

California Teleconnect Fund (CTF)– Service Discounts Certification Application

Instructions for Applicants:

Applicants shall provide all information required on the application and return the completed application to the Commission for review. If applicants are applying for discounted services under more than one entity type, a separate application form is to be used for each entity type. Service under the discounted rates is not available until the application has been reviewed, in the order received, by the California Public Utilities Commission (CPUC) staff.

The Telecommunications Division will notify eligible entities, in writing, of the status of their application. The specific date of eligibility will be date stamped on your application, which will be returned with the notification letter. Applicants should then contact their service providers to receive service using the notification letter as proof of eligibility. Confirmed eligibility does not automatically establish participation. All participation is subject to the availability of program funds, which are administered on a first come, first served basis. If applicants add to or change subscribed services after they start participating in the program, they must inform the utility customer service representative at the time changes are made, of their participation in the CTF program. This information is necessary to ensure accurate claims information and timely program payments

Applicants are responsible for notifying the CPUC of any change in any statements attested to in the application within 30 days from the date of the change. This notification shall be accomplished by filling out a new certification application, along with any required attachments, and a brief explanation of the change. All applications and any notifications of changes shall be mailed or hand delivered to the CPUC, Telecommunications Division - Attention: California Teleconnect Fund, 505 Van Ness Avenue, Third Floor, San Francisco, CA 94102. Upon receipt of information regarding changes, the staff will evaluate whether the customer still qualifies for the California Teleconnect Fund discounts.

CTF Application No.

**CALIFORNIA TELECONNECT FUND
Service Discounts Certification Application**

<p>Name of Institution or Organization _____</p> <p>Mailing Address: _____</p>
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Please check one of the following boxes to identify your entity type (use a separate form for each entity if you are applying for service discounts under more than one type):

_____ K-12, Public School / Public School District
Please enter your CDE Code #: _____

_____ K-12, Non-Profit Private School
Please enter your CDE Code #: _____
(Please attach a copy of tax-exempt statement from the Internal Revenue Service.)

_____ Library eligible for funds in the state-based plans under Title III of the Library Services and Construction Act, now the Library Services and Technology Act.
(Please attach a copy of certification from the California State Library.)

_____ Municipal, county government or hospital district owned and operated hospital or health clinic.

_____ Community based organization, tax exempt under Section 501(c)(3) or 501(d) of the Internal Revenue Code and offering at least one of the following : health care, job training, job placement, educational instruction or a community technology program offering access to and training in the Internet and other technologies.
(Please attach a copy of your tax-exempt statement from the IRS and your latest IRS Form 990.)

Date Stamp

Please answer yes or no to the following question as appropriate:

_____ If you are applying as a school, do you have a total endowment that exceeds \$50 million?

Applicant is responsible for notifying the California Public Utilities Commission within 30 days of any change in any of the above statements.

I, (please print *name and title*)

_____,
_____ declare under penalty of perjury under the laws of the State of California that I am authorized to act on behalf of the above-named institution, that the above statements are true and accurate to the best of my knowledge and belief, and that the subscribed discounted telecommunications services will not be sold, resold, transferred or shared with any other non-qualifying entity or person.

Signature: _____ Date: _____

Tel: () _____ FAX (Required): () _____ E-Mail (Required): _____

For CPUC Use only:

Certification Application Complete:

Yes ____ No ____ Initials: _____ Date: _____