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**CALIFORNIA TELECONNECT FUND APPLICATION FOR COMMUNITY BASED ORGANIZATIONS**

*For use by CBOs, Healthcare CBOs, and 2-1-1 Service Providers. See appended instructions.*

**Section A: Basic Information**

Legal Name of Organization

\_\_\_\_\_

Doing-Business-As (dba) Name of Organization

\_\_\_\_\_

Service Address	City	State	ZIP Code
_____	_____	_____	_____

Mailing Address (if different from Service Address)	City	State	ZIP Code
_____	_____	_____	_____

Website Address: \_\_\_\_\_

Federal Employment Identification Number (FEIN): 

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If you are submitting this application to recertify your eligibility, provide your CTF Application number: \_\_\_\_\_

Requesting the CTF discount for mobile broadband services?  No

Yes, for use onsite because fixed services are unavailable  Yes, for offsite and mobile uses in the community

**Section B: Required Documents**

See the appended instructions to determine which documents to submit for the items listed below. Provide all required documents as attachments to this form.

- 501(c)(3) Tax-exempt Letter
- IRS Form 990 or CA Franchise Tax Board Form 199
- Service Hours Worksheet
- Mobile Broadband Documentation
- Healthcare Insurance Documentation
- Healthcare Fees Documentation

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## Section C: Qualifying Services

Select the service(s) provided to the community.

- 2-1-1 Service Provider, if so enter CPUC Resolution number granting operating authority: T-\_\_\_\_\_
- Job Placement / Training
- Educational Instruction
- Head Start Program
- Computer Technology Program
- Healthcare *(Applicants that check the 'Healthcare' box must complete the corresponding Section E.)*

Describe the organization's mission and services to the community:

We encourage you to provide additional information in support of your application, e.g., brochures, pictures, sign-in sheets, etc. Please provide these items as attachments to the application.





# CALIFORNIA TELECONNECT FUND APPLICATION FOR COMMUNITY BASED ORGANIZATIONS

*For use by CBOs, Healthcare CBOs, and 2-1-1 Service Providers. See appended instructions.*

## Section F: Contact Person & Signatory

By signing this application, I declare under penalty of perjury under the laws of the State of California that I am authorized to act on behalf of the applicant, that the information submitted with this application is true and accurate, and that any discounted communications service will not be sold, resold, leased, transferred, shared with any other entity or person, used for personal purposes, or used for purposes other than the intended goals of the California Teleconnect Fund. I understand that this application and the associated information are subject to audit at any time by the State of California. I agree to notify the California Public Utilities Commission in writing within 30 days of any changes to the information submitted with this application.

Print Name

Title

Email Address

Phone Number

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Signature

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Date

# INSTRUCTIONS FOR THE CTF APPLICATION FORM FOR COMMUNITY BASED ORGANIZATIONS

Review the California Teleconnect Fund (CTF) program's [Applicant and Participant Guidebook](#) for important information, including on eligibility criteria.

This application form is intended for use by Community Based Organizations (CBO), Healthcare CBOs, and 2-1-1 Service Providers to apply to the CTF program.

Applicants must submit a separate application for each service address.

Keep a copy of the completed application form and all attachments for reference when renewing eligibility.

To submit the application, print the form and sign with a blue or black pen, then submit the application and attachments via postal mail to the address below. Alternatively, applicants can provide a digital signature if it meets all applicable [regulatory standards](#) (including for [Gov't Code Section 22003](#)) then submit the application and attachments via email to [CTFHelp@cpuc.ca.gov](mailto:CTFHelp@cpuc.ca.gov). The CTF program can only accept an application via email if it contains a valid digital signature. The CTF program receives applications via postal mail at the following address:

California Public Utilities Commission  
Communications Division – CTF program  
505 Van Ness Avenue  
San Francisco, CA 94102

Below are instructions for completing the application:

## Section A. Basic Information.

- **Legal Name of Organization** – Enter the organization's name as registered with the Internal Revenue Service.
- **Do-Business-As (dba) Name of Organization** - Enter the organization's do-business-as name.
- **Service Address, City, State and Zip Code** – Enter the organization's service address, which is the location where the organization provides services directly to community members. If approved, the CTF program will defray the cost of eligible communication services delivered to and used at the service address.
- **Mailing Address, City, State and Zip Code** – If the organization's mailing address is different from the service address, enter the mailing address of the organization. The CTF program will use this information as the primary mailing address for communications related to the application, including approval notices and other important notifications.
- **Website Address** – Enter the organization's website address.
- **Federal Employment Identification Number (FEIN)** – Enter the organization's FEIN.
- **If recertifying eligibility**, enter the organization's CTF Application Number and approval date in the spaces provided. This information is required only of organizations that were previously approved to participate in the CTF program and are requesting recertification of eligibility.
- **Requesting the CTF discount for mobile broadband services?** Check the box to indicate a request for support for onsite and/or offsite mobile broadband services. "Onsite" indicates

the service is used at the location (street address) where the organization provides services to community members. “Onsite” mobile broadband services are only eligible if also approved by the E-rate program or for locations where fixed broadband services are not available. “Offsite” indicates the service is used at locations *other than* the Service Address (street address). Refer to Chapter 5 Section A of the [Applicant and Participant Guidebook](#) for additional information on “onsite” vs. “offsite” mobile broadband services.

## Section B. Required Documents.

- Submit all required documents as attachments to your application form.
- **501(c)(3) Tax-exempt Letter** – Provide a copy of letter from Internal Revenue Service indicating 501(c)(3) tax-exempt status. The FEIN indicated on IRS letter must match the FEIN indicated on page one of the application.
- **IRS Form 990 or CA Franchise Tax Board Form 199** – Submit a copy of the IRS Form 990 (including Parts I, II and III) or California Franchise Tax Board Form 199 for the most recently completed tax year. The FEIN indicated on Form 990 (or Form 199) must match the FEIN indicated on page one of the application.
- **Service Hours Worksheet** - The Service Hours Worksheet is a Microsoft Excel file provided by the CTF program and [available for download via this link](#). Complete the template according to the instructions within. Submit the completed worksheet as an attachment to the application.
- **Mobile Broadband Documentation** – This item is required only if the applicant is requesting CTF support for onsite mobile broadband services. Applicants requesting support for offsite mobile broadband services do not need to submit these documents. Applicants requesting CTF support for onsite mobile broadband services must submit one of the following (A) or (B):
  - (A) If the applicant participates in the E-rate program, provide documentation from the E-rate program verifying the approval of E-rate support for mobile broadband services; or,
  - (B) If the applicant does not participate in the E-rate program, provide both of the following documents:
    - A letter from the closest California Teleconnect Fund service provider stating fixed broadband is not available at its location. Submit the documentation as an attachment to the application form. A list of service providers that participate in the CTF program is available for [download via this link](#). Refer also to the [California Interactive Broadband Map](#) to see the service providers that offer broadband service in the applicant’s area (by clicking on the icon of the house, entering the applicant’s service address, and clicking the “Load Location” button).
    - A signed and dated attestation stating that fixed broadband is not available at the applicant’s service address. The attestation can be a simple note stating: “I, <NAME> hereby attest that fixed broadband is not available at the following address: <ADDRESS>.”
- **Healthcare Insurance Documentation** – This item is required only of applicants that provide healthcare services to the community. Healthcare organizations must provide documentation to verify which of the following insurances it accepts, if any: Medicare, Medical, and/or Department of Veteran Affairs Insurance. Acceptable documentation includes: a copy of the first page of the Applicant’s Health and Human Services Medicare Enrollment Record or a

copy of the Applicant's California Department of Public Health Medi-Cal Provider Agreement Approval Letter.

- **Healthcare Fee Documentation** - This item is required only of applicants that provide healthcare services to the community. Healthcare organizations must provide documentation to verify the fee structure(s). Submit the documents as attachments to the application.

### Section C. Qualifying Services.

- **Select the service(s) provided to the community.** Check each box that applies.
- If the applicant is a **2-1-1 Service Provider**, enter the CPUC Resolution number granting the organization operating authority. The Resolution number is five digits, preceded by a "T-", and located at the top-right corner of the Resolution document. This information is not required of applicants that are not a 2-1-1 Service Provider.
- **Describe the organization's mission and services to the community** in the space provided.
- **Optional:** Provide additional information in support of your application, e.g., brochures, pictures, sign-in sheets, etc. Please provide these items as attachments to the application.

### Section D. Board of Directors.

- In the space provide, enter the name, city of residence, and state of residence for each member of the board of directors. If additional space is needed, please submit the information as a clearly labeled attachment to the application form.

### Section E. Healthcare Provider Info.

- This section is required for healthcare providers only. Organizations that are not healthcare providers can leave this section blank and proceed to the next section.
- **California Department of Public Health License Number** - If applicable, enter the Health Care Facility License Number issued by the California Department of Public Health. The License Number is a unique nine-digit identifier for each healthcare facility license issued by the [California Department of Public Health](#). For additional information, refer to the California Health and Human Services [Open Data Portal](#).
- **Certified as a Critical Access Hospital?** - Check the appropriate box to indicate whether the organization is certified as a Critical Access Hospital. For more information on Critical Access Hospitals, refer to <https://www.calhospital.org/critical-access-hospitals>.
- **Member of the California Telehealth Network?** - Check the appropriate box to indicate whether the organization is a member of the California Telehealth Network. For more information on the California Telehealth Network, refer to <https://www.caltelehealth.org/>.
- **Accepted Insurances** - Check the corresponding box if the Applicant accepts Medicare, Medi-Cal, and/or Department of Veterans Affairs Insurance. For each insurance accepted, attach verifying documentation to the application form. Acceptable documentation includes: a copy of the first page of the Applicant's Health and Human Services Medicare Enrollment Record or a copy of the Applicant's California Department of Public Health Medi-Cal Provider Agreement Approval Letter.
- **Fee Structure** - Check each box that describes the Applicant's fee structure(s) (i.e., fees charges to community members for services provided). All healthcare providers are required



to also submit documentation to verify the fee structure(s). Submit the documents as attachments to the application.

- **Onsite Licensed Medical Personnel** – In the space provided, enter the names, titles, and license numbers for all onsite licensed medical personnel. If additional space is needed, please submit the information as a clearly labeled attachment to the application form.

#### **Section F. Signature.**

- Designate a signatory who is a director, officer, or employee of the applying entity. The signatory must possess the appropriate authority to act on the behalf of the applying entity. The signatory should be able to answer questions related to the application and attached documents. Consultants or third-party administrators cannot sign on behalf of the applicant.
- Read the conditions and terms of agreement.
- Enter the signatory's name, title, email address, and phone number in the spaces provided. The CTF program uses the email address provided as a primary means of communicating with an applicant/participant. Please keep the contact information current and up to date with the CTF program. The CTF program will periodically ask participants to provide updated information and documents to renew eligibility.
- Sign and date the application in the space provided. Applicants can print the form and sign with a blue or black pen, then submit the application and attachments via postal mail to the address below. Alternatively, applicants can provide a digital signature if it meets all applicable [regulatory standards](#) (including for [Gov't Code Section 22003](#)) then submit the application and attachments via email to [CTFHelp@cpuc.ca.gov](mailto:CTFHelp@cpuc.ca.gov). The CTF program can only accept an application via email if it contains a valid digital signature. The CTF program receives applications via postal mail at the following address:

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