CALIFORNIA TELECONNECT FUND (CTF)
APPLICATION

General Information for Receiving the CTF Discounts

Applicants shall provide all information required on the application and return the completed application to the Communications Division (CD) of the California Public Utilities Commission (CPUC) for review. CTF discounts will not become effective until the application has been reviewed and approved by CD.

If the application is approved, CD will send an approval letter electronically to the e-mail address provided in the application. It is the responsibility of the approved applicant to contact its service provider within 30 days of the approval date to receive the CTF discount retroactive to the date the application was received by CD, which is the “Date Filed” indicated in the approval letter. If the approved applicant contacts the service provider after 30 days of the approval date, the discount will be effective from the date of the contact. The service provider will ask for a copy of the approval letter. Please note that participation in the CTF program is subject to the availability of program funds, which are administered on a first-come, first-served basis.

If approved applicants add or change subscribed services at any time during their participation in the program, they must inform their service provider at the time changes are made that they are CTF participants in order to receive discounts on any additional services that may be eligible for CTF discounts. The effective date of the discount on any changes to subscribed services will be the date of contact to the service provider. This information is necessary to ensure accurate claims information and timely program payments.

Applicants that are located in unserved or underserved areas may request a voice exemption from reduced voice support. The voice exemption will allow applicants to receive a 50% CTF discount on eligible voice services instead of the reduced voice discount of 25%. If the applicant is approved for the voice exemption, the applicant will receive CTF discounts on voice service (dial-up landline) only and no CTF discount on any other CTF eligible services until the voice exemption expires. If the applicant wishes to apply for a voice exemption, please complete Section 8 appropriately and CTF Staff will contact you.

Applicants are responsible for notifying the CPUC of any changes in any statements attested to in the application within 30 days from the date of the change by sending a letter to the CD, along with any required attachments, and a brief explanation of the change.

Instructions for Application

Send completed application (Pages 2 – 6 of this document) and all required attachments to:

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

Applicants with more than one site/location: a separate application must be completed for each individual site/location. Please note that an administrative office of an organization with several locations/sites that does not offer any CTF-qualifying activities is ineligible to participate in the CTF program. Organizations cannot claim CTF discounts for undocumented locations. Organizations that violate program rules will be disqualified from the program.

Revised August 3, 2018
Application and Attachments Checklist

For a complete application, please ensure each item has been included before sending application to CPUC:

___ Section 1; must be completed by all applicants
___ Section 2 – 7; only one section must be completed; whichever corresponds to your particular organization
___ Section 8 – 9; must be completed by all applicants
___ Attachments; any and all attachments mentioned in your designated section (2 –7).

Please remember: applications without all required attachments will be automatically rejected.
### Section 1 - Required Information

**Name of Institution or Organization**

<table>
<thead>
<tr>
<th>Physical Address</th>
<th>City</th>
<th>Zip Code</th>
<th>County</th>
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<table>
<thead>
<tr>
<th>Mailing Address (if different from physical address)</th>
<th>City</th>
<th>Zip Code</th>
<th>County</th>
</tr>
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**Select one of the following eligible entities and continue to designated section:**

- [ ] **K - 12 Public School/District** *(Go to Section 2)*
- [ ] **K - 12 Non-Profit Private School** *(Go to Section 3)*
- [ ] **Community College** *(Go to Section 4)*
- [ ] **Library** *(Go to Section 5)*
- [ ] **Community-Based Organization or Non-Government Owned and Operated Hospital or Health Clinic** *(Go to Section 6)*
- [ ] **Government Owned and Operated Hospital or Health Clinic** *(Go to Section 7)*

### Section 2 – Public Schools and Districts

**County-District-School (CDS) Code:**

*Please ensure the address and name on this application matches the CDS code on the California Department of Education’s website at [www.cde.ca.gov/re/sd/](http://www.cde.ca.gov/re/sd/)*

<table>
<thead>
<tr>
<th>Does this school’s endowment fund exceed $50 million?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is this a small school district, defined by Section 42280 of the Education Code?</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>If applying as a charter school, state sponsoring district:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Proceed to Section 8 -

### Section 3 – Non-Profit Private Schools

**County-District-School (CDS) Code:**

*Please ensure the address and name on this application matches the CDS code on the California Department of Education’s website at [www.cde.ca.gov/re/sd/](http://www.cde.ca.gov/re/sd/)*

<table>
<thead>
<tr>
<th>Does this school’s endowment fund exceed $50 million?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

**Must attach the following:**

- Copy of IRS tax-exempt letter
- If the IRS tax-exempt letter is addressed to an entity other than the school, the following documents are required:
  - A signed letter stating the school’s relationship to the entity
  - Copy of the school’s directory cover page
  - Copy of the page in the school’s directory listing the name of the school and the affiliated entity

- Proceed to Section 8 -
Section 4 – California Community College

Management Information System (MIS) Code:

- Proceed to Section 8 -

Section 5 – Libraries

Attach a copy of the California Teleconnect Fund Certification from the California State Library. Please ensure that the library’s name and address on the CTF application match the name and address shown on the certificate.

*CTF eligibility applies to Libraries 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.

- Proceed to Section 8 -

Section 6 – Non Profit Community-Based Organizations

Select the following qualifying service(s) that your organization provides, and complete additional steps:

- 2-1-1 Service Provider*
- Educational Instruction**
- Health care
- Job Training
- Job Placement
- Community technology program offering access to and training in the Internet and other technologies

Federal Employment Identification Number (EIN):

Located on tax exempt letter and IRS Form 990

Place a check mark by each item completed:

(Religious organizations must meet all the CBO criteria below and provide qualifying services through a separate legal entity that files a separate federal income tax return.)

- Brochure of the organization (Recommended)
- 501(c)(3) tax-exempt letter that is addressed to the organization***
- Most recent IRS Form 990 (Attach Part 1 and Part III of the form that describes the organization’s activities/accomplishments only) (Revenue must be less than $5 Million); 2-1-1 CBOs are exempt. See Section 6 below for Health care CBO requirements.
- List of the names and residential cities of the board of directors, and description of how the board of directors is representative of the community it serves.
- This location provides its community access to the internet (2-1-1 and Health care CBOs are exempt.)
- This location provides its services without charge to the community or with a fee structure that includes discounted or subsidized rates.

*Only CBOs that are approved through the CPUC resolution process can use this service to qualify for CTF discounts. Please provide your CPUC Resolution and/or letter of transfer of authority.

**Educational Instruction is defined as “regular, ongoing, preschool or K-12 academic educational or instructional programs, that can also include ESL, and language education, literacy, job training, technology instruction, and information on public benefit and social services programs eligibility and access.”

***If the organization’s corporate name changed after the issuance of the IRS tax-exempt status letter, or it is using a different business name, please provide a Certificate of Amendment of Articles of Incorporation from the Secretary of State, fictitious business name filed with the County Clerk, or similar document(s) indicating the name change. In addition, if the address on the application does not match the address shown on the IRS tax-exempt status letter and Form 990, please provide an explanation by a signed letter.
Section 6 – Non Profit Community-Based Organizations (continued)

Additional requirements for Health care CBOs:

___This Health care CBO location is staffed by licensed medical personnel on site and provides health care services to patients.
___This Health care CBO location accepts Medicare, Medi-Cal, the Department of Veterans Affairs insurance, and/or provides services without charge or at a minimal fee.
___Attach a description of the geographic community or neighborhood, community of identity, or community of interest to which services are provided.
___Yes ___ No Is this organization located in a rural area? If yes, please attach a description of that area.
___Yes ___ No Is this organization receiving federal Rural Health Care Program funding on communication services?
___Yes ___ No Is this organization a California Telehealth Network participant?
___Yes ___ No Is this organization’s yearly total revenue under $50 Million? If yes, please state amount: ____________________

- Proceed to Section 8 -

Section 7 – Government Owned and Operated Hospitals and Health Clinics

(Municipal, county government, or hospital district owned and operated hospital or health clinic)

Is this facility located in a rural area or serving population residing in a rural area? ___ Yes ___ No
Is this organization a California Telehealth Network participant? ___ Yes ___ No
Is this organization receiving federal Rural Health Care Program funding? ___ Yes ___ No

Must attach the following:

___ Letter stating that this facility is owned, operated, and maintained by government employees
___ Copy of the clinic or hospital’s directory showing the name and title of the person signing the letter

- Proceed to Section 8 -
CALIFORNIA TELECONNECT FUND APPLICATION

Section 8
Please indicate the category of services you plan to apply the CTF discounts. Check only one category:

___ CTF discount of 25% off voice service and internet service discount of 50%.
___ Voice Service Exemption only, which is a 50% discount off Telephone service using landline for internet access. Broadband internet access must be unavailable to qualify for this exemption.

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

Section 9
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, that the validity of such statements are subject to audit at any time by the State of California, and that the subscribed discounted communications services will not be sold, resold, leased, transferred, shared with any other non-qualifying entity or person, used for personal purpose, or used for purposes other than the intended goals of the California Teleconnect Fund to bridge the digital divide. I also agree to notify the CPUC’s Communications Division in writing within 30 days of any changes that affect our entity’s eligibility for CTF support.

Signature: ____________________________________________ Date: ______________

Phone Number

Email