

## **Lifeline and Link-Up Worksheet, FCC Form 497**

### **Instructions for Completing the Lifeline and Link-Up Worksheet, FCC Form 497**

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NOTICE: To implement Section 254 of the Communications Act of 1934, as amended, the Federal Communications Commission adopted changes to the federal low-income programs. The Commission expanded the availability of these programs and the level of funding for discounts to low-income customers.

The following Worksheet provides the means by which eligible telecommunications carriers will be reimbursed by the Universal Service Administrative Company (USAC) for their participation in these programs. Failing to collect the information, or collecting it less frequently, would prevent the Commission from implementing sections 214 and 254 of the Act, would thwart Congress' goals of providing affordable service and access to advanced services throughout the nation, and would result in eligible telecommunications carriers not receiving universal service support reimbursements in a timely fashion.

We have estimated that each response to this collection of information will take, on average, three and a half hours for each respondent. Our estimate includes the time to read this data request, review existing records, gather and maintain required data, and complete and review the response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, AMD-PERM, Washington, D.C. 20554, Paperwork Reduction Project (3060-0819). We will also accept your comments on the burden estimate via the Internet if you send them to [jboley@fcc.gov](mailto:jboley@fcc.gov). Please DO NOT SEND the data requested to this e-mail address.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

The FCC is authorized under the Communications Act of 1934, as amended, to collect the information we request in this form. If we believe there may be a violation or a potential violation of a FCC statute, regulation, rule or order, your Worksheet may be referred to the Federal, state or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation or order. In certain cases, the information in your Worksheets may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government is a party of a proceeding before the body or has an interest in the proceeding.

If you do not provide the information we request on the Worksheet, the FCC may delay processing of your Worksheet or may return your Worksheet without action.

The foregoing Notice is required by the Paperwork Reduction Act of 1995, Pub. L. No. 104-13, 44 U.S.C. § 3501, et seq.

**Filing Schedule**

Completed Worksheets should be faxed or mailed to USAC by the 15<sup>th</sup> of the month after the end of each quarter. If the 15<sup>th</sup> falls on a federal holiday or weekend, the Worksheet is due the next business day. (See schedule listed below). You should submit three separate Worksheets per quarter, i.e., one Worksheet for each month within the quarter.

USAC Low-Income Program  
444 Hoes Lane  
RRC 4A1060  
Piscataway, NJ 08854

Fax: 866-873-4665

<b><u>Data Months</u></b>	<b><u>Due Dates of Forms Sent to USAC</u></b>
January, February, March	April 15 <sup>th</sup>
April, May, June	July 15 <sup>th</sup>
July, August, September	October 15 <sup>th</sup>
October, November, December	January 15 <sup>th</sup>

## **Introduction**

Pursuant to 47 C.F.R. § 54.405, all eligible telecommunications carriers (ETCs)<sup>1</sup> are required to provide Lifeline service. In turn, these ETCs are permitted under section 54.407 (Lifeline) and section 54.413 (Link-Up) to receive support for offering Lifeline service to qualifying low-income customers or reduced service-connection charges through Link-Up. Pursuant to section 54.403(c), carriers providing toll-limitation services (TLS) for qualifying low-income subscribers will be compensated from universal service mechanisms for the incremental cost of providing TLS. FCC Form 497 is to be used to request reimbursement for participating in the low-income program.

### **Block 1: Identification**

Line ( 1 ) -- *Legal name of carrier*

Provide the legal name of reporting carrier as it appears on articles of incorporation, articles of formation, or other legal documents.

Line ( 2 ) -- *USAC Service Provider Identification Number*

Provide the carrier's 9-digit USAC Service Provider Identification Number. If you are having difficulty finding this number, call USAC at (866)-873-4727.

Line ( 3 ) -- *Study Area Code*

Provide the carrier's 6-digit Study Area Code.

Line ( 4 ) -- *Filer 499 ID*

Provide the same ID that this carrier provided on FCC Form 499. This code is assigned by the Commission's Data collection Agent after a company files its first FCC Form 499-A. Filer 499 IDs for current filers can be found at <http://gullfoss2.fcc.gov/cib/form499/499a.cfm> or in the FCC report *Telecommunications Provider Locator*, which is available on the Commission's web site at <http://www.fcc.gov/web/iatd/stats.html>. If you are having difficulty finding this ID, call USAC at (866)-873-4727.

Line ( 5 ) -- *Person who completed this Worksheet*

Provide the name of the person who completed this Worksheet so that person may be contacted in the event we have inquiries regarding this carrier's submission.

Line ( 6 ) -- *Mailing address of this person*

Provide the mailing address of the person who completed this Worksheet.

Line ( 7 ) -- *Telephone number of this person*

Provide the telephone number of the person who completed this Worksheet.

Line ( 8 ) -- *Fax number of this person*

Provide the fax number of the person who completed this Worksheet.

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<sup>1</sup> See 47 C.F.R. § 54.201.

Line ( 9 ) -- *E-mail address of this person*

Provide the e-mail address of the person who completed this Worksheet.

Line ( 10 ) -- *Year for which information is provided*

Provide the year for which the carrier is reporting data.

Line ( 11 ) -- *Month for which information is provided*

Provide the month for which the carrier is reporting data. Submit one Worksheet per month for each study area served, on a quarterly basis.

## **Block 2: Study Area Code / Exchange**

Line ( 12 ) -- *State*

If the study area covers more than one state, list the state with the most Lifeline connections, even though this form will contain data for all Lifeline subscribers in the study area.

Provide the state in which the study area is located. Carriers that provide Lifeline service in a study area that covers more than one state should report the state that has the most Lifeline connections served. Note that a carrier must file separate Form 497s for each study area for which it is claiming support.

Line ( 13 ) -- *Competitive Eligible Telecommunications Carriers (ETCs) should list the names of the incumbent ETCs' study areas and exchanges (if applicable) in which they are claiming support.*

**Only carriers that are competitive ETCs should fill out this line.** Competitive carriers are sometimes designated as ETCs only in particular areas of a state served by one or more incumbent carriers. A competitive ETC should list the name of the incumbent ETC or ETCs that also serve in the study area in which it is claiming support. Competitive ETCs that provide Lifeline in more than two incumbent ETCs' study areas should attach additional sheets. Additional sheets should contain line number at the top of each sheet.

(a) -- *Incumbent ETC Name*

Competitive ETCs should provide the name of each incumbent ETC that also serves the competitive ETC's study area. Attach additional sheets if necessary.

(b) -- *Incumbent ETC Study Area Code*

Competitive ETCs should provide the study area code of the incumbent ETC that also serves in the competitive ETC's study area. If the competitive ETC's study area covers more than one study area of the same incumbent LEC, list each study area separately on lines (i)-(ii) and attach additional sheets if necessary.

(c) -- *Incumbent ETC Exchange (if applicable)*

A competitive ETC that has been designated in some, but not all, exchanges of an incumbent ETC should list the names of the exchanges in the incumbent's study area in which it has been designated as an ETC. Use additional sheets if necessary to list all exchanges.

### **Block 3: Lifeline**

#### **Description of Lifeline program:**

The federal Lifeline program benefits eligible low-income subscribers by reducing their monthly local phone charge. There are four tiers of support. Tier 1 support, available to all eligible subscribers, is equal to the incumbent ETC's actual federal tariffed subscriber line charge (SLC). This information can be found in the publicly filed tariff of the incumbent ETC. Note that the SLC is the same as the end-user common line charge (EUCL). Carriers should keep in mind that the interstate SLC rates contained in the interstate access tariffs may be revised at any time, so it is important to confirm that the carrier is reporting the most current data. Tier 2 support, an additional \$1.75 of federal support, is available if the carrier certifies that it will pass through the full amount of Tier 2 support to its qualifying low-income consumers and the carrier has received any non-federal regulatory approvals necessary to implement the required rate reduction. Tier 3 support is an additional amount of federal support equal to one-half the amount of any state-mandated Lifeline support, or one-half of any Lifeline support provided by the carrier, up to a maximum of \$1.75 per month. Customers can receive Tier 3 support provided that the carrier has received any non-federal regulatory approvals and will pass through the full amount of Tier 3 support to its qualifying low-income consumers. Tier 4 support is additional federal Lifeline support of up to \$25 per month available to eligible residents of tribal lands, as defined in 47 C.F.R. § 54.400(e), as long as that amount does not bring the basic local residential rate below \$1 per month per qualifying low-income subscriber.

Lines ( 14 )-( 17 ) -- *Tier 1, Tier 2, Tier 3, Tier 4*

(a) -- *Number of subscribers receiving federal Lifeline support for whole month*

Provide the number of Lifeline subscribers that received that Tier of support for the whole month. DO NOT include the partial amounts reported on lines ( 18 ) - ( 21 ).

(b) -- *Lifeline support claimed per subscriber (Use weighted average if more than one applicable rate.)*

The weighted average of observed data is the result of dividing (a) the sum of the products of each observed value and the number of times it occurs; by (b) the total number of observations. So, for lines ( 14 ) through ( 17 ), each observed value would correspond to each SLC that would apply to one or more Lifeline subscriber. The number of times each SLC occurs would correspond to the number of subscribers who received that specific amount of Lifeline support for the entire month. The total number of observations would equal the total number of Lifeline subscribers receiving support for the entire month under each SLC. For example, if a LEC had a SLC of \$6.00 in one part of the study area and \$6.50 in the other part, and if in these two areas there were 10 and 15 Lifeline subscribers, respectively, the weighted average would be calculated as  $[(\$6.00 \times 10) + (\$6.50 \times 15)] / (10 + 15)$ . The weighted average in this example would be \$6.30.

Provide the dollar amount of Lifeline support claimed per subscriber receiving that Tier of support for the whole month, using a weighted average if there is more than one applicable rate. If a weighted average is used for listing Tier 1 support, complete line ( 23 ). Amount should be reported in dollars and cents.

(d) -- *Total federal Lifeline support claimed* (d) = (a) x (b)

Provide the total dollar amount of Lifeline support claimed for subscribers that received that Tier of support by multiplying the number of subscribers in column (a) with the dollar amount claimed per subscriber in column (b). Amount should be reported in whole dollars (round up or down to the nearest dollar).

Lines ( 18 )-( 21 ) -- *Tier 1, Tier 2, Tier 3, Tier 4*

A carrier may have added new Lifeline subscribers during the month, or lost Lifeline subscribers at any point during the month. **Only carriers that had subscribers receiving federal Lifeline support for part of the month should fill out this section.**

(a) -- *Number of subscribers receiving federal Lifeline support for part of month*

Provide the number of Lifeline subscribers (if applicable) that received that Tier of support for part of the month.

(b) -- *Lifeline support claimed per subscriber* (Use weighted average if more than one applicable rate.)

Provide the dollar amount of Lifeline support claimed per subscriber receiving that Tier of support for part of the month, using a weighted average if there is more than one applicable rate. If a weighted average is used for listing Tier 1 support, complete line ( 23 ). Amount should be reported in dollars and cents. DO NOT include the whole month amounts reported on lines ( 14 )-( 17 ).

(c) -- *Total service days for subscribers receiving Lifeline support for part of month*

Provide the total number of days that all partial or pro-rata subscribers received federal Lifeline support. For example, assume the reporting carrier serves 2 Lifeline subscribers in January. The first subscriber was served for 20 days of the month because the subscriber discontinued service on the 20<sup>th</sup> day of the month (Jan.1-20). The second subscriber was served for 16 days of the month because the subscriber signed up for service on the 16<sup>th</sup> day of the month (Jan. 16-31). The total service days for those subscribers receiving federal Lifeline support for part of the month would be 36 days.

(d) -- *Total federal Lifeline support claimed* (d) = (b) x (c) / 30

Provide the total dollar amount of Lifeline support claimed for partial or pro-rata subscribers that received that Tier of support by multiplying the dollar amount claimed per subscriber in column (b) with the total service days in column (c), then divide by 30 (approximate number of days in a given month). Amount should be reported in whole dollars (round up or down to the nearest dollar).

Line ( 22 ) -- *Total federal Lifeline support claimed* [sum of lines ( 14d ) through ( 21d )]

Provide the total amount of Lifeline support the carrier is claiming for the month. This amount should be equal to the sum of lines ( 14 )-( 17 ) and ( 18 )-( 21 ) (if applicable) in column (d). This sum should be reported in whole dollars (round up or down to the nearest dollar).

Line ( 23 ) -- *Subscriber Line Charge (SLC) data for ETCs that used a weighted average on lines ( 14b ) and/or ( 18b ).*

**Only ETCs that used a weighted average rate on lines ( 14b ) and/or ( 18b ) should fill out this line.**

Carriers claiming Tier 1 support in lines ( 14b ) and/or ( 18b ) using more than one subscriber line charge (SLC) for the Tier 1 discount should fill out this line. Reporting carriers may have used a weighted average of multiple SLCs for one of several reasons:

- Incumbent carriers may have deaveraged their SLC by zone pursuant to 47 C.F.R. § 69.152(q). These companies should identify the zone name where there is more than one SLC in a study area.
- Competitive carriers may use multiple SLCs because their study area covers the study areas of more than one incumbent carrier, and these carriers have different SLC rates. Competitive carriers should provide the SLC for each incumbent carrier listed on line ( 13i ). SLCs can be found in publicly filed tariffs.
- Competitive carriers may serve in the study area of only one incumbent carrier, but that carrier may have deaveraged its SLC.

If more than one SLC rate is listed, provide these rates on an additional sheet and indicate the incumbent ETC's name. Additional sheets should contain line number at the top of each sheet.

(a) -- *Zone Name (if applicable)*

If applicable, provide the zone name when the SLC has been deaveraged by zone.

(b) -- *SLC*

Provide the amount, in dollars and cents, of each SLC.

(c) -- *Number of subscribers receiving Tier 1 support for whole month*

Provide the number of subscribers receiving Tier 1 support for the whole month for each SLC. The total of all entries for this column should add up to the number of subscribers reported on line ( 14a ) receiving Tier 1 support.

(d) -- *Total service days for subscribers receiving Tier 1 support for part of month*

Provide the total number of service days subscribers received Tier 1 support for part of the month for each SLC. The total for all entries for this column should add up to the total number of service days for subscribers receiving federal Lifeline support for part of month reported on line (18c) for Tier 1 support.

(e) -- *Total Tier 1 support claimed (e) = (b) x [(c) + (d)/30]*

Provide the total amount of Tier 1 support claimed for each SLC by multiplying the SLC in column (b) by the sum of the number of subscribers receiving Tier 1 support in column (c) plus the quantity derived by dividing by 30 the number of subscribers receiving Tier 1 support for each SLC in column (d).

Line ( 24 ) -- *If claiming Tier 4 support, list tribal lands served.*

Only carriers claiming Tier 4 support should fill out this line. Carriers claiming Tier 4 support for subscribers living on more than two federally recognized tribal lands should attach additional sheets. Additional sheets should contain line number at the top of each sheet.

(a) -- *Name of federally recognized tribal land*

Provide the name of the federally recognized tribal land.

(b) -- *Number of Tier 4 subscribers*

Provide the number of Tier 4 subscribers served for the month.

Line ( 25 ) -- *Legal name of carrier [ line ( 1 ) ]*

Provide the legal name of reporting carrier from line ( 1 ).

Line ( 26 ) -- *USAC Service Provider Identification Number [ line ( 2 ) ]*

Provide the carrier's 9-digit USAC Service Provider Identification Number from line ( 2 ).

Line ( 27 ) -- *Study Area Code* [line ( 3 ) ]

Provide the 6-digit Study Area Code for which the carrier is claiming reimbursement from line ( 3 ).

Line ( 28 ) -- *Year for which information is provided* [ line ( 10 ) ]

Line ( 29 ) -- *Month for which information is provided* [ line ( 11 ) ]

Line ( 30 ) -- *Total Lifeline and Resold Lifeline Connections*

**Only ETCs that sold Lifeline connections to Reselling Telecommunications Carriers should fill out lines ( 30 ) and ( 31 ).**

Provide the total number of subscribers that received one or more Tiers of support for the month.

(a) -- *Number of Lifeline connections provided directly to end-users*

Provide the total number of Lifeline-discounted connections the carrier provided directly to end users. This number should represent the total number of your company's own Lifeline customers. DO NOT include connections provided via an unbundled network element platform (UNE-P) to carriers that have been designated as ETCs.

(b) -- *Number of Lifeline connections sold to reselling carriers*

Provide the total number of Lifeline-discounted connections that were provided to resellers. DO NOT include connections provided via an unbundled network element platform to carriers that have been designated as ETCs.

(c) -- *Total Lifeline connections* (c) = (a) + (b)

Provide the total number of Lifeline connections provided, either to subscribers served directly by your company or Lifeline-discounted connections that your company sold to resellers. This amount should be equal to the sum of columns (a) and (b). Carriers that sell Lifeline connections to resellers must also complete line ( 31 ).

Line ( 31 ) -- *Information about Reselling Telecommunications Carriers*

(Note: Total of amounts reported on lines ( 31b, i and ii ) should equal the amount reported on line ( 30b ).

**Only ETCs that sold Lifeline connections to Reselling Telecommunications Carriers should fill out lines ( 30 ) and ( 31 ).** Attach additional sheets if connections were sold to more than two resellers within the study area reported on this form. Additional sheets should contain line number at the top of each sheet.

(a) -- *Name of reselling carrier*

Provide the name of the reseller to whom the carrier sold Lifeline-discounted connections.

(b) -- *Number of Lifeline connections sold to this reselling carrier*

Provide the number of Lifeline-discounted connections that the carrier sold to each reseller.

## **Block 4: Link-Up**

### **Description of Link-Up program:**

The Link-Up program reduces eligible low-income subscribers' charges for initiating telephone service by one-half of the telephone company's charge, or \$30.00, whichever is less, for subscribers residing on non-tribal lands. For subscribers residing on tribal lands, the reduction is up to \$70 or 100% of the charges between \$60 and \$130, in addition to the \$30 available to non-tribal subscribers. The Link-Up program also offers a deferred payment plan for charges assessed for starting service, for which eligible subscribers do not have to pay interest. Eligible subscribers are relieved of the requirement to pay interest charges of up to \$200 for a period not to exceed one year.

Line ( 32 ) -- *Number of subscribers for whom connection fees waived*

(a) -- *Non-tribal connections*

Provide the monthly count of Link-Up subscribers not residing on tribal lands for whom connection charges were waived.

(b) -- *Tribal connections*

Provide the monthly count of Link-Up subscribers residing on tribal lands designated as such by the Bureau of Indian Affairs, for whom connection charges were waived.

(c) -- *Total connections waived* (c) = (a) + (b)

Provide the total number of Link-Up connection charges waived by adding the number of non-tribal connections in column (a) to the number of tribal connection charges waived in column (b).

Line ( 33 ) -- *Charges waived per connection* (Use weighted average if more than one applicable rate.)

Provide the dollar amount of reduction per subscriber. For multiple rates, use a weighted averaged amount. All amounts should be reported in dollars and cents.

(a) -- *Non-tribal connections*

The reduction should be one-half of the service providers' charge or \$30.00, whichever is less.

(b) -- *Tribal connections*

The reduction should not exceed \$100.00 per connection.

Line ( 34 ) -- *Total connection charges waived* [ line ( 32 ) x line ( 33 ) ]

These totals should be reported in whole dollars (round up or down to the nearest dollar).

(a) -- *Non-tribal connections*

Provide the dollar amount of non-tribal connection charges waived by multiplying lines ( 32a ) and ( 33a ).

(b) -- *Tribal connections*

Provide the dollar amount of tribal connection charges waived by multiplying lines ( 32b ) and ( 33b ).

(c) -- *Total connections waived* (c) = (a) + (b)

Provide the total dollar amount of connection charges waived by adding the number of non-tribal connections charges waived in column (a) to the number of tribal connection charges waived in column (b).

Line ( 35 ) -- *Deferred interest*

**Only ETCs that provided subscribers with a deferred interest payment plan for costs of initiating telephone service remaining after the Link-Up discount should fill out this line.**

These amounts should be reported in whole dollars (round up or down to the nearest dollar).

(a) -- *Non-tribal connections*

Provide the dollar amount of deferred interest to Non-tribal connections.

(b) -- *Tribal connections*

Provide the dollar amount of deferred interest to tribal connections.

(c) -- *Total connections waived* (c) = (a) + (b)

Provide the total deferred interest to non-Tribal and Tribal connections by adding the dollar amount of deferred interest to non-tribal connections in column (a) to the dollar amount of deferred interest to tribal connections in column (b).

Line ( 36 ) -- *Total Link-Up support claimed* [ line ( 34 ) + line ( 35 ) ]

Provide the dollar amount of total Link-Up support claimed for the reported month. These amounts should be reported in whole dollars (round up or down to the nearest dollar).

(a) -- *Non-tribal connections*

Provide the dollar amount of total Link-Up support claimed for non-tribal connections only by adding lines ( 34a ) and ( 35a ).

(b) -- *Tribal connections*

Provide the dollar amount of total Link-Up support claimed for tribal connections only by adding lines ( 34b ) and ( 35b ).

(c) -- *Total connections waived* (c) = (a) + (b)

Provide the dollar amount of total Link-Up support for both non-tribal and tribal connections by adding columns (a) and (b).

### **Block 5: Toll Limitation Services (TLS)**

#### **Description of Toll Limitation Services (TLS):**

TLS is a service that carriers must offer to eligible low-income subscribers at no charge in order to be eligible to receive universal service support. Qualifying low-income consumers' acceptance of TLS is voluntary. This service includes toll blocking, which allows subscribers to block outgoing toll calls, and also toll control, which allows subscribers to limit in advance their toll usage per month or billing cycle. Carriers are required to provide at least one type of toll-limitation service. If your company is not currently offering TLS because your state commission has provided your company with additional time to complete the network upgrades needed to provide TLS, complete this Worksheet, but leave Block 5 blank.

Support will be provided for the incremental cost of providing TLS. These costs include the costs that carriers otherwise would not incur if they did not provide TLS to a given customer. The incremental cost of TLS does not include the full retail charge for TLS that the carrier would charge other consumers. Moreover, joint and common costs associated with TLS (*e.g.* overhead and the cost of facilities used for both TLS and non-TLS purposes) are not supported by the low-income support mechanism. Low-income support is available only for incremental costs that are associated exclusively with toll-limitation service. For instance, the low-income support

mechanism will reimburse carriers for a switch upgrade only if it is necessary exclusively for the provision of TLS. A switch upgrade that will be used for the performance of functions other than providing TLS is not reimbursable by the low-income support mechanism and should not be included in initial or recurring incremental costs. Carriers may be asked for supporting documentation justifying the incremental costs of providing TLS claimed on this Worksheet.

Line ( 37 ) -- *Lifeline subscribers adding TLS during month*

(a) -- *Number*

Provide the number of Lifeline subscribers that added TLS at some point during the month for which data is reported on this Worksheet. The amount must be equal to or less than number of all Lifeline subscribers provided TLS during the reported month, *i.e.*, amount in line ( 38a ).

(b) -- *Incremental cost*

Provide the dollar amount for the incremental cost associated with adding TLS for Lifeline subscribers during the reported month. Only the initial non-recurring incremental cost your company incurred to set up each new Lifeline subscriber with TLS should be reported. These costs would include, for example, the installation or changing of central office connections required to begin providing a Lifeline subscriber with TLS. This amount should be reported in dollars and cents.

(c) -- *Total cost*  $(c) = (a) \times (b)$

Provide the total initial non-recurring incremental costs for new Lifeline subscribers adding TLS during the reported month by multiplying column (a) times column (b). This amount should be reported in dollars and cents.

Line ( 38 ) -- *All Lifeline subscribers taking TLS during month*

(a) -- *Number*

Provide the number of all Lifeline subscribers taking TLS during the reported month. This number includes both new Lifeline subscribers with TLS added during month and Lifeline subscribers that continued to receive TLS during reported month.

(b) -- *Incremental cost*

Provide the dollar amount for the incremental cost of providing TLS to all Lifeline subscribers during the reported month. This amount represents the recurring incremental cost, if any, your company incurred to provide TLS to each Lifeline subscriber. These costs would include, for example, a portion of switch upgrade costs necessary exclusively for TLS. This amount should be reported in dollars and cents.

(c) -- *Total cost*  $(c) = (a) \times (b)$

Provide the total recurring incremental costs for all Lifeline subscribers taking TLS during the reported month by multiplying column (a) times column (b). This amount should be reported in dollars and cents.

Line ( 39 ) -- *Total TLS support claimed* [ line ( 37c ) + line ( 38c ) ]

Provide the dollar amount of total TLS dollars claimed by adding lines ( 37c ) and ( 38c ). This amount should be reported in whole dollars (round up or down to the nearest dollar).

### **Block 6: Total Support Claimed**

These amounts should be reported in whole dollars (round up or down to the nearest dollar).

Line ( 40 ) -- *Total federal Lifeline support claimed* [ line ( 22 ) ]  
Provide the total federal Lifeline support claimed from line ( 22 ).

Line ( 41 ) -- *Total Link-Up support claimed* [ line ( 36 ) ]  
Provide the total Link-Up support claimed from line ( 36 ).

Line ( 42 ) -- *Total TLS support claimed* [ line ( 39 ) ]  
Provide the total TLS support claimed from line ( 39 ).

Line ( 43 ) -- *Total ETC support claimed* [ sum of lines ( 40 ) through ( 42 ) ]  
This is the total Low-Income Support amount claimed for the reported month. Provide the total ETC support claimed by adding together lines ( 40 ) through ( 42 ).

### **Block 7: Certification and Signature**

Line ( 44 ) -- *Regulatory status*  
Check the appropriate box to indicate whether the carrier is or is not subject to state regulation.

Line ( 45 ) -- *Signature of officer*  
An officer is a person who occupies a position specified in the corporate by-laws (or partnership agreement), and would typically be president, vice president for operations, vice president for finance, comptroller, treasurer, or a comparable position. If the reporting carrier is a sole proprietorship, the owner must sign the certification. The signature on this line must be in ink unless filed on-line, as available. This line requires the signature of an officer of the company certifying that the following statements are correct (as applicable):

I certify:

that my company will publicize the availability of Lifeline and Link-Up services in a manner reasonably designed to reach those likely to qualify for those services.  
*See 47 C.F.R. § 54.405(b).*

that my company will pass through the full amount of all Tier One, Tier Two, Tier Three, and Tier Four federal Lifeline support for which they seek reimbursement, as well as all applicable intrastate Lifeline support, to all qualifying low-income subscribers by an equivalent reduction in the subscriber's monthly bill for local telephone service.  
*See 47 C.F.R. §§ 54.403(a)(2)-(4).*

that my company has received any non-federal regulatory approvals necessary to implement the required rate reduction(s).  
*See Federal-State Joint Board on Universal Service: Promoting Deployment and Subscriberhip in Unserved and Underserved Areas, Including Tribal and Insular Areas, CC Docket No. 96-45, Twelfth Report and Order, Memorandum Opinion and Order, and Further Notice of Proposed Rulemaking, FCC 00-208, paras. 43, 85 (rel. June 30, 2000).*

that I am an officer of the above-named reporting entity, that I have examined the foregoing report and to the best of my knowledge, information and belief, all statements of fact contained in this Worksheet are true, and that said Worksheet is an accurate and complete statement of the affairs of the above-named company for the period indicated above;

and I acknowledge the Fund Administrator's authority to request additional supporting information as may be necessary.

Line ( 46 ) -- *Printed name of officer*

Print the name of the officer. This should be the same name as the signature in line ( 43 ).

Line ( 47 ) -- *Position with reporting entity*

Provide the position you hold with the carrier.

Line ( 48 ) -- *Date*

Provide the date this Worksheet was completed and signed.

Line ( 49 ) -- *Type of filing*

Check the appropriate box to indicate whether this Worksheet is an original or revised filing. Check "Original filing" box if your company is reporting this data for the first time. Check "Revised filing" box if this is a revision to the data originally submitted. March 31 is the administrative deadline for filing revisions for two years prior. For example, revisions for any month in 2002 will be accepted until March 31, 2004. Using this example, after March 31, 2004, revisions may be submitted only for months in 2003 and 2004. Report originals and revisions on separate forms. For revisions, all line items should be reported as positive numbers reflecting the actual amounts that should have been claimed for the month.