of the discounts; AND

3. The applicant has filed a Form 486.

A Billed Entity will prepare a BEAR for the amount of the discounts associated with the services set forth in a specific row or line of the associated Form 471 (known as a Funding Request Number or FRN) which the applicant has already received and paid for. If the applicant will be seeking reimbursement for services provided by more than one service provider, as designated by a Service Provider Identification Number (SPIN) in the applicant's Form 486, the applicant will prepare a separate BEAR for each SPIN. The reimbursement period for each FRN will begin with the Funding Year Service Start Date reported by USAC in your Form 486 Notification Letter.

On the BEAR, the service provider must sign an Acknowledgment that:

(1) The service provider must remit the discount amount authorized by the fund administrator to the Billed Entity who prepared and submitted this BEAR as soon as possible after the fund administrator's notification to the service provider of the amount of the approved discounts on this BEAR, but in no event later than 20 business days after receipt of the reimbursement payment from the fund administrator, subject to the restriction set forth in (2) below

(2) The service provider must remit payment of the approved discount amount to the Billed Entity prior to tendering or making use of the payment issued by the Universal Service Administrative Company to the service provider of the approved discounts for the BEAR.

**Important Note:** This Acknowledgment, which is Block 4 of the BEAR, must be submitted by the Billed Entity **as part of the completed, entire BEAR** to the fund administrator. If the BEAR is submitted without the signature of your service provider on the Acknowledgment, the BEAR will not be processed and it will be returned to you.

## FILING REQUIREMENTS AND GENERAL INSTRUCTIONS

### *Who Must File?*

The Billed Entity representing a school, library, library consortium, or consortium of multiple entities (hereinafter referred to as "school or library") who:

- (1) completed and submitted the FCC Form 471, Services Ordered and Certification Form; **and**
- (2) filed the Form 486; **and**
- (3) seeks to receive reimbursement for the discounts for services already received and paid for since the actual service start date

must submit this BEAR to the fund administrator. The Billed Entity must complete the BEAR and obtain the signature of the relevant service provider on the Service Provider Acknowledgment before sending the BEAR to the fund administrator.

Throughout these Instructions, the Billed Entity Applicant will be referred to as "applicant" or "you," the relevant service provider will be referred to as "your service provider," and the BEAR will be referred to as "BEAR" or "Form."

### *How Many BEARs to File at One Time?*

You must submit a separate BEAR for each service provider with a separate Service Provider Identification Number (SPIN) whose services you have already received and paid for since your actual service start date. For each SPIN, your BEAR should contain information for each and every one of the multiple FRNs for services delivered by that service provider AND for which you have received your FCDL. Please be sure that each BEAR that you complete contains only one SPIN; but remember that all of the multiple FRNs for which you have received your FCDL should be listed for that SPIN.

### Examples

- You receive one FCDL (based on one Form 471) that has five FRNs approved for discounts:
  - SPIN #111111111 is associated with three FRNs
  - SPIN #222222222 is associated with one FRN
  - SPIN #333333333 is associated with one FRN.

You would submit three BEARs: one listing all the FRNs associated with SPIN #111111111, and one each for SPIN #222222222 and SPIN #333333333.

- You receive two FCDLs on the same date, based on two Forms 471.
  - One letter approves discounts for two FRNs associated with SPIN #111111111.
  - The other letter approves discounts for three FRNs also associated with SPIN #111111111.

You would file just one BEAR listing all the FRNs associated with SPIN #111111111.

### ***When to File?***

The BEAR should be filed after you have received and paid for eligible services covered by your Form(s) 471 and you have filed a Form 486 for the pertinent FRNs approved in your FCDL.

You may submit the BEAR once a year for reimbursement of the discounts for non-recurring services for the entire year, or you may file more frequently. Quarterly filing of Forms 472 for recurring services is recommended as that allows for a smoother processing flow with fewer delays in the distribution of authorized funds, and it assists service providers in their review of certifications for the BEAR forms.

**NOTE:** If USAC has adjusted your Funding Year Service Start Date, as reflected on your Form 486 Notification Letter, USAC will not honor BEARs with recurring services dates in Column 12 or non-recurring services dates in Column 13 prior to that Funding Year Service Start Date.

### ***Prediscount Cost Calculation Grid***

Applicants are encouraged to complete and submit a Prediscount Cost Calculation Grid to substantiate the amount of the discounts computed on this BEAR. The Prediscount Cost Calculation Grid is available from USAC website [www.usac.org/sl](http://www.usac.org/sl) or by contacting the Client Service Bureau toll free at 1-888-203-8100 or by fax at 1-888-276-8736. The Prediscount Cost Calculation Grid provides a formula for computing the appropriate prediscount cost for eligible entities' use of eligible services for eligible purposes, from the bills issued by service providers. Applicants are encouraged to consult their service providers when completing the Prediscount Cost Calculation Grid to exchange mutually beneficial information concerning the method used by the applicant to complete this grid. Many service providers may need the information contained in the Prediscount Cost Calculation Grid in order to begin the prospective billing of discounts.

### ***Where to File?***

The BEAR can be filed either online or on paper.

- ***If you are filing online:*** You may complete, submit and certify the BEAR in the Apply Online section of our website at [www.sl.universalservice.org/menu.asp](http://www.sl.universalservice.org/menu.asp). The system is designed so that once you make the appropriate certifications, the service provider featured is notified that the BEAR is available for their review and online certification or response to you.
- ***If you are filing on paper:*** You may complete and submit the BEAR by filing a paper copy of the completed BEAR, including **BOTH** the completed and signed Block 3 AND Block 4 certification pages, with USAC. The signed BEAR must be filed with USAC at the address listed at the bottom of the BEAR: **SLD BEAR, P.O. Box 7026, Lawrence, KS 66044-7026**. For those applicants using express delivery services or U.S. Postal Service Return Receipt Requested, send to: **SLD Forms, ATTN: SLD Form BEAR 472, 3833 Greenway Drive, Lawrence, KS 66046**, phone 1-888-203-8100. **DO NOT FILE THIS OR ANY OTHER UNIVERSAL SERVICE FORM WITH THE FCC.**

In addition, if you are filing on paper you must provide a complete copy of this BEAR to the relevant service provider, along with a copy of the Prediscount Cost Calculation Grid if you have prepared one. This information will assist your service provider in beginning prospective billing for your discounts once your reimbursement has been paid. You may want to work directly with your service provider in filling out this BEAR; at minimum, you must provide the completed BEAR and Prediscount Cost Calculation Grid (if you have completed a Grid) when you contact your service provider to obtain a signature on the Block 4 Service Provider Acknowledgment. Contact your service provider to find out who on its staff should be your contact person for these purposes. The fund administrator will make every effort to publicize the service providers' contact information on USAC's website [www.usac.org/sl](http://www.usac.org/sl).

### ***Compliance.***

Anyone filing false information is subject to penalties for false statements, including 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.

All of the information required in the BEAR must be completed, in order for this BEAR to be accepted by the fund administrator for entry into our data system. A valid entry must be submitted by the Billed Entity for each component of information required. These instructions set forth the requirements for a valid entry. If you have any questions about completing this BEAR or any Program form, please contact the SLD Client Service Bureau at 1-888-203-8100, or visit the USAC website at [www.usac.org/sl](http://www.usac.org/sl), before submitting the BEAR. If the BEAR is not properly completed, it may be rejected and returned to you.

### ***Where to Get More Information?***

You may call the SLD Client Service Bureau at 1-888-203-8100, send an E-mail from the USAC website using "Submit a Question" or a fax to 1-888-276 - 8736 for more information on how to complete this or other universal service forms. Information is also available on the USAC website.

### **AT A GLANCE: 9 STEPS TO CORRECTLY COMPLETING THIS BEAR**

**Follow these steps to prepare your BEAR.**

1. Carefully read all of the Instructions that follow on these pages.
2. If you have not already done so, complete Form 486.
3. Gather together your records of the bills you've paid for this service since your Funding Year Service Start Date (reported in your Form 486 Notification Letter). Inform your service provider that you are preparing this BEAR. You may want to work directly with your service provider to complete this BEAR, and/or request specific information you need to supplement your own billing and payment records.
4. Use your records, your FCDL from USAC, your Form 486 Notification Letter, and any additional information from your service provider to complete the BEAR.
5. Complete the Optional Prediscount Cost Calculation Grid to help compute the amount of discounts sought for reimbursement. The grid is available on the USAC website or by contacting the Client Service Bureau toll free at 1-888-203-8100 or by fax at 1-888-276-8736.
6. Use the information you have developed in Steps 2-6, above, to complete Blocks 1-3 of this BEAR.
7. Provide a copy of the completed Form and Optional Prediscount Cost Calculation Grid to your service provider with a request for your service provider to sign and return to you Block 4: Service Provider Acknowledgment. Your service provider may return the signed Block 4 to you via fax, mail, or in person. An original ink signature is NOT required on Block 4.
8. Attach the signed Block 4 to your original BEAR, make certain that you have signed Block 3, and copy the entire completed BEAR for your files.
9. Mail your original BEAR, with your signature in Block 3, to the address listed on the BEAR and in "Where to File," above.

### **SPECIFIC INSTRUCTIONS**

Type or clearly print in the spaces provided. Applicants may attach additional pages if necessary.

#### **Block 1 Header Information**

**Item (1) - 471 Billed Entity Applicant Name.** Provide your name as indicated on the corresponding Form 471 FCDL.

**Item (2) - 471 Billed Entity Applicant Number.** Provide the Billed Entity Number as it appears on your FCDL for the corresponding Form 471. **Please be sure to obtain this information from your FCDL, as the information may have been reported differently in your original Form 471 application.**

**Item (3) - Service Provider Identification Number (SPIN).** Provide the number assigned to the service provider who is delivering the services for which you are submitting this BEAR. Remember, only one SPIN is permitted per BEAR.

**Item (4) - Contact Name.** Provide the name of the person who should be contacted if the fund administrator has questions about this BEAR. The contact person must be able to answer questions in a timely manner regarding the information

included in this BEAR and the eligible services that have been or are being provided.

**Item (5) - Contact Telephone Number.** Provide the telephone number with area code for contacting the person identified in Item (4). You may also include an extension of up to four (4) digits for a total of 14 digits.

**Item (6) - Reimbursement Form Number.** Please assign a unique number to identify this BEAR for your own records. This number (which can include both numerals and letters) could be generated by your usual billing system, or created specifically for this purpose. For example, if you have an accounting system which assigns an invoice number to bills and accounts receivables, the you may use the identification number assigned by your billing system. We will refer to this number to identify this particular invoice should we need to contact you concerning this BEAR.

**Item (7) - Reimbursement Form Date to USAC.** Provide the date that you completed and mailed **this** BEAR to the fund administrator.

**Item (8) - Total Reimbursement Amount.** Provide the total amount associated with this BEAR. **This amount should be the sum of the entries in Column (15).** This figure can be a maximum of 14.2 digits, to accommodate dollars and cents.

## **Block 2 Line Item Information per Funding Request Number**

### **Columns (9) through (15)**

The information requested in the following Columns should be completed for each Funding Request Number when:

- (1) you are already receiving or have received the service(s); and
- (2) the service was delivered to you on or after the start date of discounts reported on your Form 486 Notification Letter); and
- (3) you already paid for the services you are receiving or have received.

Please remember that all FRNs included on this BEAR must be associated with the **same service provider whose SPIN is listed in Item (3) of Block 1.**

**Column (9) - FCC Form 471 Application Number.** This is the number USAC assigned to the Form 471 with which this line of the BEAR is associated. This number must be obtained from your FCDL.

**Column (10) - Funding Request Number (FRN).** This is the number USAC assigned to each distinct row or line of your Form 471. Each FRN is set forth in your FCDL.

**Column (11) - Bill Frequency.** Please do not complete this Column, as this Column will be completed by the fund administrator.

**Column (12) - Customer Billed Date.** This Column should be completed for reimbursement of bills for recurring services billed and paid on a monthly or other-than-monthly (e.g., quarterly, semi-annual, or annual) basis, AND for reimbursement of multiple installments paid on non-recurring services. Please note that this date must be no earlier than January 1, 1998, because only services received and paid for in the current program year are eligible for discounts.

- For approved recurring services billed on a **monthly basis**, the date in Column (12) should be the date of the **first** bill that you received from the service provider after the service start date reported on your Form 486 Notification Letter.
- For approved recurring services **billed on an other-than-monthly basis (e.g., quarterly, semi-annually, or annually)**, the date in this column should be your service start date as reported in your Form 486 Notification Letter. To accurately calculate the amounts you enter in Column 14 , you may need to pro-rate one or more bills.
- For approved non-recurring services billed in multiple installments, the date in Column (12) should be the date of the **first** bill that you received from the service provider after the service start date reported on your Form 486 Notification Letter.

The date must be in month and 4-digit year (mm/yyyy) format.

**Column (13) - Shipping Date or Last Day of Work Performed.** This Column should be used primarily for internal connections and other non-recurring products/services billed one-time only. The date in Column (13) should be either the date that the products were shipped or the last date that the service provider performed its work. This date should be in

month/day/four-digit year (mm/dd/yyyy) format.

**Please note that only Column 12 OR Column 13 should be completed for each FRN. Please do NOT complete BOTH Columns 12 and 13 for the same FRN.**

**Column (14) - Total (Undiscounted) Amount for Service per FRN.** The total undiscounted amount represents the total amount paid per FRN beginning with the service start date as reported in your Form 486 Notification Letter, and ending with the date of the last bill you paid in full and for which you are seeking reimbursement of the discount on the BEAR. This figure can be no more than 14.2 digits, including dollars and cents.

**Column (15) - Discount Amount Billed to USAC.** The discount amount represents the total amount of funds for which you are seeking reimbursement — that is, your discounted portion of Column (14). Before applying the approved discount percentage to the amount in Column (14), you must deduct charges for any ineligible services, or for eligible services delivered for ineligible recipients or used for ineligible purposes. (For help breaking out these charges, use the Optional Prediscount Cost Calculation Grid available on the USAC website.) After deducting these charges from the amount in Column (14), apply the approved discount percentage reflected in your FCDL for this FRN, and enter the resulting total in Column (15). This figure can be no more than 14.2 digits, including dollars and cents.

### **Block 3 Billed Entity Certification**

The Billed Entity must sign the Certification to confirm:

- A. The discount amounts listed in Column (15) of this Form represent charges for eligible services delivered to and used by eligible schools, libraries, or consortia of those entities for educational purposes, on or after the service start date reported on the associated Form 486.
- B. The discount amounts listed in Column (15) of this Form were billed and paid in full by the Billed Entity on behalf of eligible schools, libraries, and consortia of those entities.
- C. The discount amounts listed in Column (15) of this Form are for eligible services approved by the fund administrator pursuant to a Funding Commitment Decision Letter.
- D. The applicant recognizes that it may be audited pursuant to this application and agrees to retain for five years any and all records that it relied upon to complete this BEAR.

**Item (16) - Signature.** The signature of an authorized person on behalf of the Billed Entity must be on the Certification.

**Item (17) - Date.** The date that the Billed Entity Applicant signs the BEAR must be completed.

**Item (18) - Printed name of authorized person.** The printed name of the authorized person must be provided.

**Item (19) - Title or position of authorized person.** The title or position of the authorized person must be provided.

**Item (20) - Telephone number of the authorized person.** The telephone number for contacting the authorized person must be provided, should the fund administrator need to contact this person.

**Item (21) - Address of authorized person.** The address of the authorized person must be provided.

#### **Block 4 Service Provider Acknowledgment**

The service provider whose SPIN is listed in Item 3 of Block 1 must sign the Acknowledgment that confirms the following:

(A) The service provider must remit the discount amount authorized by the fund administrator to the Billed Entity Applicant who prepared and submitted this Billed Entity Applicant Reimbursement Form as soon as possible after the fund administrator's notification to the service provider of the amount of the approved discounts on this Billed Entity Applicant Reimbursement Form, but in no event later than 20 business days after receipt of the reimbursement payment from the fund administrator, subject to the restriction set forth in B. below.

(B) The service provider must remit payment of the approved discount amount to the Billed Entity Applicant prior to tendering or making use of the payment issued by the Universal Service Administrative Company to the service provider of the approved discounts for the Billed Entity Applicant Reimbursement Form.

**Item (22) - Signature of authorized person.** The original, fax or copy of the signature of an authorized person on behalf of a service provider must be provided. An authorized person is an individual who works for the service provider and who has the knowledge required by the Acknowledgment.

**Item (23) - Date.** Provide the date that the service provider signed the Acknowledgment.

**Item (24) - Printed name of authorized person.** Please print the name of the authorized person whose signature was provided in Item 21.

**Item (25) - Title or position of authorized person.** Please provide the title or position of the authorized person whose signature was provided in Item 21.

**Item (26) - Telephone number of authorized person.** Please provide the telephone number of the authorized person, so that the fund administrator may contact the authorized person if necessary.

**Item (27) - Address of authorized person.** Please provide the address of the authorized person.

**Important Note:** This Acknowledgment, which is Block 4 of the BEAR, must be submitted by the Billed Entity Applicant **as part of** the completed, entire BEAR to the fund administrator. If the BEAR is submitted without the signature of your service provider on the Acknowledgment, the BEAR will not be processed and will be returned to you.