



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.



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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**.



CALIFORNIA TELECONNECT FUND APPLICATION

Section 1 - Required Information

Name of Institution or Organization

Physical Address

City

Zip Code

County

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Mailing Address (if different from physical address)

City

Zip Code

County

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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:

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*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/

Does this school's endowment fund exceed \$50 million? Yes No

Is this a small school district, defined by Section 42280 of the Education Code? Yes No

If applying as a charter school, state sponsoring district: _____

- Proceed to Section 8 -

Section 3 – Non-Profit Private Schools

County-District-School (CDS) Code:

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*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/

Does this school's endowment fund exceed \$50 million? Yes No

If applying as a charter school, state sponsoring district: _____

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 -



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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 -



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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

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