



## 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 the Voice Exemption Addendum (which is provided at the end of the application) in addition to the CTF application.

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 – 7 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.



## CALIFORNIA TELECONNECT FUND APPLICATION

### 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; must be completed by all applicants
- Addendum and attachments; only if you are seeking a voice exemption
- Attachments; any and all attachments mentioned in your designated section (2 – 8).

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)

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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/](http://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/](http://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 -



## CALIFORNIA TELECONNECT FUND APPLICATION

### Section 4 – California Community College

Management Information System (MIS) Code:

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- 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 eligible service that your organization provides, and complete additional steps:

<input type="checkbox"/> 2-1-1 Referral and Information Service*	<input type="checkbox"/> CBO offering programs eligible for federal subsidies:
<input type="checkbox"/> Educational Instruction	<input type="checkbox"/> Head Start
<input type="checkbox"/> Healthcare	<input type="checkbox"/> Pre-Kindergarten
<input type="checkbox"/> Job Training	<input type="checkbox"/> Adult Education
<input type="checkbox"/> Job Placement	<input type="checkbox"/> Juvenile Justice
<input type="checkbox"/> Community technology program offering access to and training in the Internet and other technologies	If you selected one above, are you receiving the federal E-rate discount? <input type="checkbox"/> Yes <input type="checkbox"/> No

Federal Employment Identification Number (EIN):

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Located on tax exempt letter and IRS Form 990

**Must attach a copy of the following:**

- Mission statement
- Brochure of the organization
- 501(c)(3) or 501(d) IRS tax-exempt status letter that is addressed to the organization
- Latest IRS Form 990 that is prepared for the organization (Attach Page 1 and Part III of the form that describes the organization's activities/accomplishments only)

\*Only CBOs that are approved through the CPUC resolution process can use this service to qualify for CTF discounts. This form cannot be used to apply to be a 211 Referral and Information Service Provider. Please contact CPUC staff for how to apply.

\*\*\*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.

**Additional requirements for CBOs offering Healthcare:**

- Attach a list of the names and residential addresses of the board of directors, and description of how the board of directors is representative of the community it serves.
- 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 -



## CALIFORNIA TELECONNECT FUND APPLICATION

### **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 service(s) that you plan to apply the CTF discounts.

**Voice Service: Check only one category**

Voice Service (Telephone service using landline or VoIP @ 25% CTF discount)

Voice Service Only (Telephone service using landline @ 50% CTF discount) Please complete Voice Exemption Addendum at the end of the application.

**Non-voice Services: Check all applicable services (This section does not apply if you checked Voice Service Only in the preceding section.)**

Internet Access (Stationary)

Mobile Internet Access

Point to Point Data Service

***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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For CPUC use only:

Eligible for Voice Exemption?

Yes  No

Certification Application Complete:

Yes  No  Initials: \_\_\_\_\_ Date: \_\_\_\_\_



## CALIFORNIA TELECONNECT FUND APPLICATION

### Addendum

#### Application and Self-Certification Form for Exemption from Reduced Voice Services Support

For applicants that are located in unserved or underserved areas based on the California Public Utilities Commission's (CPUC's) Broadband Availability map, you may request a voice exemption. The voice exemption will allow your organization to receive a 50% CTF discount on eligible voice services instead of the reduced voice discount of 25%, if your organization is located in an unserved or underserved area and the only means of Internet access is through dial-up telephone service.

Pursuant to the CPUC Decision 16-04-021 \_\_\_\_\_ [CTF applicant name], hereby certifies to the CPUC that it is eligible to receive an exemption from reduced voice services support.

I, \_\_\_\_\_ [printed name of officer and title] hereby certify under penalty of perjury under the laws of the State of California that \_\_\_\_\_ [CTF applicant name] located at \_\_\_\_\_ [physical address with zip code] is currently using voice services as its only means of Internet access.

I certify that the forgoing is true and correct and that any false statement or willful misstatement of facts will disqualify our organization from receiving an exemption from reduced voice services support.

I understand that our organization will be required to verify our continued eligibility for an exemption from reduced voice services support every three years and that failure to do will result in disqualification from this exemption.

I agree to notify the CPUC's CTF administrator within 30 days of any changes, in writing, that affect our organization's eligibility for exemption from reduced voice service support.

To support your request for the voice exemption, please provide copies of your most recent telephone bill and one monthly bill from the prior year. Please also provide a screen shot or printout of the CPUC's Broadband Availability map showing unserved or underserved status of your organization, which is based on your organization's physical address. For the CPUC's Broadband Availability map and instructions on determining unserved/underserved status, please refer to: [CTF Mapping Instructions](#) and [Broadband Map](#). Please be aware that once your voice exemption request is granted by the CPUC, you will receive CTF discounts on **only** your voice service. You will be ineligible to receive CTF discounts on any other CTF-eligible services until your voice exemption expires.

\_\_\_\_\_  
Signature of Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email Address